



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?

There are many products specially designed to help people with MS experience cooling relief. These products use different methods and technologies to create a cooling effect. The cooling effect is temporary and usually lasts from 2 to 4 hours. The most common products which have been specially designed to help create a cooling effect are: vests, smocks, collars, hats, and neck/wrist wraps.

How do products generate a cooling effect?

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

Evaporation Cooling: Products are soaked in cool water and towel dried. This activates crystals inside and evaporation lowers the temperature of the product;

Passive Cooling: Gel packs are frozen and inserted into the product's pockets or pouches;

Active Cooling: Cool water is pumped through tubs 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.

How to I know what cooling products to select?

As a first step, MSAA recommends that you talk to your neurologist about cooling and MS and the product(s) which may best meet your needs. The evaporation and passive cooling methods offer temporary, mild relief. Most people with MS use these products to help them enjoy the outdoors in warm weather. Active cooling aims to reduce your brain/spine tissue temperature by up to one degree. This type of cooling is considered a therapy to help persons whose MS symptoms are made significantly worse by the heat. *Active suits can only be used with a Doctor's prescription for usage and supervision.*

MSAA has also developed a Cooling Catalog with photos and product descriptions to help in the selection of items. If further assistance is required, then MSAA encourages you to call the Equipment Dept. at 800-532-7667, ext. 102. MSAA encourages clients to make careful selections based on their appropriate needs, as the set limitations apply for the length of a person's membership. All selections are final - no exchanges permitted.

How to apply for cooling products?

To receive cooling products, you must complete steps 1, 2, 3, 4 (for active suits only), and 5, 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 Active Suits Only, make sure your prescription also verifies medical need for the active suit and has doctor instructions for its usage. (For example 1-3 times per day)
- Step 5** Read and sign the Equipment Terms Agreement Form

General Cooling Product Information

Evaporation Cooling Vest: This vest is operated by water. Soak the vest in cool water, which activates the crystals inside the device. After patting the device with a dry towel to remove excessive moisture, you don the vest. Evaporation lowers the temperature of the device, giving the cooling relief. Devices can be worn until completely dry, at which point the process can be repeated.

Passive Cooling Vest: This lightweight garment has small pockets sewn inside. You place ice/gel packs in the refrigerator or freezer until they become solid. Once frozen, slip the ice/gel packs into the pockets and don the vest. The cooling effect usually lasts between 2 - 4 hours as the ice/gel packs defrost during that time.

Active Cooling Vest/Suit: Active cooling vest/suit consists of a garment and a separate portable cooler. Coolant is circulated through the garment to cool the client. Heat is extracted from the system by re-circulating the fluid through ice stored in the portable cooler. This type of cooling is considered a therapy and requires *both* a doctor's prescription and supervision for usage.

Passive PCC Cooling Wrist Band: Wrist bands use inserts that are kept in a freezer until you want to wear them. Each insert looks like a Popsicle, but triangular. These are inserted into the wrist band and worn until thawed. The wrist band is reusable. There are 4 inserts included.

Cooling collar: Manufactured by Sharper Image, the cooling collar fits around your neck and runs on two "A" batteries. The unit cools the back of the neck and base of the brain. The collar can be worn for extended periods. However, there is a low-level hum from the fan.

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.**

MSAA COOLING EQUIPMENT DISTRIBUTION 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.**
- **Generally speaking, vest sizes are similar to sizes for a lightweight jacket.**
- **Some products offer a color choice, but this is subject to availability.**

<i>Non-Active Cooling Vests/Smock</i>	
You may select ONE item from the list below. Please check the appropriate box and make your selection carefully. You may also pick from the Cooling Accessories.	
A. <input type="checkbox"/> Body Cooler Evaporation Smock <i>(one size fits all)</i> Circle color: Blue or Khaki	E. <input type="checkbox"/> Polar Passive Vest Kit – Zipper <i>(includes vest, neck & wrist wrap)</i> Circle color: Blue or Khaki Circle size: M/L L/XL
B. <input type="checkbox"/> Body Cooler Evaporation Vest Circle size: XS S M L XL XXL	F. <input type="checkbox"/> Steele Passive Vest with Collar <i>(one size fits all)</i> Circle color: Blue or Khaki
C. <input type="checkbox"/> Polar Evaporation Vest Kit <i>(includes vest, neck band, wrist wrap & ball cap)</i> Circle size: M L XL	G. <input type="checkbox"/> Body Cooler Passive Vest <i>(one size fits all)</i>
D. <input type="checkbox"/> Polar Passive Vest Kit – Poncho <i>(includes vest, neck & wrist wrap)</i> <i>(one size fits all)</i>	H. <input type="checkbox"/> Bio-Chem Passive Vest Kit <i>(includes vest, neck band & wrist wrap)</i> Circle size: M/L L/XL XXL

Active Cooling Vests – You may select **ONE** from list below. An active vest requires a doctor’s prescription for usage (# of minutes of continuous use and how many times of use per day). Clients can only receive either an active vest or a passive vest, but not both.

I. <input type="checkbox"/> Polar Active Vest <i>Circle size: S M/L XL</i>	J. <input type="checkbox"/> Jenkins Active Vest <i>Circle size: M L XL</i>	K. <input type="checkbox"/> Shafer Active Vest <i>Circle size: M L XL</i>

Cooling Collar – Sharper Image Cooling Collar fits around your neck and operates by electricity or battery. You may select this collar and up to three items from below.

L. Sharper Image Cooling Collar – *one size fits all*

Cooling Accessories

You may select up to **THREE** items from the list below. Please check the appropriate box(es). Please select carefully as there are no exchanges or returns.

M. <input type="checkbox"/> Body Cooler Evaporated Work Collar	V. <input type="checkbox"/> Body Cooler Evaporated Wheelchair Back Cool Pad
N. <input type="checkbox"/> Body Cooler Evaporated Scarf	W. <input type="checkbox"/> Polar Evaporated Baseball Cap
O. <input type="checkbox"/> Body Cooler Evaporated Thera-Collar (<i>covers neck and upper back</i>)	X. <input type="checkbox"/> Bio-Chem Evaporated Bucket Hat
P. <input type="checkbox"/> Body Cooler Evaporated Wrist Band	Y. <input type="checkbox"/> Bio-Chem Evaporated Garden Hat
Q. <input type="checkbox"/> Body Cooler Evaporated Bandana	Z. <input type="checkbox"/> Bio-Chem Evaporated Ranger Hat <i>Circle color: Navy or Khaki</i> <i>Circle size: M (runs small) L XL</i>
R. <input type="checkbox"/> Body Cooler Evaporated Head Cover	AA. <input type="checkbox"/> Bio-Chem Passive Wheelchair Seat Cool Pad, 18”
S. <input type="checkbox"/> Body Cooler Evaporated Skull Pad	BB. <input type="checkbox"/> Cool Threapy PCC Wrist Bands <i>Circle size: S M L XL</i>
T. <input type="checkbox"/> Body Cooler Evaporated Glove (<i>one per package</i>)	CC. <input type="checkbox"/> Body Cooler Bra Insert – not pictured in catalog
U. <input type="checkbox"/> Body Cooler Evaporated Foot Wrap (<i>one per package</i>)	



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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) _____

Signature: _____ **Date:** _____

Witness: (Please print or type) _____

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

MSAA PERSONAL DATA continued

For individuals with MS, please complete the following:

Year Diagnosed: _____

Tests you've had:	<input type="checkbox"/> MRI [Brain]	<input type="checkbox"/> MRI [Spine]	<input type="checkbox"/> Spinal Tap
	<input type="checkbox"/> Evoked Potentials	<input type="checkbox"/> Pet Scans	<input type="checkbox"/> Neutralizing Antibodies
MS Classification:	<input type="checkbox"/> Benign	<input type="checkbox"/> Secondary Progressive	<input type="checkbox"/> Primary Progressive
	<input type="checkbox"/> Relapsing/Remitting	<input type="checkbox"/> Unclear diagnosis	
MS drugs you use:	<input type="checkbox"/> Avonex®	<input type="checkbox"/> Betaseron®	<input type="checkbox"/> Copaxone®
	<input type="checkbox"/> Rebif®	<input type="checkbox"/> Novantrone®	

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

Other Conditions/Disabilities: _____

Other Medications: _____

Wheelchair Use: None Occasional Moderate Always

Assistive Devices: Cane Crutches Walker Scooter

Ethnic Origin: (optional)	
<input type="checkbox"/> White	<input type="checkbox"/> Continental Asian
<input type="checkbox"/> Hispanic, Spanish descent	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Asian, Other
<input type="checkbox"/> South Pacific Islander	<input type="checkbox"/> Other ethnic background
<input type="checkbox"/> Prefers to not to answer	

Annual Income <i>(for family living in primary domicile)</i>
<input type="checkbox"/> Less than \$10,000
<input type="checkbox"/> \$10,001 to \$20,000
<input type="checkbox"/> \$20,001 to \$40,000
<input type="checkbox"/> \$40,001 to \$60,000
<input type="checkbox"/> more than \$60,000

Primary Care Physician: _____ () _____
City State Phone

Neurologist: _____ () _____
City State Phone

MS Center: _____ () _____
City State Phone