

# ***Equipment Distribution Program Application***

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

## **Application for Safety, Mobility, and Exercise/Wellness Products**

Individuals with MS can experience difficulty with balance and coordination, fine motor skills, and mobility. The MSAA Equipment Distribution Program offers clients a selection of products designed to improve safety, mobility, activities of daily living; along with exercise/wellness opportunities. MSAA provides these products at no charge to individuals with MS who qualify for assistance.

Many of the items offered through this program are specially adapted to help meet the needs of the physically challenged. Additionally, the exercise products are designed to help individuals participate in low-to-moderate level wellness activities.

MSAA encourages clients to make a careful selection based on their appropriate needs, as there are no exchanges or returns. If you have questions, please call (800) 532-7667.

### **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**

*The MSAA Equipment Distribution Program is made possible, in part, with support from Genentech, Mylan, and the Virginia T. Dashiell Charitable Foundation.*

# 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 a product offered in the Equipment Program.

Please explain how your financial situation has changed and list your current household income:

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	\$38,640
2	\$52,260
3	\$65,880
4	\$79,500
5	\$93,120
6	\$106,740
7	\$120,360
8	\$133,980

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

Please select one (1) item below. Please select carefully as there are no returns.

**Bathtub Safety Rail**



**Easy-Grip Utensil Set**  
(knife, fork and 2 spoons)



**Exercise Peddler**  
(low impact for legs & arms)



**Grab Bar (16")**



**Quad Cane**



**Resistance Bands (set of 5)**



**Shower Chair**  
(250 lb. weight capacity)



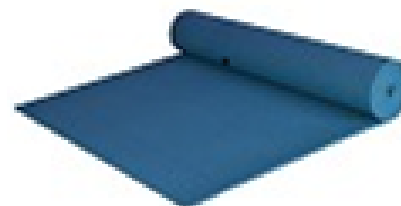
**Transfer Bench**  
(250 lb. wt. capacity,  
reversible handle)



**Walker w/seat four wheels**  
(250 lb. weight capacity)



**Yoga Mat (blue) with a DVD (select 1)**  
- Please select one DVD listed below:  
 Gentle Yoga  Chair Yoga



**Manual Wheelchairs Available on a Limited Basis:** If you need a standard manual wheelchair, please call MSAA's Client Services Dept. at (800) 532-7667, ext. 154. MSAA will help determine if you are eligible for assistance through insurance or other resources prior to MSAA approval. Limited availability.

# STEP 3: TERMS AGREEMENT FORM

By my signature below, I (the recipient) of this equipment understand and agree:

1. **I have a medically confirmed diagnosis of multiple sclerosis by a licensed healthcare professional.**
2. That the Multiple Sclerosis Association of America, Inc (MSAA) is not obligated to provide any or all of the equipment/items I have requested. MSAA retains the right to make the final determination on which equipment to distribute.
3. That some equipment is restricted to size and weight, therefore the MSAA is neither responsible nor liable for fitting the requested equipment to me.
4. That upon receipt of equipment, I will inspect the equipment and notify MSAA of any problems or damage that may have occurred during shipping.
5. That 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.
6. That the equipment distributed to me will become my sole responsibility, and that all maintenance, repairs and replacement parts/items are my responsibility.
7. That I am responsible for notifying the MSAA of any name, address or telephone number changes that occur while I possess any equipment provided by MSAA.
8. That 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.
9. That I should consult my physician prior to the start or change to any exercise program or routine.

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

**Name: (Please print or type):** \_\_\_\_\_

**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: \_\_\_\_\_

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 a copy 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 MS confirmation from the TERMS AGREEMENT FORM.

**Step 6:** Return to MSAA: fax 856-488-8257; mail: 375 Kings Highway North, Cherry Hill, NJ 08034.