

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.

The MSAA Cooling Distribution Program offers free cooling garments that can be worn under or over clothing, along with accessories to cool the neck, wrists and ankles.

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

How do I qualify and apply?

Step 1. Meet Income Requirements or Indicate a Financial Need due to the COVID-19 pandemic

Step 2. Make your Product Selection

Step 3. Read and sign the Terms Agreement Form

Step 4. Complete the Intake Form

Step 5. If available, please include a letter from your doctor that confirms your MS diagnosis

Step 6. Return the completed application to MSAA via fax at 856-488-8257 or mail to:

MSAA, 375 Kings Highway North, Cherry Hill, NJ 08034

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 Biogen, Celgene, EMD Serono, Genentech, Mallinckrodt, Ravitz Foundation, and Sanofi Genzyme.

Step 1: INCOME ELIGIBILITY and FINANCIAL NEED

IMPORTANT UPDATE:

Under standard program guidelines, 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. However, MSAA recognizes your current financial situation may have been negatively affected by the recent COVID-19 pandemic. As a result, we are currently accepting two options for income eligibility:

Option 1. Sudden Financial Need

Option 2. Standard Income Eligibility

Option 1. If your financial situation has been negatively affected by the COVID-19 pandemic and you are currently facing economic hardship, please complete and sign below.

I (the applicant) hereby certify that I am experiencing sudden financial hardship as a result of the COVID-19 pandemic and require MSAA's assistance for products offered through the Cooling Program.

Please explain how your financial situation has changed: _____

Signature: _____ Date: _____

Option 2. If your financial situation has not been affected by the COVID-19 pandemic, please list your family income and the number of people living in your household. Please check the chart below to see if your income falls below the listed level. If it does, please sign below to confirm.

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	\$38,500
2	\$52,000
3	\$65,000
4	\$79,000
5	\$92,000
6	\$105,500
7	\$119,000
8	\$132,500

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 the household.

Signature: _____ Date: _____

Step 2: PRODUCT SELECTION – choose one (1) 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

- Polar Cooling vests come with insulated cooling pack pockets and are available in multiple sizes to assure a comfortable, effective and attractive fit.
- Larger size vests require more coverage and use additional packs, smaller size fewer packs. Vest weight varies accordingly (2-6 lbs.). System includes an extra set of cooling packs.
- Includes attractive Neck Collar with an extra set of cooling packs (color will match vest).

Must choose vest size and color:

Blue

Khaki

Black

- XS/S:** Fits 85 - 110 lbs.; wt. 2-4 lbs.
- S/M:** Fits 110 - 125 lbs.; wt. 2-4 lbs.
- M/L:** Fits 125 - 175 lbs.; wt. 3-5 lbs.
- L/XL:** Fits 175 - 250 lbs.; wt. 3-5 lbs.
- XL/XXL:** Fits 250 - 325 lbs.; wt. 3-6 lbs.
- 2XL/3XL:** Fits 325 lbs. +; wt. 3-6 lbs.



D. Steele CoolStyle™ Vest – cooling gel ice 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



Step 3: SIGN THE TERMS AGREEMENT FORM

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

1. I have a medically confirmed diagnosis of multiple sclerosis by a licensed healthcare professional.
2. 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.
3. Some products are restricted to size, and therefore MSAA is neither responsible nor liable for fitting me.
4. Upon receipt of shipment, I will notify MSAA of any problems or damage that may have occurred during shipping.
5. 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.
6. The items distributed are my sole responsibility, and all maintenance, repairs and replacements are my responsibility.
7. I must notify MSAA of any name, address, telephone, and email changes so they can update my file accordingly.
8. 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: _____ Signature: _____ Date: _____

Step 4: INTAKE FORM

Important Note: MSAA's policy is to strictly maintain the confidentiality and security of all personal and medical information. MSAA will not share your information unless it is necessary to acquire a requested service or benefit.

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

Hispanic or Latino

Asian or Pacific Islander

White or Caucasian

Black or African American

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

Swim for MS Brochure

Swim for MS Partner

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

Relapsing Remitting MS

Progressive Relapsing MS

Secondary Progressive MS

Unclear

Year Diagnosed: _____

Please Make A Copy For Your Records

MSAA Fax: 856-488-8257 Ph: (800) 532-7667

5 of 6

Revised: 5/20

Symptoms (please list all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Balance Difficulty | <input type="checkbox"/> Leg Heaviness |
| <input type="checkbox"/> Bladder Problems | <input type="checkbox"/> Loss of Memory and Attention |
| <input type="checkbox"/> Bowel Problems | <input type="checkbox"/> Muscle Spasms |
| <input type="checkbox"/> Burning Sensation | <input type="checkbox"/> Muscle Tightness |
| <input type="checkbox"/> Cold Sensitivity | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Coordination Loss | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Speech Difficulty |
| <input type="checkbox"/> Difficulty w/Problem Solving | <input type="checkbox"/> Swallowing Difficulty |
| <input type="checkbox"/> Dizziness/Vertigo | <input type="checkbox"/> Tingling |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> General Weakness | <input type="checkbox"/> Vision Loss/Blur |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Vision Pain |
| <input type="checkbox"/> Heat Sensitivity | <input type="checkbox"/> 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:

- | | | | | |
|-------------------------------------|-------------------------------------|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Aubagio® | <input type="checkbox"/> Avonex® | <input type="checkbox"/> Bafiertam™ | <input type="checkbox"/> Betaseron® | <input type="checkbox"/> Copaxone |
| <input type="checkbox"/> Extavia® | <input type="checkbox"/> Gilenya® | <input type="checkbox"/> Glatiramer acetate | <input type="checkbox"/> Glatopa® | <input type="checkbox"/> Lemtrada® |
| <input type="checkbox"/> Mavenclad® | <input type="checkbox"/> Mayzent® | <input type="checkbox"/> Novantrone® | <input type="checkbox"/> Ocrevus™ | <input type="checkbox"/> Plegridy® |
| <input type="checkbox"/> Rebif® | <input type="checkbox"/> Tecfidera™ | <input type="checkbox"/> Tysabri® | <input type="checkbox"/> Vumerity™ | <input type="checkbox"/> Zeposia® |

Tests (select all that apply):

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

Primary care physician: _____ Phone: _____

Neurologist: _____ Phone: _____

Annual Family Income (estimate to the closest amount):

- | | | | |
|---|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$30,000 | <input type="checkbox"/> \$40,000 |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$60,000 | <input type="checkbox"/> \$70,000 | <input type="checkbox"/> \$80,000 |
| <input type="checkbox"/> \$90,000 | <input type="checkbox"/> \$100,000+ | | |

Step 5: If you have an available copy at home of a doctor's note that confirms your MS diagnosis, please include it with this application. If restrictions on leaving the home or reaching the doctor's office present challenges, then MSAA will accept your confirmation of an MS diagnosis as per your signature on the TERMS AGREEMENT FORM above.

Step 6: Return the completed application to: MSAA via fax 856-488-8257 or mail: 375 Kings Highway North, Cherry Hill, NJ 08034.