

Kidd's Kids Nomination Application (ages 5 – 12)

About Kidd's Kids:

Kidd's Kids is a program of the Kraddick Fund for Kids, a non-profit 501©3 organization. Our mission is to provide hope and happiness by creating beautiful memories for families of children with life-threatening and life-altering conditions. Each year, Kidd's Kids takes these children and their families on a fun-filled all expenses paid trip to Walt Disney World along with the cast from the nationally syndicated radio show, The Kidd Kraddick Morning Show.

Nomination Criteria:

1. The child must be between the ages of 5 and 12 years old at the time of the trip.
2. The child's illness or disability must be one of the following: Be diagnosed with a chronic/terminal illness OR be physically challenged OR have an impairment due to a birth defect or accident/injury.
3. The child and their family must reside in a Kidd Kraddick Morning Show radio listening area. "Listening area" is defined by being able to listen to the Kidd Kraddick Morning Show on the radio in the child's home city. A list of Kidd Kraddick Morning Show cities can be found at www.KiddNation.com.
4. The child's family must show a financial need (being otherwise unable to afford a trip of this nature).

The Nomination Application for the Kidd's Kids Trip to Walt Disney World consists of a six-page application, a one-page medical questionnaire, a one-page medical authorization, and a family medical history form. **Please complete the application in black or blue ink and write legibly.** Answer each question to the best of your ability. Ensure that you have completed each section of the application before submitting. The medical questionnaire and medical authorization should be completed by the child's physician and sent to Kidd's Kids. The Kidd's Kids trip dates are TBD depending on the CDC guidelines due to the COVID-19 pandemic. We will keep all applicants informed.

Application Checklist:

Before you submit the application, please ensure that you:

- _____ Fully complete each section of this application (there are six pages consisting of 9 sections)
- _____ Include a photocopy of the nominated child's birth certificate to verify age (or shot record in lieu of BC)
- _____ Include a photo of the nominated child (via mail or email) **do NOT fax photos**
- _____ Include a photocopy of the first two pages of the family's most recent income tax return
- _____ Enter an email address for the parent/guardian (on page 1, section 2 of the application)
- _____ Application signed by child's parent or legal guardian (on page 6, section 9 of the application)
- _____ Give the **medical questionnaire and medical authorization** to the child's physician to be completed
- _____ Complete and sign the Family Medical History Form
- _____ Submit the application AND medical questionnaire/authorization before **Friday, September 4th**
- _____ Submit any letters of support or other supporting documentation before **Friday, September 4th**
- _____ If applying for more than one child, please complete a separate application for each child
- _____ **DO NOT STAPLE** the application or supporting documentation OR send folders/binders
- _____ **KIDD'S KIDS WILL NOT ACCEPT PHOTOS OF DOCUMENTS***. You must either scan to a pdf and email, or fax, or mail documents to our office. (*i.e. do **NOT** take a photo of the application pages on your phone and send) **(You will receive a confirmation email to confirm receipt of the application and all necessary documents)**

If selected to attend the Kidd's Kids Trip to Walt Disney World, the selected child and their family are invited to join us on the trip. The selected child's "FAMILY" is defined as parent(s) or legal guardian(s) who reside in the child's household and siblings of the child who also reside in the household and are between the ages of 4 and 18.

The deadline for submitting the Kidd's Kids Nomination Application is Friday, September 4, 2020

**Mailing Address: Kidd's Kids – ATTN: Applications
220 E. Las Colinas Blvd, Suite C-210, Irving, TX 75039
(972) 432-8595 (Main Office) | (214) 853-5212 (Fax) | Lyndsay@KiddsKids.org
For more information, please visit www.KiddsKids.org**

This application will be considered without regard to race, color, religion, national origin, sex, sexual orientation, or marital status. If you have any questions regarding this application, please contact us.

Frequently Asked Questions

Q: Can I nominate a family as a surprise?

A: The short answer is no. Due to the nature of the information required, the nominated child's parent(s) or legal guardian(s) MUST be the one to fill out the application. Please send the Kidd's Kids application to the family you wish to nominate.

Q: What is a letter of support, and is it required?

A: A letter of support is a letter that can be written by anyone in the nominated child's life (i.e. nurse, teacher, therapist, family friends, family members). Letters of support do not necessarily help or hurt an applicant, they just give some more information about the child and family being nominated. The child's parent(s) may also write a letter if they wish to expand on any information listed in the application.

Q: What is the income requirement cutoff?

A: The income information is only a small part of the application process, and there is not a set cutoff amount. The selection committee considers ALL parts of an application when making a decision.

Q: I don't file taxes. What income information should I submit?

A: If you do not file taxes and receive disability payments, please include a copy of your Social Security Award Letter.

Q: Does my child's grandparent, aunt/uncle, cousins, etc. qualify as a family member to be included on the Kidd's Kids Trip?

A: Family members invited to attend the Kidd's Kids Trip are the nominated child's parent(s)/legal guardian(s), and siblings living in the household between the ages of 4 and 18. Kidd's Kids does not cover the costs of extended family members.

Q: How will I be notified if my family has been selected?

A: All applicants will be notified of their selection status via a letter in the mail.

Q: My child has been to Walt Disney World through another wish-granting organization. Do we still qualify for Kidd's Kids?

A: If a child has already been to Walt Disney World or a Disney Cruise through another wish-granting organization, then they do NOT qualify for Kidd's Kids. Kidd's Kids runs all applicant names through the Give Kids The World Village database to verify prior wish trips.

Q: I am nominating siblings for Kidd's Kids. Do I need to complete separate applications?

A: Yes, you will need to complete one application for each child being nominated.

Section 3: Family Member Information

Please list all family members who live in the same household with the nominated child and their relationship to the child. Family members invited to attend the Kidd's Kids trip are the child's parent(s)/legal guardian(s) and siblings, between the ages of 4 and 18 years of age, who currently reside in the child's household. **Only those family members that are eligible and listed below on this form will be invited to attend the trip, if the child is selected.** All sections for each family member must be complete (Full legal name, relationship, age, and date of birth). Add additional family members as needed. All family members over the age or 18 years of age must have a United States Government issued ID in order to attend the trip.

<u>Full Legal Name (First, Middle, Last)</u>	<u>Relationship To Child</u>	<u>Age</u>	<u>Date of Birth</u> (month/day/year)
_____	Nominated Child (Self)	____	_____
_____	Parent/Guardian #1 (_____)	____	_____
_____	Parent/Guardian #2 (_____)	____	_____
_____	Sibling # 1 (Sister)(Brother)(Other ___)	____	_____
_____	Sibling # 2 (Sister)(Brother)(Other ___)	____	_____
_____	Sibling # 3 (Sister)(Brother)(Other ___)	____	_____

Total Number of "Family Members" living in household and listed above (including nominated child): _____

Section 4: Medical Information

What is your child's medical condition? _____

Please give us a short description of your child's medical condition: _____

Please list any medications your child is currently taking: _____

Please give us a short description of the medical treatment or attention your child is currently receiving: _____

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What do you have to do to care for your child? _____

Does your child have any travel restrictions? ____ Yes ____ No

If yes, please explain _____

Does your child utilize a wheelchair? ____ Yes ____ No

If yes, they use it: ____ all of the time ____ on occasion ____ only for distance

If your child uses a wheelchair for distance (or when they get tired), can they use a wheelchair that is provided at the hotel or parks without bringing the wheelchair on the trip? ____ Yes ____ No

Will you bring your child's wheelchair on the trip? ____ Yes ____ No

If you are bringing your child's wheelchair on the trip, is it ____ Manual or ____ Electric?

Will your child require a wheelchair accessible room at the hotel? ____ Yes ____ No

Does your child require other special medical equipment for their care or comfort? ____ Yes ____ No

If yes, what type(s) of equipment? _____

Will your child require the use of oxygen while on the trip (hotels/parks)? ____ Yes ____ No

Will your child require oxygen on the plane while in flight? ____ Yes ____ No

If Oxygen is needed, please explain: _____

Does your child require a 24-Hour nurse/caregiver that is a non-family member? ____ Yes ____ No

If yes, will you need this 24-hour nurse/caregiver on this trip with you? ____ Yes ____ No

If yes, what kind of help will they provide for your child? _____

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Name of child's primary doctor: _____

Phone number(s) of primary doctor: _____

Name of the hospital where child receives care: _____

Names of other doctors, nurses or child life specialists who regularly see your child:

<u>Name</u>	<u>Position</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

Section 5: Employment and Income Information

Name of Parent/Guardian's employer: _____

Job Title/Position: _____

Work Address: _____

Work Phone Number: _____ Length of Time with Current Employer: _____

Name of Parent/Guardian's employer: _____

Job Title/Position: _____

Work Address: _____

Work Phone Number: _____ Length of Time with Current Employer: _____

Annual Household Income: _____

(Please attach a copy of the first two pages of the family's most recent tax return)

Section 6: Insurance Information

Parent/Guardian's Medical Insurance Provider: _____

Parent/Guardian's Medical Insurance Provider: _____

Does your child have medical insurance? ____ Yes ____ No

If yes, what is the name of the private insurance agency? _____

What is the name of the employer providing group health insurance? _____

Does Medicaid cover the child? ____ Yes ____ No

Does the child receive any disability payments? ____ Yes ____ No

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Section 7: Other Trips/Wish Granting Organizations Information

Has your child ever received a wish from any organization/company? ___ Yes ___ No

If Yes, what year? _____

If yes, what wish/wishes has your child received? _____

If yes, what organization granted the wish/wishes? _____

Is your child on any other list for a trip to Disney World or anywhere else? ___ Yes ___ No

If yes, what list/organization is your child on? _____

If yes, how long has your child been listed? _____

Have you applied to have a wish granted before from other organizations? ___ Yes ___ No

If yes, what was the wish and organization? _____

Was the wish granted? ___ Yes ___ No – AND If No, Is the wish still pending? ___ Yes ___ NO

Has your child ever visited Disney World? ___ Yes ___ No AND If yes, what year? _____

Has anyone listed on this application ever been on a Kidd's Kids trip? ___ Yes ___ No

If yes, what year? _____

Has your child ever stayed at **Give Kids The World Village*** in Orlando, FL? ___ Yes ___ No If yes, what year? _____

*Kidd's Kids verifies all prior Walt Disney World wishes with Give Kids The World. If a child has already been to Disney World through another wish-granting organization, they will NOT qualify for Kidd's Kids.

Where did your family go on their last vacation? _____

When was this vacation? _____

Section 8: Kidd's Kids Trip Information

Have you received a trip/or offer for a trip to Disney World from any other organization? ___ Yes ___ No

Would a trip to Disney World be possible for your child without the help of Kidd's Kids? ___ Yes ___ No

Have you submitted an application to Kidd's Kids before? ___ Yes ___ No If yes, what year(s)? _____

Have you ever been placed on the **alternate list** for Kidd's Kids? ___ Yes ___ No If yes, what year? _____

Is anyone in the nominated child's immediate family currently involved in litigation? ___ Yes ___ No

If yes, briefly explain? _____

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Section 9: RELEASE

I hereby certify that the information I have provided in this application is true, correct and complete. I hereby authorize The Kraddick Fund for Kids, also known as Kidd's Kids, or anyone acting on their behalf, to investigate the statements made in this application, any references provided herein, and to conduct any investigation regarding the existence of any record of criminal offenses committed by any individual 13 years of age or older who will or may accompany the child nominated in this application on the trip or at any event associated therewith, and further authorize the release of such information without liability to Kraddick Fund for Kids, its affiliates and subsidiaries, and their respective officers, directors, employees, agents, successors, and assigns, or any person acting under their authority. **I HEREBY WAIVE, RELEASE AND DISCHARGE THE KRADDICK FUND FOR KIDS, ITS AFFILIATES AND SUBSIDIARIES, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SUCCESSORS, AND ASSIGNS, OR ANY PERSON ACTING UNDER THEIR AUTHORITY (RELEASEES) FROM ANY LIABILITY ARISING FROM THE RELEASE OF SUCH INFORMATION, INCLUDING ANY LIABILITY THAT MAY ARISE FROM A NEGLIGENT ACT OR OMISSION OF RELEASEES.**

Printed Name of Parent/Guardian **Signature of Parent/Guardian** **Date**

Printed Name of Parent/Guardian **Signature of Parent/Guardian** **Date**

Please read and initial the following statements:

_____ I agree that all adults 18+ listed on this application has or will have a valid *United States* issued photo ID or passport that complies with the Real ID Act, which takes effect on October 1, 2020. Visit www.dhs.gov/real-id for more information.

_____ I understand that if I have a child under the age of 4, they will not be invited to attend the Kidd's Kids Trip. In the event my family is selected, I will make arrangements for them to stay with a family member or friend while we are out of town.

This application will be considered without regard to race, color, religion, national origin, sex, sexual orientation, or marital status. If you have any questions regarding this application, please contact us.

Kidd's Kids Application - Family Member Medical History Form

Disclaimer: Because of the COVID-19 pandemic, the Kidd's Kids selection committee requires medical history for all family members listed on the application. The health and safety of all families and staff who attend a Kidd's Kids trip is very important to us. By applying for a Kidd's Kids Trip, you are acknowledging that an inherent risk of exposure to COVID-19 exists in any public place where people are present.

Testing Protocol: If selected for Kidd's Kids, you additionally acknowledge and agree that all family members listed on the application will need to be tested for COVID-19 and submit a *negative* COVID-19 test result within four (4) days of departure. _____ (please initial)

COVID-19 Protocol: You acknowledge and agree that you shall comply with the Kidd's Kids COVID-19 protocols during the trip, including without limitation, the requirement that all family members listed on the application shall wear masks and adhere to social distancing protocols when not in their hotel rooms. _____ (please initial)

Vaccines: If selected for Kidd's Kids, it may be required that all staff and family members get a flu vaccination and a COVID-19 vaccination (once one is available). _____ (please initial)

Please complete the medical information for each family member listed on the application

Family Member #1

Name and Age: _____

Medical Conditions/Diagnosis: _____

Current Medications: _____

Any Surgeries in the last 12 months? (if yes, please explain): _____

Date of last flu vaccine (month & year): _____

Family Member #2

Name and Age: _____

Medical Conditions/Diagnosis: _____

Current Medications: _____

Any Surgeries in the last 12 months? (if yes, please explain): _____

Date of last flu vaccine (month & year): _____

Family Member #3

Name and Age: _____

Medical Conditions/Diagnosis: _____

Current Medications: _____

Any Surgeries in the last 12 months? (if yes, please explain): _____

Date of last flu vaccine (month & year): _____

Family Member #4

Name and Age: _____

Medical Conditions/Diagnosis: _____

Current Medications: _____

Any Surgeries in the last 12 months? (if yes, please explain): _____

Date of last flu vaccine (month & year): _____

Family Member #5

Name and Age: _____

Medical Conditions/Diagnosis: _____

Current Medications: _____

Any Surgeries in the last 12 months? (if yes, please explain): _____

Date of last flu vaccine (month & year): _____

Family Member #6

Name and Age: _____

Medical Conditions/Diagnosis: _____

Current Medications: _____

Any Surgeries in the last 12 months? (if yes, please explain): _____

Date of last flu vaccine (month & year): _____

Acknowledgement and Release: I hereby certify that the information provided in this Medical Information form is true, correct and complete. I acknowledge and agree that I and my family understand the inherent risks associated with COVID-19 and assume all risks associated with such exposure during the Kidd's Kids Trip. **I HEREBY WAIVE, RELEASE AND DISCHARGE THE KRADDICK FUND FOR KIDS, ITS AFFILIATES AND SUBSIDIARIES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SUCCESSORS, AND ASSIGNS, OR ANY PERSON ACTING UNDER THEIR AUTHORITY (RELEASEES) FROM ANY LIABILITY ARISING FROM THE RELEASE OF SUCH INFORMATION, INCLUDING LIABILITY THAT MAY ARISE FROM EXPOSURE TO COVID-19 AND/OR A NEGLIGENT ACT OR OMISSION OF RELEASEES.**

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

If you need to add family members, please make a copy of page 2 and fill out their information.

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KIDD'S KIDS MEDICAL QUESTIONNAIRE

TO BE FILLED OUT BY THE CHILD'S PARENT/LEGAL GUARDIAN:

Name of Child

Name of Parent/Legal Guardian

Email Address

Phone Number

I consent to the release of medical information to Kidd's Kids, understanding that Kidd's Kids will respect the confidential nature of the information given by my child's physician.

Signature of Parent or Legal Guardian

TO BE FILLED OUT BY THE CHILD'S PHYSICIAN:

Kidd's Kids is a program of the Kraddick Fund for Kids, a 501(c) (3) non-profit organization that takes children with special medical needs to Walt Disney World. Applicants must be between the ages of 5 and 12, suffer from a chronic or terminal illness, are physically challenged or have a catastrophic impairment due to an injury, accident or birth defect. The children selected for the trip must also demonstrate a financial need and live in a Kidd Kraddick Morning Show listening area. Your patient has applied for this trip, please answer the questions below and send this form to Kidd's Kids as soon as possible. **The submission deadline is September 4, 2020.**

1. What is this child's primary diagnosis? _____
2. Is this a life-threatening illness: _____ Yes _____ No
3. To your knowledge have they received any other trips or wishes? _____ Yes _____ No
4. Do you feel it is safe for this child to participate in a five-day trip to Walt Disney World? _____ Yes _____ No
5. In your professional opinion, what is the estimated developmental age of this child? _____
6. Will this child require oxygen: _____ While on the plane during flight _____ While on the trip at hotel/parks
7. Does this child function well within a group environment/setting? _____ Yes _____ No
8. Please indicate any additional comments/medical requirements/helpful information: _____

Printed Name of Physician

Signature of Physician

Phone Number

Email Address

ATTENTION PHYSICIAN: PLEASE FAX OR EMAIL TO KIDD'S KIDS

Attn: Lyndsay Kotzot (214) 853-5212 (Fax) OR Lyndsay@KiddsKids.org

Kidd's Kids | 220 E. Las Colinas Blvd. | Suite C-210 | Irving, TX 75039 | (972) 432-8595 (Main Office)
This application will be considered without regard to race, color, religion, national origin, sex, sexual orientation, or marital status.

**COMPASSION PROGRAM
210 SOUTH BASS ROAD
KISSIMMEE, FL 34746**

MEDICAL AUTHORIZATION

Diagnosis: _____
Date of Birth: _____

As the primary physician for _____,
I, _____, M.D., am familiar with the physical condition of
the above-named child and am of the opinion that the above-named child has a life-threatening
illness/condition. I have explained to the above-named child's parent(s) or legal guardian(s) the medical
condition of the above-named child. I have discussed with the parent(s) or legal guardian(s) the risks involved
both physically and mentally, by participation by the above-named child in fulfillment of the wish (as it was
explained to me and as hereinafter described). I have instructed them as to who should be contacted in the
event medical assistance is needed and how to handle medical emergencies.

DESCRIPTION OF WISH

Travel to Central Florida to: _____

SIGNATURE OF WITNESS

DATE

PHYSICIAN'S SIGNATURE

PRINT PHYSICIAN'S NAME

DATE

PHYSICIAN'S OFFICE ADDRESS

PHYSICIAN'S OFFICE PHONE