



MULTIPLE SCLEROSIS
ASSOCIATION OF AMERICA

Improving Lives Today!®

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 apply?

You must complete steps 1 thru 6 and return all required documents to MSAA.

Step 1. Complete the Income Eligibility Section to see if you qualify

Step 2. If you qualify, then make your Product Selection

Step 3. Read and sign the Terms Agreement

Step 4. Complete the Intake Form

Step 5. Get a prescription or letter from your doctor that verifies your diagnosis of MS and INCLUDE IT with this application

**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 Acorda Therapeutics, Bayer HealthCare, Beneficial Foundation, Bridgestone Foundation, and EMD Serono,

Step 1: 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 \$62,340 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	\$36,420
2	\$49,380
3	\$62,340
4	\$75,300
5	\$88,260
6	\$101,220
7	\$114,180
8	\$127,140

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: _____

If you meet the income qualifications, please continue with Step 2.

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).

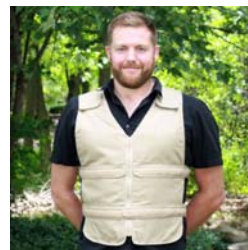
Must choose vest size and color:

- 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.

Blue



Khaki



Black



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: 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: _____

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

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"/> Betaseron® | <input type="checkbox"/> Copaxone |
| <input type="checkbox"/> Extavia® | <input type="checkbox"/> Gilenya® | <input type="checkbox"/> Glatopa® | <input type="checkbox"/> Lemtrada® |
| <input type="checkbox"/> Novantrone® | <input type="checkbox"/> Ocrevus™ | <input type="checkbox"/> ® Plegridy® | <input type="checkbox"/> Rebif® |
| <input type="checkbox"/> Tecfidera™ | <input type="checkbox"/> Tysabri® | | |

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: BE SURE TO INCLUDE PROOF OF YOUR MS DIAGNOSIS

Step 6: Return the completed application, with proof of your MS diagnosis, to:

**MSAA via fax at 856-488-8257 or mail to 375 Kings Highway North,
Cherry Hill, NJ 08034.**