



Ethan Wolfe Recreational Assistance Program

The Ethan Wolfe Recreational Assistance Program provides individuals with CHARGE syndrome the opportunity to participate in recreational activities. This program is need-based and funded through a generous gift from the Wolfe family and friends. During Ethan Wolfe's 12 years, his life was enriched by an adaptive bike, special recreational camps, swimming lessons, music class and so much more. David & Jody Wolfe, together with the CHARGE Syndrome Foundation, wish to honor Ethan's memory by providing other individuals with CHARGE with similar, fun activities and equipment.

Examples of recreational items which would qualify (will be open to other suggestions):

- Adaptive recreational equipment not covered by insurance (examples: bike, swing)
- Adaptive sporting activities/teams (examples: baseball, soccer, gymnastics, swimming)
- Specialized camp (examples: summer camp for blind, deaf, special recreation)
- Special recreation programs (examples: community outings, science class, music class)

Contact information for questions regarding your application:

EWRAP@chargesyndrome.org

Phone #: 800-442-7604

Submit application:

- Scan and e-mail to EWRAP@chargesyndrome.org
- Fax to 888-317-4735
- Mail to: CHARGE Syndrome Foundation
318 Half Day Road #305
Buffalo Grove, IL 60089



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Requirements:

- Must have a diagnosis of CHARGE syndrome
- Must be a current member of the CHARGE Syndrome Foundation
- Meets the maximum family adjusted gross income of \$100,000 or less
- Must attach first page of your most recent federal income tax return
- Must include a short paragraph explaining the reason the applicant would benefit from the assistance (can also include a recent photo of the applicant)
- Must include a picture of the item requested or a photocopy from a brochure of the activity/course description from the service provider

If assistance is awarded:

- Must be willing to be included in the CHARGE Foundation website, social media, presentations, and publications with a picture of the applicant participating in the recreational activity and provide a description of how the activity has enriched the applicant's quality of life.
- If equipment is awarded, must be willing to donate any equipment which is outgrown or not needed any longer to another family or charity.

Approval Process:

- All applications will be subject to committee approval.
- Committee will notify all applicants of approval or denial within one month of submission.
- Committee will work directly with the company/provider to pay for the recreational item.
- All personal information will be kept confidential by committee.



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Application

Applicant Information:

Applicant's Name: _____
Date of birth: _____ Gender: Male _____ Female _____

Family Information:

Parent/Guardian Name(s): _____
Home address: _____ City: _____
State: _____ Zip: _____ Country: _____
Home phone: _____ Cell phone: _____
Home E-mail address: _____ Marital Status: _____

Parent #1/Guardian Information:

Occupation: _____ Place of Employment: _____
Address: _____ City: _____ State: _____
Work phone: _____ Work E-mail: _____

Parent #2/Guardian Information:

Occupation: _____ Place of Employment: _____
Address: _____ City: _____ State: _____
Work phone: _____ Work E-mail: _____

Household Information:

Applicant lives with: _____



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How many people live in the household? _____

What is your race?

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Multiple races
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to answer

What is your ethnicity?

- Hispanic or Latino
- I am not Hispanic or Latino
- Prefer not to answer

How did you hear about this program?

- CHARGE Syndrome Foundation representative
- State deaf-blind project
- Family or friend
- Medical provider
- Social media
- CHARGE Syndrome Foundation e-mail
- Other _____

Recreational Item Requested:

Description of Activity/Type of equipment: _____

Company/Provider of Activity or equipment: _____



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Contact name at company: _____

E-mail of contact: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone number: _____

Cost of Item: _____ (please include any shipping costs or accessories to equipment requests)

Remember to Include with your application:

- First page of your most recent federal income tax return.
- A short paragraph explaining the reason the applicant would benefit from the assistance (can also include a recent photo of the applicant).
- A picture of the item requested or a photocopy from a brochure of the activity/course description from the service provider.

Remember to do:

- Become a member of the Foundation, if applicable
- If requesting an adaptive bike, please have a physical therapist or the bike vendor help evaluate the most appropriate bike and accessories, if applicable

I hereby affirm that the information I provided within this Application Form is true and accurate to the best of my knowledge. I understand that failure to disclose full details or falsifying information could invalidate my Application.

I acknowledge and agree that accepting this assistance is strictly voluntary. Furthermore, I agree that I will be responsible for any choices I make regarding the care of the



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equipment or for the failure, malfunction, repairs or ongoing maintenance of any equipment obtained as a result of the assisted funds.

By agreeing to provide assistance under this program, the CHARGE Syndrome Foundation, Inc. has made no independent assessment as to the appropriateness and/or safety of the equipment or services for which funding is sought.

I acknowledge that The CHARGE Syndrome Foundation, Inc. is not responsible for any injuries that may result from participation in any program and/or the use of the equipment or services purchased with funds from the assistance program. I WAIVE any right or cause of action, of any kind whatsoever, arising as a result of my participation or my child's participation in this assistance program from which any liability may or could accrue to the Foundation, its directors, members, officers, employees, volunteers, and agents.

Parent/Guardian Name (printed): _____

Relationship to Applicant: _____

Signature of Parent/Guardian: _____

Applicant Name _____

Signature of Applicant (if over 18) _____

Date: _____