

# Kidd's Kids TEEN Trip Nomination Application (ages 13 – 18)

## 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.

## About the Kidd's Kids Teen Trip:

The Kidd's Kids Teen Trip will take place at the Give Kids The World Village in Central Florida. Give Kids The World Village is a 79-acre resort that exists only for the fulfillment of wishes granted to children who have been granted a wish through a partnering wish-granting organization. The child and his/her family are provided accommodations, meals, entertainment, and theme park tickets to the world-famous attractions of Central Florida. This trip will include three (3) days at Walt Disney World, two (2) days at Universal Orlando, and one (1) day at SeaWorld Orlando. More information can be found at [www.GKTW.org](http://www.GKTW.org). The dates of the Kidd's Kids Teen Trip are TBD depending on CDC guidelines due to the COVID-19 pandemic. We will keep all applicants informed.

## Nomination Criteria:

1. The child must be between the ages of 13 and 18 years old at the time of the trip.
2. The child must be diagnosed with a life-threatening and/or terminal illness as determined by an attending physician. Documentation is required.
3. 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 Teen Trip consists of a six-page application, a one-page medical questionnaire, a one-page medical authorization form, 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 forms should be completed by the child's physician and sent to Kidd's Kids.

## Application Checklist:

Before you submit the application, please ensure that you:

- \_\_\_\_\_ Fully complete each section of this application (there are six (6) pages consisting of nine (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
- \_\_\_\_\_ 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 **September 4, 2020**
- \_\_\_\_\_ Submit any letters of support or other supporting documentation before **September 4, 2020**
- \_\_\_\_\_ 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 Teen Trip, the selected child and their family are invited to join us on the trip. The selected "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 house up to age 18.

**The deadline to submit a Kidd's Kids Teen Trip Nomination Application is Friday, September 4, 2020.**

**Mailing Address: Kidd's Kids – ATTN: Teen Trip Application  
220 E. Las Colinas Blvd, Suite C-210, Irving, TX 75039  
(972) 432-8595 (P) | (214) 853-5212 (F) | [Lyndsay@KiddsKids.org](mailto:Lyndsay@KiddsKids.org)**

# 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 Teen Trip?**

A: The family member guidelines for Give Kids The World Village is the child's parent(s) or legal guardian(s) and siblings who live in the household up to age 18.

**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.



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**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 are defined as the child's parent(s)/legal guardian(s) and siblings who currently reside in the child's household up to age 18. **Only those family members who are eligible 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 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?

Can your child transfer from their wheelchair and sit on their own in a seat or ride?  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

**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 Central Florida 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, Universal Orlando, or SeaWorld Orlando?  Yes  No

If yes, what year(s) and which theme park(s)? \_\_\_\_\_

Has your child ever been on a Kidd's Kids trip?  Yes  No If yes, what year? \_\_\_\_\_

Has your child ever been to Give Kids The World Village?  Yes  NO If yes, what Year? \_\_\_\_\_

\*Kidd's Kids verifies all prior Disney wishes with Give Kids The World. If a child has already been to Disney World or a Disney Cruise 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, Universal Orlando, or SeaWorld Orlando from any other organization?  Yes  No

Have you submitted an application to Kidd's Kids before?  Yes  No

If yes, what year(s)? \_\_\_\_\_

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](http://www.dhs.gov/real-id) for more information.

Kidd's Kids  
220 E. Las Colinas Blvd, Suite C-210, Irving, TX 75039  
(972) 432-8595 (Main Office) | (214) 853-5212 (Fax)  
Lyndsay@KiddsKids.org 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.



## 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.*





# Medical Authorization

Wish Child
_____
<i>First Name</i>
_____
<i>Last Name</i>
_____
<i>Arrival Date</i>

As the physician for \_\_\_\_\_,  
*Please print wish child's name*

I, \_\_\_\_\_, MD.,  
*Please print physician's name*

am familiar with the physical condition of the above named child and am of the opinion that the condition of the above named child has a life-threatening and/or terminal illness. 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 to call in the event medical assistance is needed and how to handle medical emergencies.

As long as the parent(s) or legal guardian(s) take sufficient precaution to protect the above named child in accordance with my instructions to them, I am of the opinion that participation in the wish described to me by the above named child will not present medical risks to him/her sufficient to prevent my recommendation he/she participate in the following wish which will involve traveling to Florida for approximately a week and spending most of each day out of doors visiting tourist attractions.

### Description of wish

*Travel to Central Florida to visit theme parks and attractions*

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Office Address

\_\_\_\_\_  
Physician's Office Phone

\_\_\_\_\_  
Physician's Emergency Phone