Emma's Gift

Movement Detection Monitor Grants

funded by the
Emma Bursick Memorial Fund

through the
Epilepsy Association of Western and Central PA

Emma Bursick MEMORIAL FUND

EPILEPSY ASSOCIATION® OF WESTERN AND CENTRAL PA

Emma Bursick

Emma's Gift: Movement Detection Monitor Grants
Funded by the Emma Bursick Memorial Fund

The Emma Bursick Memorial Fund (EBMF) was established in 2009 in memory of Emma Bursick who died from Sudden Unexpected Death in Epilepsy (SUDEP) at the age of seven. The EBMF's mission includes funding emergency medication programs and epilepsy research, providing community education, training for medical and professional groups, and supporting grants that empower individuals and families impacted by seizure disorders to advocate healthy living, improved treatment, and ultimately, a cure.

For more information about the Emma Bursick Memorial Fund,
go to www.emmabursick.org

MONITORS AND DEVICES

The Epilepsy Association of Western and Central PA (EAWCP) continues to research information on non-invasive seizure detection and monitoring devices as well as other developing technologies. Although these devices have not yet been proven to prevent Sudden Unexplained Death in Epilepsy (SUDEP), we feel strongly that people living with epilepsy or seizure disorders should have information and resources at their disposal to support living well with seizures.

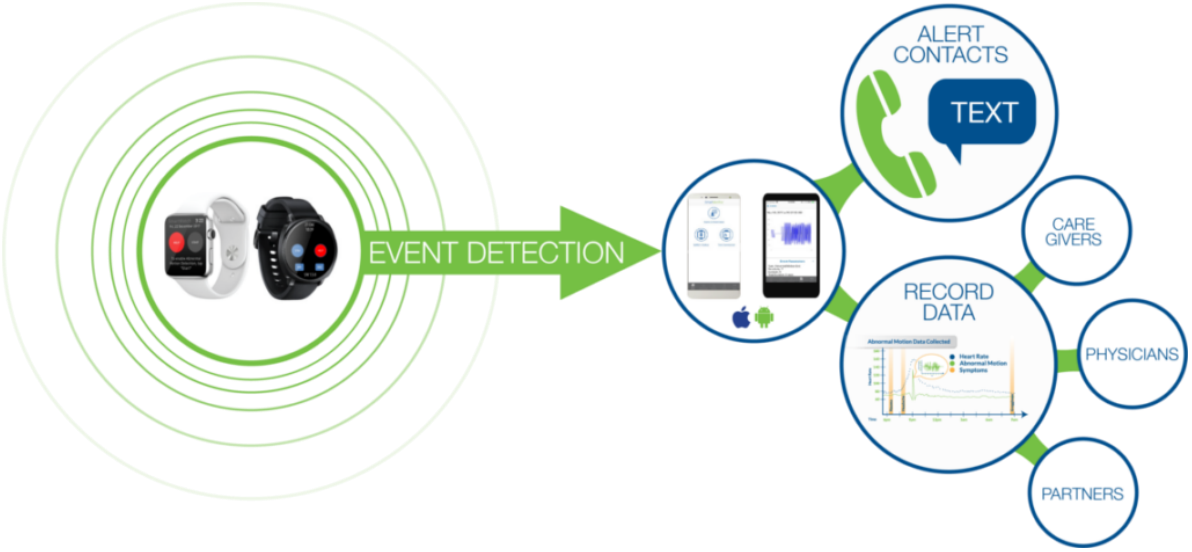
The EAWCP will provide financial support to qualified applicants through a grant from the Emma Bursick Memorial Fund for the purchase of an in-home monitoring device. Individuals and families living in Pennsylvania who feel they may benefit from a movement monitor are invited to apply for a grant from the Emma Bursick Memorial Fund via the Epilepsy Association of Western and Central PA Emma's Gift project. We encourage and strongly recommend the applicant communicate with manufacturers of these devices, as well as consult with doctors about the effectiveness of such devices for your specific needs. Please review the product options below.

SmartMonitor Inspyre

The SmartMonitor is a movement detection and alerting software running on an Apple or Samsung smartwatch worn on the wrist. The watch is looking for 7 seconds of repetitive, shaking motion similar to that of a grand mal/tonic clonic seizure. Once the motion is detected, the SmartMonitor technology will alert family members within seconds via text message and phone call. The SmartMonitor also has a help button which the wearer can press to call for help for any reason.

For more information on the SmartMonitor,
visit www.smart-monitor.com or call 1-888-334-5045.

IMPORTANT
It is important to note that if approved, this grant will cover the cost of the activation fee, the first year of service, and $150 towards the compatible smartwatch of your choice. ***You will be responsible for the remaining cost of the smartwatch and the monthly fee after the first year of service.*** *It is also important to note that the person wearing the watch must also have a smartphone on their person at all times.*



SmartMonitor Inspyre Plan Options

Bronze Plan

$14.95/month or $149.00/year

- Tracks and Monitors Movements
- Cancel Button
- Timely Text Notifications (1 Contact)
- User Customizable Thresholds
- Securely Access Data

Gold Plan

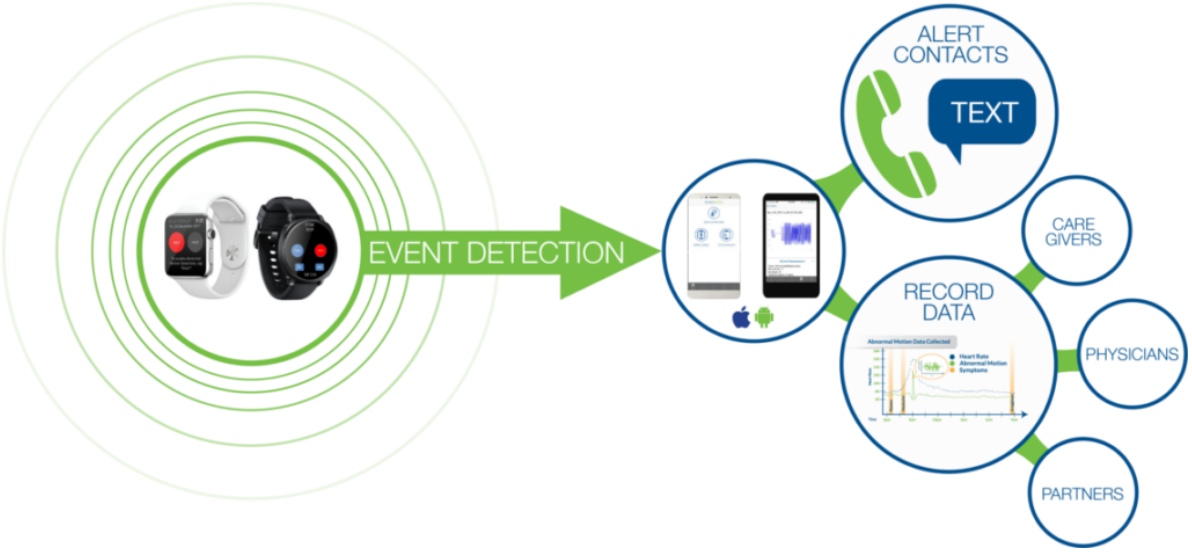
$34.95/month or $349.00/year

- Everything in the Bronze Plan PLUS:
- Notifications to Unlimited Contacts
- Help/SOS Button
- Snooze (Pause) Button
- Records the User's Heart Rate
- Audio Recording
- GPS Location (Included in Text Alerts)
- Use Without a Phone**
- Reminders for Important Tasks
- Report How You Feel

Premium Plan

$49.95/month or $449.00/year

- Everything in the Gold Plan PLUS:
- Heart Monitoring (User Customizable Thresholds)
- Notifications Sent for Heart Rate Detection
- Safe Location Monitoring and Alerts
- Live Location Tracking (On Demand)
- Additional Health Metrics



rev 08/2026

Emfit Movement Monitor

The Emfit Movement Monitor is a bed monitor that triggers an alert when it senses repetitive muscle spasms like that of a tonic clonic/grand mal seizure. The Emfit Movement Monitor consists of two main components: a flexible and durable bed sensor placed under the mattress and a bed-side monitor with sophisticated embedded software. The Movement Monitor detects when a person has continuous fast movements over a pre-set amount of time (which is adjustable to suit your needs) and then triggers an audible alarm.

For more information on the Emfit Movement Monitor, visit www.emfitcorp.com or call 877-32EMFIT.

IMPORTANT
It is important to note that this grant will only cover the cost for the initial monitor and alarm pictured here. Any additional accessories are up to you to purchase.

SAMi The Sleep Activity Monitor

SAMi is a sleep activity monitor which is placed facing the bed of the person with epilepsy. During sleep, audio-video information from a remote infrared video camera is sent to an application running on an iOS device such as an iPhone or iPad. The SAMi app records and analyzes the video for unusual activity. If the SAMi notices repetitive movement, it will sound an alarm in the SAMi app.

For more information on the SAMi, visit www.samialert.com or call 303-335-0051.

IMPORTANT
It is important to note that this grant will only cover two SAMi package options. Any additional accessories are your responsibility. Also, this device requires internet access and Apple devices.

Emma's Gift Application

DIRECTIONS:
Please print and complete both sections of this application and sign the terms and conditions.
Applicant and Physician signatures are required for application to be processed.

Email, Mail or Fax completed form/application to:
Epilepsy Association of Western and Central PA
1501 Reedsdale Street, Suite 3002
Pittsburgh, PA 15233
EMAIL: staff@eawcp.org
FAX: 412-322-7885

APPLICANT SECTION

Applicant Name: _____

Address: _____

_____

E-mail: _____

Phone #: Primary: _____

Secondary: _____

Patient Name: _____ Age: _____ DOB: _____

Are you a parent/guardian applying on behalf of your child? (*circle one*) YES NO

If no, what is the applicant's relationship to the patient:

Self _____ Housemate _____ Other _____

If Other, please explain: _____

Address where monitor is to be shipped:

Same as above _____

Shipping Address: _____

_____

Name and Type of Monitor Being Requested (Choose One):

Emfit: _____ *(accessories are not included in the grant)*

SAMi Alert: SAMi Camera _____ Standard SAMi Kit _____
(includes only the camera) *(includes the camera, wireless router, and iPad)*

***SmartMonitor**: Bronze Plan _____ Gold Plan _____ Premium Plan _____

Type of Smartphone Used: Android _____ iOS/Apple _____

** This grant covers the activation fee, first year of service, and $150 of the SmartMonitor device you choose. You will be responsible for the remainder of the cost for the device upon ordering.*

Please note that the person wearing the SmartMonitor will need a smartphone with them at all times.

☐ *I understand that there may be additional costs involved in product accessories not covered by the grant and/or ongoing use of this monitor beyond the period of time covered by the grant. I understand and accept these terms.*

Emma's Gift Application

APPLICANT SECTION

What type of seizures does the patient have? _____

Please describe what a typical seizure looks like: _____

_____

_____

How long does a typical seizure last? _____

How often does the patient have seizures? _____

How often does the patient have seizures at night or during sleep? _____

When was the patient diagnosed with epilepsy? _____

What kind of epilepsy treatments is the patient currently receiving (medication, VNS, etc.)? _____

_____

Please list any other medical conditions the patient has: _____

_____

_____

_____

Please write a few sentences about how you think you would benefit from a movement monitor: _____

_____

_____

_____

_____

☐ *I have researched each movement monitor option and certify that the device I have selected is an appropriate match for the needs of myself/my loved one.*

☐ *I have spoken with a customer service representative from the device of my choice to resolve any questions and/or concerns about the device's effectiveness for the patient's seizure type(s).*

_____ _____

Applicant Signature Date

PHYSICIAN SECTION

This section must be completed and signed by the program applicant's physician who is currently providing care for the applicant's epilepsy/seizures.

Patient Name: _____ Parent/Guardian Name: _____

Name of treating physician: _____

Specialty: _____

Address: _____

_____

Phone #: _____

E-mail: _____

Is this patient under your regular care for epilepsy/seizures? *(circle one)* YES NO

If yes, how long have you been treating this patient? _____

Date patient was diagnosed with epilepsy: _____

Type and description of seizures: _____

_____

Frequency of seizures: _____

_____

Does this patient have nocturnal seizures? YES NO

If yes, please provide details: _____

What epilepsy-related medications, interventions, and testing have been completed to date:

_____

Other medical conditions:

_____

□ I believe that this patient would greatly benefit from a movement monitor for nocturnal seizure detection.

□ I do not believe that this patient would benefit from a movement monitor because _____

_____

_____ _____

Physician Signature Date

Email, Mail or Fax completed form/application to:

Epilepsy Association of Western and Central PA
1501 Reedsdale Street, Suite 3002
Pittsburgh, PA 15233
EMAIL: staff@eawcp.org
FAX: 412-322-7885

The Epilepsy Association of Western and Central PA
GRANT TERMS AND CONDITIONS

Applicant: Please review and sign below to verify that you understand and agree to the terms and conditions specified.

Non-invasive seizure detection and monitoring devices have not as yet been proven to prevent SUDEP, and are not currently approved by the United States Food and Drug Administration. The devices listed in the grant section of our website are those that we have confirmed to be currently in use. The Epilepsy Association of Western and Central PA (EAWCP) is not a manufacturer, distributor, broker, or seller of any of the products listed on the website. We do not warrant any of these devices, and do not accept responsibility for any of the consequences of active use of them. The EAWCP does not endorse any particular seizure monitoring device; selection of a listed device is the sole discretion of the applicant.

The EAWCP does not make cash grants to individuals. Grants will be issued on a one time basis per applicant based on application approval and fund availability. Payment for an approved device will be made by the EAWCP directly to the company that produces the device selected by the applicant from the list on the EAWCP website. The device company will be responsible for shipping the device and for addressing any questions, concerns or problems that may arise regarding usage of the device.

We encourage and strongly recommend the applicant communicate with manufacturers of these devices, as well as consult with doctors about the possible effectiveness of such devices for your specific needs.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I, for myself and on behalf of my minor children, am aware of, understand, and assume any and all risks inherent in use of any and all monitors received under or in conjunction with this agreement. In consideration of the Epilepsy Association Western and Central PA (EAWCP) providing the monitor under the Agreement, I agree to hold harmless and release the EFWCP, its owners, agents, and others acting on the EAWCP's behalf of all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to providing said monitor and/or its associates from any warranty or ordinary negligence. I further agree that I shall not bring any claims, demands, legal actions and causes of actions against EAWCP and its associates, as stated above in the same clause, for any economic and/or non-economic losses due to bodily injury, death, property damage and injury to, or loss by death for use of said monitor(s). The EAWCP makes no warranties of any kind, implied or actual, as to the function, suitability, safety, or intended use of said monitor(s).

_____ _____

Applicant Signature Date