Cooling Distribution Program Application

375 Kings Highway North, Cherry Hill, NJ 08034
(800) 532-7667 Web: www.mymsaa.org

Why is cooling important to people with multiple sclerosis?
Many people with multiple sclerosis 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.

How do you cool the body?
A cooling vest is a lightweight garment that contains insulated pockets which hold small ice packs. MS clients who wear these vests often experience temporary cooling relief when the weather turns warmer.

What does the MSAA Cooling Distribution Program offer?
The MSAA Cooling Distribution Program offers two different styles of cooling:

1. **Vest or Torso Wrap that can be worn under clothing**
   - Holds fewer ice packs, resulting in less weight but less cooling time
2. **Vest that can be worn over clothing**
   - Holds more ice packs, resulting in more cooling time but more weight

MSAA encourages you to consider these options and make your selection carefully, as:

- **You cannot request product combinations (i.e. some items from A and some from C)**
- **There are no returns or exchanges**
- **MSAA will make the selection if a color is not chosen**

If you have any questions, call MSAA at (800) 532-7667 or the manufacturers listed below:

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

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

The MSAA Cooling Distribution Program is made possible, in part, with support from Acorda Therapeutics, Bayer HealthCare, Biogen, EMD Serono, and Genentech.

You must complete steps 1 thru 5 and return all required documents to MSAA.

Step 1 **Complete the Personal Data Form (separate sheet)**

Step 2 **Complete the Income Eligibility Section**

Step 3 **Complete the Cooling Application**

Step 4 **Get a prescription or letter from your doctor that verifies your diagnosis of MS and include it with this application**

Step 5 **Read and sign the Cooling Distribution Equipment Terms Agreement**

Complete & Return the following pages to MSAA along with your doctor's note that verifies your MS and the Personal Data Form (separate sheet)

MSAA COOLING DISTRIBUTION PROGRAM APPLICATION FORM

Name: _____ **Phone: (_____)**_____ **Date:** _____

Address*: _____
***If you live in Puerto Rico, you must list your PO Box.**

INCOME ELIGIBILITY

Part A. YEARLY FAMILY INCOME is defined as all earned wages and other reported income (i.e. disability, pension, alimony, child support, etc.) from last calendar year for the person with MS **and** his or her spouse or partner living in the home.

My Yearly Family Income is: $_____.

The total number of people living in my household is: _____.

Part B. Based on the information above, check the chart to see if your income is below the listed amount. If so, proceed to Part C and continue the application.

Example: Mary Smith has MS. She lives with her husband and daughter. Thus, there are 3 people in the household. Mary and her husband's combined Yearly Family Income is $54,000. This is less than $61,480 listed on the chart for a family of three, so she qualifies.

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

Persons living in the Household	Income
1	$36,180
2	$48,720
3	$61,480
4	$73,800
5	$86,340
6	$98,880
7	$111,420
8	$123,960

Part C. Please Sign Below: By my signature below, I (the applicant) hereby certify that the information provided to MSAA is true and accurate to the best of my knowledge. I also understand that MSAA has the right to request written income verification if needed and/or deny this application if the required information and signature are not provided or the income exceeds our limits.

Signature: _____ Date: _____

PRODUCT SELECTION – Choose One Only

Vest or Torso Wrap worn under clothing (Options A and B) are:

- Smaller and lightweight. There is less space for ice packs, so there is less cooling time/relief.
- Easily hidden for discreet use and comfortable to wear while at work, on the go, or exercising.

Vests worn over clothing (Options C and D) are:

- Larger and not as lightweight. With more space for ice packs, there is more cooling time/relief.
- Traditional products which offer maximum cooling relief as you relax and enjoy the outdoors.

Please select option A, B, C, or D below. There are no combinations, exchanges or returns.

☐ A. Steele Cool-UnderVest Kit – includes:

- **Cool-UnderVest – Wide elastic straps fully adjust at shoulders and waist for universal sizing. Soft and comfortable shell fabric allows for vest to be worn under clothing. Weighs 1 - 3 pounds depending on the number of Thermo-strips used in vest.**
- **Non-toxic, flexible, double sealed Thermo-strips must be frozen at 32 degrees F. Two sets included (Eight 10 ounce strips).**
- **Concealable Neck Cooler & Wrist Coolers, with two sets of gel packs for each.**

Cool-Under Vest

Neck Cooler

Wrist Coolers

☐ B. Polar CoolFit Kit – includes:

- **Secrets Torso Cooling Wrap with elastic sides and Velcro attachment Weighs 2 lbs. Fits waists from 24" – 46"**
- **Necktie, 2 Wrist Wraps, 2 Ankle Wraps**
- **Extra set of cooling gel packs for all items**

Must choose color: ☐ Khaki ☐ Black

□ C. Polar Zipper Style Vest – cooling packs must be frozen @ 32 degrees

- **Worn over clothing. Adjustable at the shoulders, chest and waist. System includes an extra set of cooling packs.**
- **Vest weight depends on size and number of cooling packs used (see below). System includes an extra set of cooling packs.**
- **Includes Neck Collar and extra set of cooling packs (color will match vest).**

Must choose color: □ Blue □ Khaki □ Black
Must choose vest size:
□ S/M (85 lbs. to 125 lbs., 8 packs, 1.6 - 4 lbs.)
□ M/L (125 lbs. to 175 lbs., 9 packs, 2 - 4.5 lbs.)
□ L/XL (175 lbs. to 300 lbs., 11 packs, 2.2 - 5.4 lbs.)
□ XL/XXL (260 lbs. to 350 lbs., 12 packs, 2.7 – 5.9 lbs.)
□ 2XL/3XL (325 lbs. plus, 12 packs, 2.9 – 6.1 lbs.)



□ D. Steele CoolStyle™ Vest – cooling gel strips must be frozen @ 32 degrees

- **Steele CoolStyle™ Vest with cooling pockets and size-adjusting elastic straps located discreetly on the inside of the vest. Holds four segmented gel ice strips (3 packs per strip) and weighs 3-6 lbs. depending on number used. Three outside pockets for cell phone, etc.**
- **Easily adjusts to fit from 100-300+ lbs. as size-adjusting elastic straps can be cut to fit.**
- **Two sets of Thermo-strips (8-15 oz. strips) are segmented and double sealed for max flexibility, durability, ease of handling & freezing.**
- **Includes concealable Neck Cooler (color will match vest) & two sets of small gel packs.**

Must choose color:
□ Black □ Khaki □ Gray



MSAA COOLING DISTRIBUTION EQUIPMENT TERMS AGREEMENT

By my signature below, I (the recipient) of this equipment 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 equipment, 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 equipment/items provided by MSAA.
5. The items distributed are my sole responsibility, and all maintenance, repairs and replacements are my responsibility.
6. I am responsible for notifying MSAA of any name, address or telephone number changes that occur while I am in possession of equipment provided to me by MSAA.
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.

I have read, understood and agreed with each of the terms and descriptions as stated above:

Name: _____ Signature: _____ Date: _____

MSAA ID Number

Office Use Only

MSAA PERSONAL DATA

You are:

☐ An Individual w/MS ☐ A Care Partner ☐ A Physician ☐ Social Services Professional

☐ Medical Professional ☐ Friend or Relative of someone with MS ☐ Other _____

Name of the person with MS _____

Address _____

_____

_____

City County State Zip

Date of Birth _____ ☐ Female ☐ Male Marital Status _____

Home Phone _____ Work Phone _____ Cell Phone _____

Fax _____ Email address _____

If under 18-years-old, please list the name of the patient's parent or guardian _____

The return of this form enables you to apply for all MSAA programs and services and to receive a free, ongoing subscription to the MSAA magazine, *The Motivator*. If you do not wish to receive *The Motivator*, please check the box below.

☐ I do not wish to receive the MSAA magazine, *The Motivator*. ☐ I do not wish to receive MSAA emails.

How did you learn about MSAA?

☐ Neurologist
☐ Primary Care Physician
☐ Other HealthCare Providers
☐ Social Services Professional
☐ Other MS organizations
☐ MSAA Client
☐ MSAA Activity
☐ MSAA Publication
☐ Motivator
☐ Friend/Family
☐ Pharmaceutical Company
☐ Internet
☐ Phone Book
☐ Volunteer
☐ Media
☐ Fundraising Call
☐ Fundraising Letter
☐ Do not recall

If you have MS, please enter additional information on page 2 of this form.

For assistance in completing this form, please contact a Helpline Specialist at (800) 532-7667.

Important Note: **MSAA's policy is to strictly maintain the confidentiality and security of all personal and medical information. MSAA will use the personal and medical information, which has been voluntarily provided, only to assist in acquiring requested services or benefits. MSAA will not share names or other individually identifiable health information unless it is necessary to acquire a requested service or benefit.**

Personal Data Form Page 2. For individuals with MS, please complete the following:

MS Classification: ☐ Benign ☐ Relapsing/Remitting ☐ Secondary Progressive ☐ Progressive Relapsing ☐ Primary Progressive ☐ Unclear diagnosis

Year Diagnosed: _____

Other Conditions: _____

Wheelchair Use: ☐ None ☐ Occasional ☐ Moderate ☐ Always

Assistive Devices: ☐ Cane ☐ Crutches ☐ Walker ☐ Scooter ☐ Other: _____

Symptoms: *(check all that trouble you)*

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

Tests you've had: ☐ MRI [Brain] ☐ MRI [Spine] ☐ Spinal Tap ☐ Evoked Potentials

MS drugs you use: ☐ Aubagio® ☐ Copaxone® ☐ Glatopa™ ☐ Ocrevus™ ☐ Tecfidera™ ☐ Avonex® ☐ Extavia® ☐ Lemtrada® ☐ Plegridy® ☐ Tysabri® ☐ Betaseron® ☐ Gilenya® ☐ Novantrone® ☐ Rebif® ☐ Zinbryta®

Are you currently involved in a clinical trial? ☐ Yes ☐ No

If yes, please list location: _____

Ethnic Origin: (optional)

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Chicano or Mexican American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other (please specify): _____

Annual Income: *(for family living in primary domicile)*

☐ Less than $10,000
☐ $10,001 to $20,000
☐ $20,001 to $30,000
☐ $30,001 to $40,000
☐ $40,001 to $50,000
☐ $50,001 to $60,000
☐ $60,001 to $70,000
☐ $70,001 to $80,000
☐ $80,001 to $90,000
☐ $90,001 to $100,000
☐ More than $100,000

PLEASE LIST:

Primary Care Physician: _____ **Phone: ( )** _____

Address: _____

Neurologist: _____ **Phone: ( )** _____

Address: _____