706 Haddonfield Road
Cherry Hill, NJ 08002
1-800-532-7667 msaa@msaa.com

Breaking Down Barriers

Building Up Hope

NETWORKING PROGRAM APPLICATION

The Networking Program encourages the sharing of information and mutual support among individuals that are affected by multiple sclerosis. Through letters or Emails, the Networking Program helps link people who are unable to attend support group meetings but would like to share with others who face similar challenges.

Here's how it works: **First**, complete, sign, and return this application to: *MSAA Networking Program, 706 Haddonfield Road, Cherry Hill, NJ 08002*. **Second,** MSAA will place your information on a list that is distributed only to others in the program. **Finally,** MSAA will send you a list of participants to correspond with. Listings are updated periodically, and you can discontinue participation at any time by notifying MSAA at 1-800-532-7667 or msaa@msaa.com.

Please check the appropriate box to indicate your networking preference. You may participate in more than one type of network.

I am
⑥ an INDIVIDUAL with MS
⑥ a CAREPARTNER for someone with MS

I wish to participate in:

⑥ LETTER WRITING ONLY (only your name, address, and special interests will be listed)

⑥ E-MAIL ONLY (only your name, Email address, and special interests will be listed)

⑥ LETTER AND E-MAIL (your name, address, Email address, and special interests will be listed)

Name ____________________ Year Diagnosed ____________

DOB __________ Sex : ⑥ male ⑥ female Marital Status ____________

Address ______________________________

____

City __________ County __________ State ____ Zip ________

Home Telephone: ______________ Email ______________

If you do not have MS, please specify who does:
⑥ child ⑥ spouse ⑥ Parent ⑥ Relative ⑥ Friend ⑥ Other

Special interests or activities (please share anything that will help describe yourself): ______________

____

MSAA's policy is to strictly maintain the confidentiality and security of all personal information. Your signature below grants MSAA permission to distribute the applicable information above exclusively to those enrolled in the Networking Program. Please be aware that MSAA does not monitor correspondence and has no control over content. MSAA may not be held liable for any actions that may result from this program. MSAA prohibits the use of the Networking participant list for the solicitation of money, products or services. MSAA reserves the right to deny participation or continuation in the program. All information must be kept confidential by those enrolled. You must be 18 years of age or older to participate.

Signature: ______________________ **Date:** ____________

rev. 4/04

MSAA ID Number
Office Use Only
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MSAA PERSONAL DATA

You are:

☐ An Individual w/MS ☐ A Care Partner ☐ A Physician ☐ Social Services Professional
☐ Medical Professional ☐ Friend or Relative of someone with MS ☐ Other ____________

Name ____________________
Address ____________________
____
____
City County State Zip

Date of Birth ________ ☐ Female ☐ Male Marital Status ____________

Home Phone ____________ Work Phone ____________ Cell Phone ____________
Fax ____________ Email address ____________

The return of this form enables you to apply for all MSAA programs and services and to receive a free, ongoing subscription to the MSAA quarterly magazine, *The Motivator*. If you do not wish to receive *The Motivator*, please check the box below.

☐ I do not wish to receive the MSAA quarterly magazine, *The Motivator*. ☐ I do not wish to receive MSAA emails.

How did you learn about MSAA?

☐ Neurologist ☐ Primary Care Physician ☐ Other HealthCare Providers ☐ Pharmaceutical Company
☐ Social Services Professional ☐ MSAA Publication ☐ MSAA Activity ☐ MSAA Client
☐ Motivator ☐ Internet ☐ Phone Book ☐ Media
☐ Fund Raising Call ☐ Fund Raising Letter ☐ Friend/Family ☐ Do not recall

If you have MS, please enter additional information on the back of this form.

For assistance in completing this form or for more information on MSAA programs and services, please contact one of our Helpline Consultants at 800-532-7667.

Important Note:

MSAA's policy is to strictly maintain the confidentiality and security of all personal and medical information. MSAA will use the personal and medical information, which has been voluntarily provided, only to assist in acquiring requested services or benefits. MSAA will not share names or other individually identifiable health information unless it is necessary to acquire a requested service or benefit.

MSAA ID Number
Office Use Only
____

MSAA PERSONAL DATA continued

For individuals with MS, please complete the following:

Year Diagnosed: ____________________

Tests you've had:
- ☐ MRI [Brain]
- ☐ MRI [Spine]
- ☐ Spinal Tap
- ☐ Evoked Potentials
- ☐ Pet Scans
- ☐ Neutralizing Antibodies

MS Classification:
- ☐ Benign
- ☐ Secondary Progressive
- ☐ Primary Progressive
- ☐ Relapsing/Remitting
- ☐ Unclear diagnosis

MS drugs you use: ☐ Avonex ® ☐ Betaseron ® ☐ Copaxone ® ☐ Rebif ® ☐ Novantrone ®

Symptoms *(check all that trouble you)*

☐ Fatigue	☐ Memory Loss	☐ Depression	☐ Headaches
☐ Tingling	☐ Cognitive Issues	☐ Balance Difficulty	☐ Speech Difficulty
☐ Numbness	☐ Bladder Problems	☐ Coordination Loss	☐ Swallowing Difficulty
☐ Burning Sensation	☐ Bowel Problems	☐ Leg Heaviness	☐ Heat Sensitivity
☐ Pain	☐ Vision Blurred	☐ General Weakness	☐ Cold Sensitivity
☐ Muscle Spasms	☐ Vision Pain	☐ Tremors	☐ Other Symptoms
☐ Muscle Tightness	☐ Vision Loss	☐ Dizziness/Vertigo	

Symptom Management Drugs: ____

Other Conditions/Disabilities: ____

Other Medications: ____

Wheelchair Use: ☐ None ☐ Occasional ☐ Moderate ☐ Always

Assistive Devices: ☐ Cane ☐ Crutches ☐ Walker ☐ Scooter

Ethnic Origin: (optional)
- ☐ White
- ☐ Continental Asian
- ☐ Hispanic, Spanish descent
- ☐ Asian Indian
- ☐ Black / African American
- ☐ Asian, Other
- ☐ South Pacific Islander
- ☐ Other ethnic background
- ☐ Prefers to not to answer

Annual Income *(for family living in primary domicile)*
- ☐ Less than $10,000
- ☐ $10,001 to $20,000
- ☐ $20,001 to $40,000
- ☐ $40,001 to $60,000
- ☐ more than $60,000

☐ Primary Care Physician: ______________________________ ( ) ____________
City State Phone

☐ Neurologist: ______________________________ ( ) ____________
City State Phone

☐ MS Center: ______________________________ ( ) ____________
City State Phone