



Multiple  
Sclerosis  
Foundation

# HEALTHCARE ASSISTANCE GRANT

---

## QUALIFICATION APPLICATION

*(Please Print)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Fax \_\_\_\_\_ Phone \_\_\_\_\_

When were you diagnosed with MS? \_\_\_\_\_ Current Major Symptoms \_\_\_\_\_

Is it OK for us to leave a detailed message about this application on your voicemail or with another household member, if you are not available?  Yes  No

**Please include a written confirmation of diagnosis of MS from your physician.**

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? \_\_\_\_\_

Describe any current family/friends support \_\_\_\_\_

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

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

<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	\$
Car Payments	\$
Gasoline	\$
Miscellaneous Expenses:	\$
<b>Total Expenses</b>	<b>\$</b>
<b>Disposable Income</b>	<b>\$</b>

*The Foundation may require documentation of all or some of the above items.*

Participation in this program is based 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_