For Office Use Only

Account No. _____

Date Received: _____

National Multiple Sclerosis Society

Application for Financial Assistance

I. Personal Information

Name _____ Date of Birth _____

Address_____

City/State/County/Zip _____

Telephone Primary #_____ Secondary #_____

Is it OK for us to leave a detailed message about this application on your voice-mail or with another household member? ____Yes ____No

E-mail Address _____

Current Neurologist/Primary Physician _____

Year of MS Diagnosis_____

II. Financial Information

Current Household Monthly Income: $_____

Total Number of Persons Living in Household _____

# of Adults _____ *# of Dependent Children* _____

Income Sources:

$_____ Employment (self)

$_____Supplemental Security Income (S.S.I.)

$_____Social Security Disability Insurance (S.S.D.I.)

$_____ Income (other household members)

$_____ VA Benefits

$_____ Private Disability Insurance

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

Total Cash, Checking, Savings, and Assets $_____

(Excludes retirement plan funds, IRA, 401K, home equity)

III. Medical Insurance

Please circle the appropriate response(s) Medicare Medicaid VA

Private Insurance No insurance

IV. Nature of Request

Financial assistance needed for (identify item/service)_____

Total cost of item/service, if known $_____

Amount *you* can contribute $_____

Amount secured *from other community/family resources* $_____

List (3) other resources you have contacted, amount received from each or status of your request (including: medical insurance for medical equipment & home health care requests):

1._____

2._____

3._____

Amount you are requesting from the National MS Society $_____

Explain *why* you require financial assistance at this time, explaining the circumstances surrounding your need for temporary assistance; please add additional pages as necessary:

_____

_____

_____

_____

_____

The National Multiple Sclerosis Society may have provided (or may provide) you with the names of products, vendors or services. Such information is provided to you solely for your consideration in accommodating your personal needs and the Society does not necessarily endorse these services or products. The National Multiple Sclerosis Society assumes no liability for provision of any service or use of any product.

The above information is complete and true to the best of my knowledge. By submitting this application, I give the National MS Society permission to obtain any further information relevant to this assistance request.

_____ _____

Signature of Applicant Date

Additional documentation or information may be requested to determine how to best address this request.

PLEASE SEND THIS FORM TO THE ADDRESS INDICATED IN THE COVER LETTER ALONG WITH THE DOCUMENTS LISTED IN THE COVER LETTER.