



MSF[®]

ASSISTIVE TECHNOLOGY PROGRAM

MULTIPLE SCLEROSIS FOUNDATION

"A Brighter Tomorrow"

QUALIFICATION APPLICATION

(Please Print)

Last Name _____ First Name _____

Street _____ Apt. _____

City _____ County _____ State _____ Zip _____

Phone _____ Date of Birth _____

Emergency Contact _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

When were you diagnosed with MS? _____ Current Major Symptoms _____

Do you or your spouse have Medical Insurance? Medicare Medicaid Private Carrier

Name of Private Insurance Company _____

What type of equipment do you have now? _____

What additional equipment do you need? _____

Type of family/friends support _____

Are you employed? _____ Your Employer _____

Spouse employed? _____ Spouse's Employer _____

MONTHLY GROSS INCOME (Less Withholding Taxes)	
Your Earnings	\$
Spouse Earnings	\$
Your Disability/Retirement Income Source	\$
Spouse Disability/Retirement Income Source	\$
Miscellaneous Income (Stocks, Bonds, Other)	\$
Total Income	\$
MONTHLY EXPENSES:	
Mortgage or Rent (Circle One)	\$
Property Taxes and Insurance	\$
Utilities	\$
Food	\$
Medical: Prescriptions	\$
Doctors	\$
Dentists	\$
Insurance: Auto	\$
Life	\$
Health	\$
Credit Cards	\$
Time Payments	\$
Car Payments	\$
Auto Repairs	\$
Gasoline	\$
Miscellaneous Expenses:	\$
Total Expenses	\$
Disposable Income	\$

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.

Patient Signature: _____ Date: _____

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