National MS Society,
Kentucky-Southeast Indiana Chapter
in partnership with Gould's Discount Medical and MAC Construction

Application for 2013 Ramp it Up for MS Service Project

Thank you for your interest in our Ramp it Up for MS service project. **This project is exclusive to those with MS who are in need of a ramp to get into their home within a 60 mile radius of Louisville, KY.**

Enclosed is our application form. Please note that all information provided is confidential and will not be released without prior consent. The following items are required in order to review your request:

- ❒ Completed Application
- ❒ Letter from your doctor indicating your need for the ramp. Please include: type of MS, mobility devices used, and necessity for the ramp
- ❒ Copy of most recent mortgage statement or rental agreement

Please return all forms to:
National MS Society
Attn: David Harris
1201 Story Avenue, Suite 200
Louisville, KY 40206
FAX: 502-581-1010
EMAIL: david.harris@nmss.org

<u>Return ALL Documents NO LATER THAN February 25, 2013. You will be notified on or before March 8, 2013 if you have been selected.</u>

While we wish we could assist every person in need, and will give your application thoughtful consideration, please know that resources are limited. Completing an application is not a guarantee. If you have any questions regarding the forms or our selection criteria, please call 1-800-FIGHT MS (1-800-344-4867). We look forward to working with you and will be in touch with you soon.

National
Multiple Sclerosis
Society
Kentucky
Southeast Indiana
Chapter

For Office Use Only

Account No. _____

Date Received: _____

Name _____

Last First Middle Initial

Address _____

Street

_____

City State Zip

Home Phone _____ Cell Phone _____

Email address _____

Is it okay for us to leave a detailed message about this application on your voice-mail or with another household member? ❒ Yes ❒ No

Current Neurologist/Primary Physician _____

Year of MS Diagnosis_____

Tell us about your household – who lives with you?

Name	Age	Relationship to person with MS

Does anyone in the household have special needs? ❒ Yes ❒ No

If Yes, what kind: _____

Do you have any pets? ❒ Yes ❒ No If Yes, what kind: _____

Annual Household Income: $_____

Current Household Monthly Income: $_____

Income Sources:

$_____ Employment (self) $_____ SSI $ _____ SSDI

$_____ Income (other household members)

$_____ VA Benefits $_____ Private Disability Insurance

$_____ Other (e.g. alimony, family support)

Total Cash, Checking, Savings, and Assets $_____
(Excludes retirement plan funds, IRA, 401K, home equity)

Do you own your home? ❒ Yes ❒ No

I have difficulty getting in and out of my home due to:

- ❒ Mobility device
- ❒ Fatigue
- ❒ Heat issues
- ❒ Vision problems
- ❒ Balance or coordination problems
- ❒ Other _____

Do you use an assistive mobility device? ❒ Yes ❒ No

Do you use an assistive mobility device in your home? ❒ Yes ❒ No

If so, what type of device do you use?

- ❒ Power wheelchair
- ❒ Scooter
- ❒ Manual wheelchair
- ❒ Walker
- ❒ Cane
- ❒ Other _____

How do you currently get in and out of the house?

Any other special circumstances:

Please provide a brief description as to why you need a ramp and how it will help you: