

Summer Comfort Application



Applicant's Name: _____

Address (Street): _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Briefly describe how you would use the air conditioner and how it would improve your quality of life:

Employed: ☐ Occupation: _____ Retired: ☐

Type of MS _____

Date Diagnosed: _____ Where/By: _____

Provide evidence (required) of MS diagnosis (chart note, doctor's note or copy of MS medication box).

By signing below I certify the information provided to the MSSP is true and accurate. Furthermore, I have read this application and hereby submit it along with proof of my diagnosis. I understand this application is to be sent to either 10940 SW Barnes Rd., Suite 326, Portland, OR 97225 or emailed to info@msoregon.org. I grant permission for MSSP to use my name and photograph for program promotional purposes.

Signature: _____ Date: _____

MSSP Address: 10940 SW Barnes Rd., Suite 326, Portland, OR 97225

www.msoregon.org • 503 297-9544 • info@msoregon.org

Application Instructions

Step 1: You must provide documentation of your MS diagnosis. This can be a medical chart note that includes your name and diagnosis, a doctor's note or a copy of the card board cover of one of the following medications:

Injectable Medications:

Avonex® (interferon beta-1a)

Betaseron® (interferon beta-1b)

Copaxone® (glatiramer acetate)

Extavia® (interferon beta-1b)

Glatiramer Acetate Injection (glatiramer acetate -generic equivalent of Copaxone 20 mg and 40 mg doses)

Plegridy® (peginterferon beta-1a)

Glatopa® (glatiramer acetate-generic equivalent of Copaxone) 20 mg and 40 mg doses)

Rebif® (interferon beta-1a)

Kesimpta® (ofatumumab)

Oral Medications:

Aubagio® (teriflunomide)

Bafiertam™ (monomethyl fumarate)

Dimethyl Fumarate (dimethyl fumarate-generic equivalent of Tecfidera)

Gilenya® (fingolimod)

Mavenclad® (cladribine)

Mayzent® (siponimod)

Ponvory™ (ponesimod)

Vumerity® (diroximel fumarate)

Zeposia® (ozanimod)

Infused Medications:

Lemtrada® (alemtuzumab)

Novantrone® (mitoxantrone)

Ocrevus® (ocrelizumab)

Tysabri® (natalizumab)

Step 2: Submit your completed application along with proof of diagnosis to 10940 SW Barnes Rd., Suite 326, Portland, OR 97225 or email to info@msoregon.org.