

# 2012 Kidd's Kids Nomination Application

## About Kidd's Kids:

Kidd's Kids is a program of the Kraddick Foundation, a non-profit 501©3 organization. Our mission is to provide life enrichment activities/events for special medical needs children and their families. 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 Kidd Kraddick In The Morning Radio Show.

## Nomination Criteria:

The nominated child must:

- 1 - Be between the ages of 5 and 12 years old
- 2 - Be diagnosed with a chronic or terminal illness, physically challenged, or have an impairment due to a birth defect or accident/injury
- 3 - Reside in a Kidd Kraddick In The Morning radio show listening area
- 4 - Show a financial need (being otherwise unable to afford a trip of this nature)

The Nomination Application for the 2012 Kidd's Kids Trip to Walt Disney World consists of a six-page Application and a one-page Medical Questionnaire. **Please complete the application in black or blue ink and write legibly.** Answer each question to the best of your ability and as honestly as possible. Ensure that you have completed each section of the application before submitting. The Medical Questionnaire 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 have:

- Fully completed each section of this application (there are six pages consisting of 9 sections)
- Included a photocopy of the nominated child's birth certificate to verify age  
(or the child's most recent shot record can be used in lieu of a birth certificate)
- (Optional) - Include a photo of the nominated child (via mail or email)
- Included a photocopy of the first two pages of the family's most recent income tax return
- Entered 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)
- Given the Medical Questionnaire to the child's physician to be completed
- Submitted the Application AND Medical Questionnaire before Friday, August 3, 2012
- Submitted any letters of support or other supporting documentation before Friday, Aug 3, 2012
- 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
- Only submit the application ONE TIME (either via email, fax, or postal/other mail service)  
(We will communicate with you to confirm receipt of the application and all necessary documents)

If selected to attend the 2012 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 5 and 16 years of age. The

***The deadline for submitting the 2012 Kidd's Kids Nomination Application is Friday, August 3, 2012***

**Mailing Address: Kidd's Kids 2011 - ATTN: Applications 2012**

**220 E. Las Colinas Blvd, Suite C-210 Irving, Texas 75039**

**(972) 432-8595/Office (214) 853-5212/Fax [Derrick@KiddLive.com](mailto:Derrick@KiddLive.com) or [Lyndsay@KiddLive.com](mailto:Lyndsay@KiddLive.com)**

**For more information, please visit our website at [www.KiddsKids.com](http://www.KiddsKids.com)**

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 2012 Nomination Application



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## Please Tell Us:

How did you find out about Kidd's Kids? \_\_\_\_\_

What market/city is the Kidd Kraddick in the Morning show heard on in your area? \_\_\_\_\_

What Radio Station? \_\_\_\_\_

## Section I: Nominated Child's Information

Name of child: \_\_\_\_\_

Address of child: \_\_\_\_\_  
Street Address Apartment # City/State/Zip Code

Sex of the Child: \_\_\_ Female \_\_\_ Male

Birthdate: \_\_\_\_\_  
Month/Day/Year Age Grade Level Developmental Age

***(Attach a copy of nominated child's birth certificate, or most recent shot record, as proof of age)  
(Optional - Include a photo of the nominated child)***

## Section 2: Parent or Legal Guardian's Information

Name of Parent/guardian completing application: \_\_\_\_\_

Relationship to applicant: \_\_\_ Mother \_\_\_ Father \_\_\_ Legal Guardian \_\_\_ Other, Specify: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment # City/State/Zip Code

\_\_\_\_\_   
Cell Phone Number Work Phone Number Home Phone Number

\_\_\_\_\_   
Email Address

The nominated child currently resides with: Parent(s): \_\_\_ Both \_\_\_ Mother \_\_\_ Father  
\_\_\_ Legal Guardian(s) \_\_\_ Other Relative: \_\_\_\_\_

***(Please ensure that a parent or guardian signs the last page of this application)***

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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 (between the ages of 5 and 16 years of age) who currently reside in the child's household. Only those "Family Members" that are eligible and listed below 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.

| <u>Full Legal Name (First and Last Name)</u> | <u>Relationship To Child</u>             | <u>Age</u> | <u>Date of Birth</u><br>(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, do 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? \_\_\_\_\_

Other than the applicant, are there any immediate family members residing in the same household as the child with an illness or disability? \_\_\_\_ Yes \_\_\_\_ No If yes, please list name, relationship, and illness:

| Name  | Relationship | Illness/Disability | Care Needed |
|-------|--------------|--------------------|-------------|
| _____ | _____        | _____              | _____       |
| _____ | _____        | _____              | _____       |
| _____ | _____        | _____              | _____       |

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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 Childlife 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/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 so, 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

Has your child ever visited: Disney World?  Yes  No AND If yes, what year? \_\_\_\_\_

Has your child ever been on a Kidd's Kids trip before?  Yes  No

If Yes, what year? \_\_\_\_\_

Where did your family go on their last vacation? \_\_\_\_\_

When was this vacation? \_\_\_\_\_

**Section 8: Kidd's Kids Trip Information**

If selected for the trip, would your family be able to travel November 8<sup>th</sup> – 12<sup>th</sup> of 2012?  Yes  No

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)? \_\_\_\_\_

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 Foundation, 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 Foundation, 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 FOUNDATION, 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



Kidd's Kids - 220 E. Las Colinas Blvd, Suite C-210 – Irving, Texas 75039  
(972) 432-8595 Phone – (214) 853-5212 Fax  
Derrick@KiddLive.com or Lyndsay@KiddLive.com  
www.KiddsKids.com

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.

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**KIDD'S KIDS MEDICAL QUESTIONNAIRE**

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

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Mailing Address, Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

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 non-profit organization, tax exempt under IRS 501(c) (3) 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 in the Morning radio 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 for the 2010 Trip is Friday, August 6, 2010.**

1. What is this child's primary diagnosis? \_\_\_\_\_

2. This is: \_\_\_ a serious/chronic illness \_\_\_ terminal illness \_\_\_ impairment due to an injury or birth defect.

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 a trip November 8<sup>th</sup> – 12<sup>th</sup> of 2012 interfere with medical treatments? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

7. Will this child require oxygen: \_\_\_ While on the plane during flight \_\_\_ While on the trip at hotel/parks

8. Does this child function well within a group environment/setting? \_\_\_ Yes \_\_\_ No

9. Please indicate any additional comments/medical requirements/helpful information: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**ATTENTION PHYSICIAN: PLEASE FAX BACK TO KIDD'S KIDS, C/O Derrick Brown AT (214) 853-5212**

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