



73-710 Fred Waring Drive, Ste. 118, Palm Desert, CA 92260 Phone: (760)773-9806
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ACT for MS Participation Application

The data/statistics collected from client applications is often information requested by Foundations and Government Agencies to whom we apply for funding to support our programs and services. Names are never used, however.

Please Print

Application Date: ____/____/____ Date of Birth ____/____/____ Gender: ____M ____F

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Phone Number: Home: _____ Cell: _____

Emergency Contact: _____
(Name/Relationship) (Phone #)

Relationship Status: ____Single ____Married ____In a Significant Relationship

Do you have a caregiver? ____Yes ____No

If yes, please indicate types of assistance caregiver provides:

How did you hear about ACT for MS?

SOCIAL INFORMATION:

ACT for MS provides financial assistance for certain products and services to clients who qualify. Payment is made directly to the approved vendor selected by ACT for MS.

Do you qualify for SCE or IID low-income assistance programs? _____ Yes _____ No

****If yes, proof is required. (Please submit a copy of your electric bill)**

Residence:

Total number of Residents in your household _____ # of Dependents _____

Household Income:

_____ Under \$23,300 _____ \$23,301 - \$26,400 _____ \$36,401 - \$37,300
_____ \$37,301 - \$43,950 _____ \$43,951 - \$70,350 _____ \$70,351 and above

Ethnicity:

Are you of Hispanic, Latino, or Spanish origin? Please check one option only.

- ____ No, not of Hispanic, Latino, or Spanish origin
- ____ Yes, Mexican, Mexican American, Chicano
- ____ Yes, Puerto Rican
- ____ Yes, Cuban
- ____ Yes, Other Hispanic, Latino, or Spanish Origin (Please Specify) _____

What is your race? Note: for the purpose of this survey, in keeping with the U.S. Census, Hispanic origins are not races. You may check multiple races.

- ____ White (includes Hispanic, Latino or Spanish ethnicity)
- ____ Black/African American
- ____ Alaska Native/American Indian
- ____ Asian
- ____ Other (Please Specify) _____

EMPLOYMENT:

What is your current employment status:

____ Employed ____ Unemployed ____ Unemployed due to MS

Have you served in the military? _____ Yes _____ No

MEDICAL INFORMATION:

Medical Insurance Provider: _____

Neurologist: _____ Phone # _____

Primary Care Physician: _____ Phone # _____

Year of MS diagnosis _____ Date of Last Relapse _____

Type of MS: ___Relapsing-Remitting ___Primary Progressive ___Secondary Progressive

List 3 daily functions that are most challenging to you in respect to MS (most challenging first):

1. _____
2. _____
3. _____

Do you use any of the following mobility devices?

___Cane ___Walker ___Wheelchair ___Scooter

Do you have any other medical conditions? ___Yes ___No

If yes, check all that apply:

___Cancer (type_____)	___HIV/AIDS	___Heart Disease
___Arthritis	___Depression	___Osteoporosis
___Asthma	___Diabetes	___Stroke

Are you currently taking any of the MS treatment medications? ___Yes ___No

If yes, please list: _____

PHYSICAL/MENTAL HEALTH:

Do you currently exercise? ___Yes ___No

ACT FOR MS PROGRAM PARTICIPATION:

How would you rate your overall knowledge about MS:

___Poor ___Fair ___Good ___Very Good ___Excellent

Where do you get the majority of your information about MS?

___Health care provider ___Books/Magazines ___Internet

ACT for MS Programs you are interested in: (Check all that apply)

- Enhanced Strength Training (Weekly exercise class)
- Flexibility & Circulation Improvement (Massage monthly if participating in Exercise Program)
- Aquatic Program (water exercise classes at Palm Desert Aquatic Center or In-Shape)
- Adaptive Yoga classes (Palm Desert Yoga Center)
- Quarterly client luncheons featuring informative speakers.
- Monthly Social events - Bingo, Movie Nights, etc.
- Summer Utility Bill Assistance Program - Income based, documentation required.
- Mobility Equipment Assistance Program - Income based, documentation required.
- Other: _____
- Volunteering - ACT for MS office, mailings, fundraisers, etc.

Please state one (or more) personal goal(s) that you would like to accomplish in our programs:

1. _____
2. _____
3. _____

I state that the information I have provided in this application is true and correct and hereby consent that any data collected as a result of my participation may be shared by ACT for MS with other agencies (anonymously).

Print Name: _____

Signature: _____ Date: _____

Please return this application to: ACT for MS
73-710 Fred Waring Drive, Suite 118
Palm Desert, CA 92260

Or email to: office@actforms.org

For questions or assistance with this application, please call the ACT for MS office - 760-773-9806.