



706 Haddonfield Road
Cherry Hill, NJ 08002
1-800-532-7667 msaa@msaa.com

Breaking Down Barriers

Building Up Hope

MSAA COOLING PROGRAM APPLICATION

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?

You can cool the body by wearing various types of clothing apparel which have been specially adapted to provide a cooling effect. The most common products include: vests, collars, hats, and neck/wrist wraps. Such products use different methods to create a temporary cooling effect. These products either hold frozen ice packs in pockets/pouches or contain special material that remains cool for several hours. MSAA also provides vests designed for therapeutic cooling, which reduces brain/spine temperature for those with more severe heat sensitivity (these suits require a doctor's prescription for usage).

What are the different types of cooling?

Most of the cooling products (vests, collars, etc.) use one of the following methods below in order to generate a cooling effect. These include:

Evaporative Cooling: Products are soaked in cool water and towel dried. This activates crystals inside and evaporation lowers the temperature of the product (not recommended for humid climates);

Ice Pack Cooling: Ice packs are frozen at 32 degrees and inserted into the product's pockets or pouches;

Gel Pack Cooling: Gel packs are frozen at 45 degrees and inserted into the product's pockets or pouches (this is helpful if you are traveling and can bring along a portable cooler);

Cooling Therapy: Cool water is pumped through tubes sewn into a vest. This type of cooling attempts to reduce brain/spine temperature by a small amount and is considered a therapy. As a result, MSAA requires a doctor's prescription that specifies the frequency of use.

The evaporative and ice/gel pack cooling methods offer temporary, mild relief. Most people with MS use these products to help them enjoy the outdoors in warm weather. Cooling Therapy suits lower body temperature and must be used under a doctor's supervision.

How to apply for cooling products?

To receive cooling products, you must complete steps 1 thru 5, (although Step 4 is only necessary if you're applying for Cooling Therapy) and return all required documents to MSAA.

Step 1 Complete the Cooling Program Application Form (must list yearly family income)

Step 2 Complete the Personal Data Form

Step 3 Get a prescription/letter from your doctor that verifies your diagnosis of MS

Step 4 For Cooling Therapy Only, make sure your prescription also verifies medical need for the therapy vest and has doctor instructions for its usage. (For example: 1-3 times per day)

Step 5 Read and sign the Equipment Terms Agreement Form

----- Complete this page and the rest of the application and Return to MSAA -----

MSAA COOLING PROGRAM APPLICATION FORM

Name: _____ Phone: _____ Date: _____

Address: _____

Yearly Family Income*: \$_____ Number of people living in the home: _____

*MSAA may request written income verification.

Important Notes:

- **Please make your selection(s) carefully as THERE ARE NO RETURNS OR EXCHANGES.**
- **Vest sizes are based on a person's weight.**
- **Some products offer a color choice, but this is subject to availability.**
- **To help with your selection, MSAA has assembled Cooling Kits which include a vest, collar, and set of wrist bands. These three products will cool the primary points on the body. You may select ONE Cooling Kit.**
- **In addition to a Cooling Kit, you may also choose TWO cooling accessories which can help meet your cooling needs.**

I. COOLING KITS – All kits contain a vest, collar, and set of wrist bands. Please select **ONE** Cooling Kit from selections A thru E below. Choose the Kit that best meets your needs. Vest sizes are based on a person’s weight. Please select carefully as **there are no exchanges or returns.**

Kit A. - Polar Poncho Style - Ice packs

Contains: Vest, Collar, and Wrist Bands, plus an extra set of ice packs for all 3 items
Cools by: Ice packs - must be frozen @ 32 degrees
Weight: Vest weighs 4.5 lbs. with ice packs
Description: Poncho-style vest can be worn underneath clothing for discrete use
Vest Size: Adjustable – Fits from 90 lbs. – 275 lbs. An extension can be provided if weight ranges from 276 lbs. – 350 lbs. Check box if extension is needed.
Color: Khaki

Kit B. - Polar Zipper Style - Ice packs

Contains: Vest, Collar, and Wrist Bands, plus an extra set of ice packs for all 3 items
Cools by: Ice packs - must be frozen @ 32 degrees
Weight: Vest weighs 5.5 lbs. with ice packs
Description: Zipper-style gives the vest a more rugged look, similar to a fishing jacket
Vest Sizes: Circle one: M/L (up to 175 lbs.) L/XL (176 lbs. - 280 lbs.)
Colors: Circle one: Blue Khaki

Kit C. - Steele Zipper Style - Ice packs

Contains: Vest, Collar, and Wrist Bands
Cools by: Ice packs - must be frozen @ 32 degrees
Weight: Vest weighs 5.5 lbs. with ice packs
Description: Zipper-style gives the vest a more rugged look, similar to a fishing jacket
Vest Size: Adjustable – Fits up to 275 lbs.
Colors: Circle one: Blue Khaki

Kit D. - Body Cooler - Evaporative

Contains: Vest, Collar, and Wrist Bands
Cools by: Evaporation - must be used in a dry, non-humid environment
Weight: Vest weighs 2/4 lbs. when wet
Description: Run vest under cool water then towel dry to wear
Vest Sizes: Circle one: M/L (up to 175 lbs.) L/XL (176 lbs. - 250 lbs.)
XXL (251 lbs. - 300 lbs.)
Colors: Blue or Gray (subject to availability)

Kit E. - Biochem – Gel packs

Contains: Vest, Collar, and Wrist Bands
Cools by: Gel packs freeze @ 45 degrees
Weight: Vest weighs 5.5 lbs. with gel packs
Description: Gel packs are good for travel but do not provide the same cooling energy as ice packs
Vest Sizes: Circle one: M/L (up to 175 lbs.) L/XL (176 lbs - 250 lbs.)
XXL (251 lbs. - 300 lbs.)
Color: Blue

II. COOLING ACCESSORIES – These are extra items you can select to help meet your cooling needs. You may select up to **TWO** accessories from items F thru Q below. Please make your selections carefully, as **there are no exchanges or returns.**

F. - Evaporative Thera-Collar
(covers neck and back)

G. Sharper Image Collar
(battery-operated fan)

H. – Evaporative Bandana

I. - Evaporative Head Cover

J. - Evaporative Glove

K. - Evaporative Foot Wrap
(one per package)

L. - Evaporative Baseball Cap
(one size fits all)

M. - Evaporative Garden Hat
(one size fits all)

N. - Evaporative Fishing Hat
(one size fits all)

O. - Seat Cool Pad

P. - Ice-Pack Wrist Band
Circle size: S – M – L - XL

Q. – Evaporative Bra Inserts

III. COOLING THERAPY – Individuals with severe heat intolerance should speak to their neurologist about the possible benefits of therapeutic cooling. This involves the prescribed use of a cooling therapy system which can reduce core body temperature. Clients interested in this therapy must include a doctor's prescription which indicates the number of minutes of continuous vest use and how many times the therapy is to be used per day. Once you obtain this prescription, please include it with the application and select **ONE** vest below. **Clients can only receive a Cooling Kit or Therapy Vest, but not both.**

R. - Polar Therapy Vest - Circle size:
S (100 lbs. – 140 lbs.) M/L (141 lbs. – 200 lbs.) L/XL (201 lbs. – 260 lbs.)

S. - Jenkins Therapy Vest - Circle size:
M (100 lbs. – 190 lbs.) L (191 lbs. – 250 lbs.) XL (251 lbs. – 325 lbs.)

T. - Shafer Therapy Vest - Circle size:
S/M (80 lbs. – 170 lbs.) L/XL (171 lbs. – 275 lbs.)

If you have any questions, please call MSAA at 1-800-532-7667, ext. 102.

**Don't forget
to mail
everything to
MSAA**

- A Cooling Program Application Form
- A Personal Data Form
- A Prescription/letter from your doctor that verifies your MS and/or medical need for the product
- An Equipment Terms Agreement Form

Use the enclosed
envelope or mail to:
MSAA
706 Haddonfield Road
Cherry Hill, NJ 08002.



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MSAA COOLING EQUIPMENT TERMS AGREEMENT FORM

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

1. 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.
2. That some equipment is restricted to size, therefore the MSAA is neither responsible nor liable for fitting the requested equipment to me.
3. That upon receipt of equipment, I will inspect the equipment and notify MSAA of any problems or damage that may have occurred during shipping.
4. 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.
5. That the equipment distributed to me will become my sole responsibility, and that all maintenance, repairs and replacements (such as batteries and cooling fluid) are my responsibility.
6. That I am responsible for notifying the MSAA of any name, address or telephone number changes that occur while I am in possession of any equipment belonging to MSAA.
7. 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.

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

Name: (Please print or type) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Signature: _____ **Date:** _____

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 _____

Address _____

City

County

State

Zip

Date of Birth _____ Female Male Marital Status _____

Home Phone _____ Work Phone _____ Cell Phone _____

Fax _____ Email address _____

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 quarterly 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 quarterly magazine, *The Motivator*.

I do not wish to receive MSAA emails.

How did you learn about MSAA?

Neurologist

Primary Care Physician

Other HealthCare Providers

Pharmaceutical Company

Social Services Professional

MSAA Publication

MSAA Activity

MSAA Client

Motivator

Internet

Phone Book

Media

Fund Raising Call

Fund Raising Letter

Friend/Family

Do not recall

If you have MS, please enter additional information on the back of this form.

For assistance in completing this form or for more information on MSAA programs and services, please contact one of our Helpline Consultants 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.

Please return this form to:

**The Multiple Sclerosis Association of America
706 Haddonfield Road
Cherry Hill, New Jersey 08002**

800-532-7667

EMAIL ADDRESS: msaa@msaa.com

WEB SITE ADDRESS: www.msaa.com

Rev: 12/05

MSAA PERSONAL DATA continued

For individuals with MS, please complete the following:

MS Classification:	Benign Relapsing/Remitting	Secondary Progressive Unclear diagnosis	Primary Progressive Secondary relapsing	
Year Diagnosed:	_____			
Other Conditions:	_____			
Wheelchair Use:	None	Occasional	Moderate	Always
Assistive Devices:	Cane	Crutches	Walker	Scooter

Symptoms <i>(check all that trouble you)</i>	Fatigue	Memory Loss	Depression	Headaches
	Tingling	Cognitive Issues	Balance Difficulty	Speech Difficulty
	Numbness	Bladder Problems	Coordination Loss	Swallowing Difficulty
	Burning Sensation	Bowel Problems	Leg Heaviness	Heat Sensitivity
	Pain	Vision Blurred	General Weakness	Cold Sensitivity
	Muscle Spasms	Vision Pain	Tremors	Other Symptoms
	Muscle Tightness	Vision Loss	Dizziness/Vertigo	

Tests you've had:	MRI [Brain] Evoked Potentials	MRI [Spine] Pet Scans	Spinal Tap Neutralizing Antibodies		
MS drugs you use:	Avonex [®]	Betaseron [®]	Copaxone [®]	Novantrone [®]	Rebif [®]

Ethnic Origin: (optional)	
White / European	Oriental
Hispanic, Spanish descent	Asian Indian
Black / African American	Other
Native American	Prefers not to answer

Annual Income <i>(for family living in primary domicile)</i>	
Less than \$10,000	\$50,001 to \$75,000
\$10,001 to \$20,000	\$75,001 to \$100,000
\$20,001 to \$30,000	Over \$100,000
\$30,001 to \$40,000	
\$40,001 to \$50,000	

Primary Care Physician: _____
City State Phone

Neurologist: _____
City State Phone

MS Center: _____
City State Phone