



# HOME CARE PROGRAM

## 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 \_\_\_\_\_

What type of equipment do you use? \_\_\_\_\_

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

Name of Private Insurance Company \_\_\_\_\_

What services do you now receive? \_\_\_\_\_

Who provides the service? \_\_\_\_\_ Who pays for the service? \_\_\_\_\_

What additional service(s) do you need? \_\_\_\_\_

Type of family/friends support \_\_\_\_\_

Are you employed? \_\_\_\_\_ Your Employer \_\_\_\_\_

Spouse employed? \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

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**National Headquarters: 6350 North Andrews Avenue, Fort Lauderdale, Florida 33309-2130**  
**National Toll-Free Helpline: (888) MSFOCUS • (954) 776-6805 • Fax: (954) 351-0630**  
**Website: [www.msfocus.org](http://www.msfocus.org) • E-mail: [support@msfocus.org](mailto:support@msfocus.org)**

<b>MONTHLY GROSS INCOME (Less Withholding Taxes)</b>	
Your Earnings	\$
Spouse Earnings	\$
Your Disability/Retirement Income Source	\$
Spouse Disability/Retirement Income Source	\$
Miscellaneous Income (Stocks, Bonds, Other)	\$
<b>Total Income</b>	<b>\$</b>
<b>MONTHLY EXPENSES:</b>	
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:	\$
<b>Total Expenses</b>	<b>\$</b>
<b>Disposable Income</b>	<b>\$</b>

I understand this request for home care is for temporary, short term assistance. Participation in this program is vased on need and the availability of funds.

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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