msaa Improving Lives Today!™
Multiple Sclerosis Association of America

Cooling Distribution Program Application
375 Kings Highway North, Cherry Hill, NJ 08034
(800) 532-7667 Email: applications@mymsaa.org

Children's Cooling Application

All personal and medical information voluntarily provided to MSAA during the application process may be used or shared for the sole purpose of acquiring assistance through MSAA's services. MSAA's policy is to strictly maintain the confidentiality and security of all personal information.

Why cooling is important to people with multiple sclerosis and how it works:

Many people with multiple sclerosis (MS) are heat sensitive. MS research has proven that heat and humidity often aggravate common MS symptoms. MS research has also proven that cooling the body can help lessen the negative effects of heat and humidity on a person with MS. A cooling vest is a lightweight garment that contains insulated pockets which hold small ice packs.

A children's cooling vest differs in size from a standard cooling vest

Size: Standard cooling vests come in adult sizes ranging from adult extra-small to double extra-large. The children's cooling vests are designed to fit children and pre-teens up to 100 lbs.

How do I qualify and apply?

- ✓ You have not received a cooling vest from MSAA within the last 5 years.
- ✓ Meet Income Eligibility Requirement.
- ✓ Complete Intake Form.
- ✓ Make your product selection.
- ✓ Read and sign the Terms Agreement.
- ✓ Include a letter or a prescription to show proof of MS diagnosis.
- ✓ Return the completed and signed application to MSAA via fax at 856-488-8257 or mail to: MSAA, 375 Kings Highway North, Cherry Hill, NJ 08034

  Email: applications@mymsaa.org

INCOME ELIGIBILITY

MSAA requests applicants to list their yearly family income based on their most recently filed income tax form. The listed income is compared to the chart below, which triples the federal poverty guidelines, to determine financial eligibility. MSAA utilizes Experian Health to verify income levels as part of the overall eligibility evaluation process. If you are income qualified, please visit our website to learn more about our MRI Program and Equipment Distribution Program at www.mymsaa.org.

My Yearly Family Income is: $_____.

The number of people in my household is: _____.

MSAA's Yearly Family Income Guidelines
(based on 3x the federal poverty level)

Persons living in the Household	Income
1	$39,000
2	$52,500
3	$66,000
4	$79,500
5	$93,500
6	$107,000
7	$120,500
8	$134,000

By my signature below, I (the applicant) hereby certify the information provided to MSAA is true and accurate and my yearly family income falls below the level listed in the chart per persons living in my household. I understand that I am providing 'written instructions' to MSAA under the Fair Credit Reporting Act authorizing MSAA to obtain information from my credit profile or other information from Experian Health. I authorize MSAA to obtain such information solely to verify income eligibility for MSAA's Cooling Distribution Program.

Guardian Signature: _____ **Date:** _____

INTAKE FORM

CONTACT INFORMATION

First Name: _____

Last Name: _____

Mailing Address: _____

Shipping Address (if different): _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Gender: _____ Marital Status: _____

Primary care partner: _____

Race (please check all that apply):

__ American Indian or Alaska Native
__ Asian or Pacific Islander
__ Black or African American
__ Hispanic or Latino
__ White or Caucasian
__ Other: _____

Primary Language (please select one):

__ English __ Spanish __ Other: _____

Referred to/learned about MSAA via (please select all that apply):

__ Family/Friend
__ Healthcare Professional
__ Internet Search
__ Media
__ MSAA Email
__ MSAA Event
__ MSAA Event Mailing
__ MSAA Publication
__ MSAA Website
__ Other MS Organization
__ Social Media
__ Solicitation
__ Volunteer Match

If you wish to opt-out of MSAA's free magazine or/emails, please select below:

__ Do not mail me *The Motivator* magazine. __ Do not send me MSAA emails.

MS INFORMATION

MS Classification (please select one):

__ Primary Progressive MS
__ Progressive Relapsing MS
__ Relapsing Remitting MS
__ Secondary Progressive MS
__ Unclear

Year Diagnosed: _____

Symptoms (please list all that apply):

__ Balance Difficulty
__ Bladder Problems
__ Bowel Problems
__ Burning Sensation
__ Cold Sensitivity
__ Coordination Loss
__ Depression
__ Difficulty w/Problem Solving
__ Dizziness/Vertigo
__ Fatigue
__ General Weakness
__ Headaches
__ Heat Sensitivity
__ Leg Heaviness
__ Loss of Memory and Attention
__ Muscle Spasms
__ Muscle Tightness
__ Numbness
__ Pain
__ Speech Difficulty
__ Swallowing Difficulty
__ Tingling
__ Tremors
__ Vision Loss/Blur
__ Vision Pain
__ Other: _____

Mobility Issues:

__ Always __ Moderate __ Occasional __ None

Are you currently taking a disease-modifying therapy (DMT) for MS?

__ Yes __ No

If yes, please select your **current** treatment drug:

__ Aubagio® __ Avonex® __ Bafiertam™ __ Betaseron® __ Copaxone
__ Extavia® __ Gilenya® __ Glatiramer acetate __ Glatopa® __ Kesimpta®
__ Lemtrada® __ Mavenclad® __ Mayzent® __ Novantrone® __ Ocrevus™
__ Plegridy® __ Ponvory™ __ Rebif® __ Tecfidera™ __ Tysabri®
__ Vumerity™ __ Zeposia®

Tests (select all that apply):

__ Evoked potentials __ MRI (brain) __ MRI (spine) __ Spinal tap

Primary care physician: _____ Phone: _____

Neurologist: _____ Phone: _____

PRODUCT SELECTION – Children's Zipper-Style Cooling Vest
(Please Choose Only One Vest)

• Worn over clothing. Adjustable at the shoulders, chest and waist.
• One size fits children up to 100 lbs. with a chest or waist circumference of 26" to 42". Vest length can be adjusted from 15.25" to 17.25".
• Vest weight is adjustable by varying the use of cooling packs. Weight is 2 lbs. (with 3 packs) and 2.75 pounds (with 4 packs). Cooling packs are 6" x 6".
• Includes Neck Collar (color will match vest selection).

Must choose color:

____ Polar Pink ____ Arctic Blue

TERMS AGREEMENT FORM

By my signature below, I (the recipient) of these cooling products understand and agree that:

1. The Multiple Sclerosis Association of America, Inc (MSAA) is not obligated to provide any or all of the products I have requested. MSAA retains the right to make the final determination on which products to distribute.

2. Some products are restricted to size, and therefore MSAA is neither responsible nor liable for fitting me.

3. Upon receipt of shipment, I will notify MSAA of any problems or damage that may have occurred during shipping.

4. I will release and hold harmless MSAA, its officers, employees, agents and members from any injury(ies) or loss(es) that may occur from the use or misuse of the items provided by MSAA.

5. The items distributed are my sole responsibility, and all maintenance, repairs and replacements are my responsibility.

6. I must notify MSAA of any name, address, telephone, and email changes so they can update my file accordingly.

7. The personal and medical information I have voluntarily provided to MSAA may be used or shared for the sole purpose of acquiring the service or benefit I have requested. I understand MSAA's policy is to strictly maintain the confidentiality and security of all personal information.

Name: (Please print or type): _____

Guardian Signature: _____ **Date:** _____

If you do not qualify for MSAA's Cooling Program but would like to learn more about products, please contact the manufacturers listed below directly:

Polar Products
800-763-8423; www.polarproducts.com

Steele Body Cooling
888-783-3538; www.steelevest.com