



## Sensory Therapy Equipment Application

### Mission Statement

The stated purposes of Sensational Hope, are to provide the physical equipment needed by children in the greater Kansas City area with the primary disorder and/or dysfunction of Sensory Processing Disorder (SPD) as identified by a medical professional who may not be able to otherwise afford them; to provide education to increase community awareness of Sensory Processing Disorder (as a separate diagnoses) and for any other purpose that the board shall determine furthers the aforesaid goals.

### Instructions

The submission of an application must include the following for consideration by Sensational Hope: letters of verification from the professionals you have identified are familiar with your child's needs; a recent photo of the child and signed release forms. The Sensational Hope Board reviews this information. Please mail the application with supporting documents to: Sensational Hope, 9006 E. 87<sup>th</sup> Street, Raytown, MO 64138 or submit a scanned copy via email to [info@sensationalhope.org](mailto:info@sensationalhope.org).

Date of Application: \_\_\_\_\_ Received by Sensational Hope: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age and Birth Date: \_\_\_\_\_

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Who has legal custody of this child? (Name and relationship): \_\_\_\_\_

Address (home or agency where child resides): \_\_\_\_\_

\_\_\_\_\_

Email Address of Parent/Guardian: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Name of Person Completing Application: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_



## Sensory Therapy Equipment Application

Check the item below you are requesting (please check only one). If your application is approved, we will contact you to choose a color (if applicable):

- 5' Indoor/Outdoor Trampoline with Safety Enclosure
- Hug Sleep Pod Waist size: \_\_\_\_\_ inches
- SANHO Dynamic Movement Sensory Sock
- Sorbus Hanging Rope Hammock Chair with Stand

If you receive equipment from Sensational Hope would you be part of an onsite presentation to show sponsors/donors the gift and give the opportunity to meet your child? \_\_\_\_\_

Will you participate in other Sensational Hope family events that are offered? \_\_\_\_\_

Please list the names of two health care professionals who have worked with the child, and can verify the need for the equipment as well as that your child has Sensory Processing Disorder. We will not contact these individuals without your authorization.

Name of Professional & Agency	Phone	Occupation
_____	_____	_____
_____	_____	_____

Please sign here if you consent to Sensational Hope contacting the above named individuals to discuss your child's need for the requested equipment: \_\_\_\_\_

Has your child been told they have Sensory Processing Disorder? \_\_\_\_\_

Please provide a brief description of the child's situation and of the benefit the equipment would provide. Attach additional sheets as needed.

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## Sensory Therapy Equipment Application

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### Release of Liability

In consideration of the receipt of certain enabling equipment awarded by Sensational Hope,

\_\_\_\_\_, (the Recipient thereof), him/herself or through his/her parent or legal guardian, hereby releases and forever discharges Sensational Hope, their members, employees and officers (hereby collectively referred to as Sensational Hope) from and against all claims, of any type, which arise from or are related to:

1. any alleged malfunction of or defect in the enabling equipment;
2. any allegation that the enabling equipment was not appropriate or suitable for the Recipient;
3. any other matter, of any type, related, in any way, to the Recipient's receipt or use of the enabling equipment.

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Parent/Legal Guardian

Date

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Parent/Legal Guardian

Date

(Signature is required of all legal guardians)

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**I (We) stipulate that the information included in this application is true to the best of my (our) knowledge. Further, I (we) understand that the presence of inaccurate information in this application could result in the need for the re-evaluation of this application on the part of Sensational Hope.**

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Parent/Legal Guardian

Date

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Parent/Legal Guardian

Date



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### Disclaimer

The stated purposes of Sensational Hope, are to provide the physical equipment needed by children in the greater Kansas City area with the primary disorder and/or dysfunction of Sensory Processing Disorder (SPD) as identified by a medical professional who may not be able to otherwise afford them. The equipment we provide carries no warranty from Sensational Hope and its use even in the event of malfunction resulting in injury, gives rise to no liability on the part of Sensational Hope. Sensational Hope is merely a funding source. Sensational Hope is no way responsible for reclaiming, dispose of, maintaining, or repairing equipment. It is the sole responsibility of the Recipient's legal guardians to maintain, repair and/or dispose of the equipment. Any other costs that may be associated with the equipment such as installation, delivery, labor, disposal, etc., that are not explicitly stated on the application are the sole responsibility of the Recipient's legal guardians.

Before disbursement of any funds to purchase equipment, the legal guardian(s) of the Recipient must have this form signed, witnessed by a non-family member, and returned to Sensational Hope.

I \_\_\_\_\_  
(Legal Guardian's Name) (Legal Guardian's Signature)

am the Legal Guardian of \_\_\_\_\_  
(Recipient's Name printed)

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I have read and fully understand the above Disclaimer

I \_\_\_\_\_  
(Legal Guardian's Name) (Legal Guardian's Signature)

am the Legal Guardian of \_\_\_\_\_  
(Recipient's Name printed)

This document has been witnessed by

\_\_\_\_\_ on this date \_\_\_\_\_  
(Name) (Date signed)



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### Authorization to Use Name and Likeness

The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of the enabling equipment may result in publicity. The Recipient and his/her parents or legal guardian hereby irrevocably authorize Sensational Hope: (a) to publicize and use the Recipient’s likeness, voice and features, with our without his/her name, for any publication, promotion, trade or business use, or any other purpose; (b) to photograph, videotape, film and record each Recipient in any manner Sensational Hope chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such material involving the Recipient, his/her parents or legal guardian and that said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, radio stations; (d) to publicize, now or in the future, the name of the Recipient including information regarding his/her physical condition and details regarding the enabling equipment received from Sensational Hope.

The Recipient and his/her parents or legal guardian agrees that is not necessary for Sensational Hope or anyone else to contact them prior to releasing any information authorized by this document. The Recipient and his/her parents or legal guardian hereby releases Sensational Hope from and against any and all claims, of any type, which arise from or are related to Sensational Hope’s use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding the Recipient and the reward from Sensational Hope.

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Parent/Legal Guardian

Date

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Parent/Legal Guardian

Date

*(Please note that your signature is not required on this form for the application to be considered by Sensational Hope. **However, we do require photos of your child with their awarded equipment.** Please note that we will only publish photos of the children authorized by families signing this release form. Other photos will be kept confidential, however, these photos enhance our fundraising efforts to secure additional funding from corporate sponsors, individuals and community foundations to help children with Sensory Processing Disorder and to continue our programs. Thank you.)*



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### SENSORY EQUIPMENT APPLICATION CHECKLIST

Please include the following items in your application and mail as one packet to Sensational Hope. Only completed applications will be reviewed by Sensational Hope. If you have any questions, please call us at (816) 398-5662. Thank you for your interest in the program.

**TO COMPLETE YOUR APPLICATION, THE FOLLOWING INFORMATION IS NEEDED, PLEASE SEND AS ONE PACKET.**

- Letter of verification from professionals you identified (therapist, doctor, social worker) who are most familiar with your child's needs. This letter should specify your child's needs for the equipment.
- Address all items as stated in the Addendum for the requested equipment.**
- Signature on Release of Liability Form.
- Signature on Affirmation of Truth Statement.
- Signature on Disclaimer.
- Authorization to Use Name & Likeness (signature optional).
- Recent photo of the child (high resolution image).
- Signatures of all legal guardians & complete demographic data.
- If funding is approved, we do require photographs of the child with the equipment for grant verification and social media*** (preferably within a month of project completion). Photos can be submitted via email to [info@sensationalhope.org](mailto:info@sensationalhope.org).
- Please follow us on Facebook at [www.facebook.com/kansascityspd](https://www.facebook.com/kansascityspd) and on Instagram to stay up to date on the latest concerning this opportunity as well as others!
- Scan and email your completed application and documents to [info@sensationalhope.org](mailto:info@sensationalhope.org).