



Multiple Sclerosis Foundation

# COOLING PROGRAM

## QUALIFICATION APPLICATION

(Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street (no PO boxes) \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Fax \_\_\_\_\_ Phone \_\_\_\_\_

When were you diagnosed with MS? \_\_\_\_\_ Current major symptoms \_\_\_\_\_

Is it OK for us to leave a detailed message about this application on your voicemail or with another household member, if you are not available?  Yes  No

**Please include a written confirmation of diagnosis of MS from your physician.**

Do you or your spouse have medical insurance?  Medicare  Medicaid  Private carrier

Monthly gross income \$ \_\_\_\_\_ Monthly expenses \$ \_\_\_\_\_ Disposable income \$ \_\_\_\_\_

**Choose One Option Only:**

\_\_\_ **Polar Fashion Cooling Vest Kit:** (vest, neck wrap, hat)

Female Vest  Male Vest - Size:  XS  S  M  L  XL  2XL  3XL  4XL

**Color:**  Black  Khaki  Light Blue  Pink

**Cooling Pack:**  Kool Max Water-Based Cooling Pack  Cool58 Phase Change 58 Degree F Phase

**Hat: (Circle color)**  Bucket Hat (Blue, Khaki, Lt. Blue)

Baseball Cap (Black, Blue, Khaki, Lt. Blue, Pink)  Straw Hat.

\_\_\_ **Polar Cooling Accessory Kit:** (hat, neck wrap, wrist wraps)

**Hat: (Circle color)**  Bucket Hat (Blue, Khaki, Lt. Blue)

Baseball Cap (Black, Blue, Khaki, Lt. Blue, Pink)  Straw Hat.

**Neck Wrap Color:**  Black  Blue  Khaki  Light Blue  Pink  Pink Print

Orange Multi Print  Superhero Print  Starry Night Print  Turquoise Print

\_\_\_ **Heat Relief Depot Accessory Package:** (hat, necktie, wristbands)

**Extreme Condition Hat Kit 1:** Khaki, one size fits all

**Extreme Adventure Hat Kit 2:** Navy, Size:  M/L  L/XL

\_\_\_ **Thermapparel Cooling Vest:** Size:  XS  S  M  L  XL

\_\_\_ **Steele Classic Cooling Vest Kit:** (vest and 2 sets of 15oz Gel Ice Thermo-strips)

Universally Sized, Color:  Blue  Tan

I hereby release and hold the Multiple Sclerosis Foundation, Inc. harmless from, against, and in respect of all claims, injuries, actions, demands, suits, losses, liability or other damages that may be incurred as a result of accepting goods or services.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send your completed application to:

**The Multiple Sclerosis Foundation, 6520 N. Andrews Ave., Fort Lauderdale, FL 33309**



# Multiple Sclerosis Foundation

## Fashion Cooling Vest Kit

Manufactured by Polar Products Inc.

Discreet and fashionable vests designed for men and women in fitted sizes from XS - 4XL!

### Cooling Vest Kit includes:

- Fashion cooling vest
- Cooling neck wrap
- Choice of straw hat, baseball cap or bucket hat

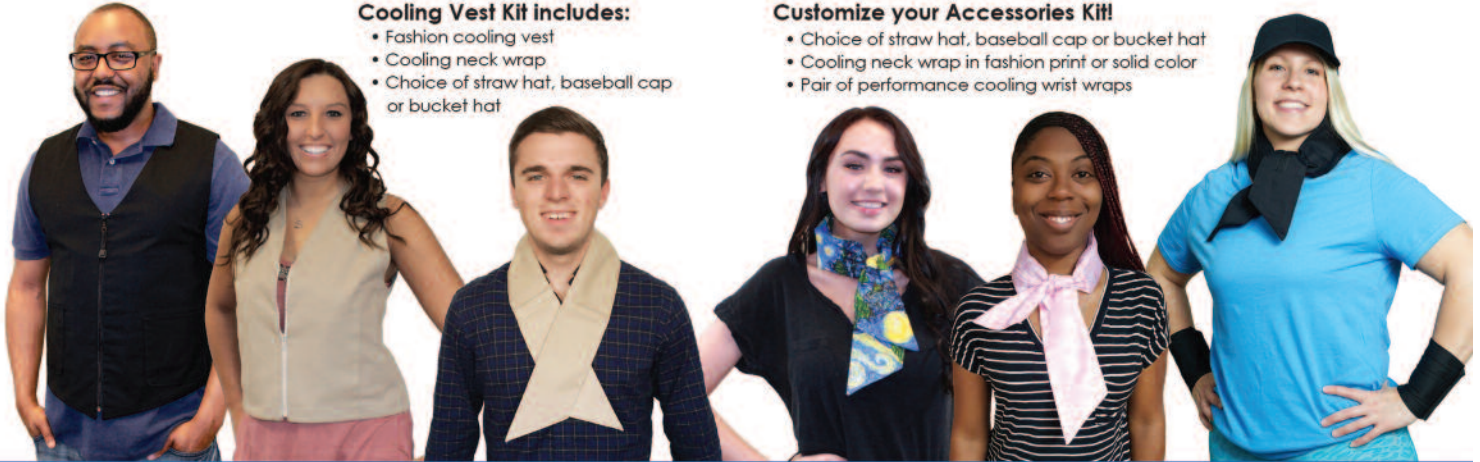
## Lightweight Cooling Accessories Kit

Manufactured by Polar Products Inc.

Cool58® cooling accessories offer lightweight, discreet and comfortable cooling!

### Customize your Accessories Kit!

- Choice of straw hat, baseball cap or bucket hat
- Cooling neck wrap in fashion print or solid color
- Pair of performance cooling wrist wraps



Polar's Fashion Vest and Neck Wrap are compatible with two types of cooling packs. Choose the one that's best for you:

Both Polar Kits include your choice of cooling hat!



**Kool Max® Packs**  
Water-based gel packs require a freezer and offer the highest level of cooling. Pockets are insulated for comfortable cooling.



**Cool58® Packs**  
Phase change packs freeze at 58°F and cool at a constant 58°F. Can be charged in ice water. Ideal choice when freezers are not available.

### Straw Hat



### Baseball Cap



### Bucket Hat



## Heat Relief Depot Accessory Package

### Extreme Condition Hat Kit



### Extreme Adventure Hat Kit



## Meet UnderCool. by [thermapparel](http://thermapparel.com).

The world's first invisible cooling vest. Lightweight. Comfortable. Discreet.



Weights less than 2 lbs.



Comfortable 4-way stretch fabric



1.5 hours of cooling

- Biodegradable and non-toxic phase change material freezes at room temperature keeping you cool but not cold.
- Recharge in fridge, freezer or airconditioning.
- Available in XS-XL. We recommend a size equal to a tight fitting t-shirt



## Steel Classic Cooling Vest Kit



# Multiple Sclerosis Foundation

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## Multiple Sclerosis Diagnosis Request Form

In order to process your application, a confirmation of your MS diagnosis is required. The written confirmation must be provided on the doctor's letterhead, and be signed and dated by the doctor. Please return this information along with this form to the Multiple Sclerosis Foundation.

This information can be emailed, faxed, or mailed to us at:

Multiple Sclerosis Foundation  
6520 North Andrews Avenue  
Fort Lauderdale, Florida 33309-2132  
Fax to: 954-351-0630  
email to: [support@msfocus.org](mailto:support@msfocus.org)

Applicant's Name: \_\_\_\_\_  
(Please print name) (Date of birth)

Address: \_\_\_\_\_  
(City) (State) (Zip code)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
(Applicant signature) (Date)

Doctor's Name \_\_\_\_\_  
(Please print name)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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All information obtained will be held in strict confidence and we will respect your privacy.

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National Headquarters: 6520 North Andrews Avenue, Fort Lauderdale, Florida 33309-2132  
National Toll-Free Helpline: 888-673-6287 • Fax: 954-351-0630  
[support@msfocus.org](mailto:support@msfocus.org) • [www.msfocus.org](http://www.msfocus.org)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Zip code \_\_\_\_\_



Multiple  
Sclerosis  
Foundation

# Quality of Life Survey

Please help us to provide the best services possible by answering a few brief questions about your need for services and its current impact on your quality of life.

**Your responses will not affect – positively or negatively – the outcome of your application.** The information contained in this survey is confidential and is not considered when evaluating your application for services.

***Please return in the enclosed envelope. If you prefer, you may complete this survey online at [www.msfocus.org/survey1.aspx](http://www.msfocus.org/survey1.aspx) or email a scanned copy to [survey@msfocus.org](mailto:survey@msfocus.org).***

*This survey applies to your application for the **South Florida Medical Transportation Program**, though you may have applied for additional programs or services. When answering the following questions, please only think about your application for the **South Florida Medical Transportation Program**.*

Which reason best describes why you applied for this service **now**?

- A recent MS relapse                       To maintain my health and wellness  
 My MS worsening/progressing         Other, please specify \_\_\_\_\_

*“Quality of life” is your general sense of well-being, including health, comfort, safety, and self-sufficiency. Please consider this when answering the following questions.*

**Please circle the best answer with regard to your MS using the following scale:**

	Not at All	A Little	Quite a bit	Very Much
How much does MS affect your daily quality of life?	0	1	2	3
How much does the need your application addresses affect your daily quality of life?	0	1	2	3
How much do you think the requested service will improve your daily quality of life?	0	1	2	3
How confident do you feel about your ability to manage your MS on a daily basis?	0	1	2	3

**Thank you for completing this survey. A follow-up survey will be sent within six months.**

**For questions or concerns about this survey, call 800-225-6495 ext. 126.**

**Please return this survey in the enclosed envelope or mail to: Multiple Sclerosis Foundation, Attn: Survey Coordinator, 6520 N. Andrews Ave., Fort Lauderdale, FL 33309.**