**Application**

**Name:**

**Address:**

**Phone:**

**Email:**

**Living with MS? (circle one):** Yes No

**\*\* Include a letter from your doctor stating you are being treated for Multiple Sclerosis.**

**Single Parent?** Yes No

**Children & Ages:**

**Work Status (circle one):** Retired Full-Time Part-Time Disability

**Annual Income:**

**Income Sources:**

**Support Needed (circle all that apply)**

Holiday Pick Me Up Equipment Home Repairs

Food Financial Aid Other

**Describe Your Situation and Request for Support**