

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.

This fund allows the EAWCP to provide financial support to qualified applicants for the purchase of an in-home monitoring device as part of the Emma's Gift Program. We encourage and strongly recommend that you communicate with the device manufacturers and consult with your doctors about the effectiveness of such devices for your specific needs. Please review the product options below.

Eligibility and Guidelines

- Be a child or adult with epilepsy/seizure diagnosis, currently experiencing seizures
- Live in Pennsylvania
- Have a physician (neurologist or primary care) complete and sign the physician section (page 3)

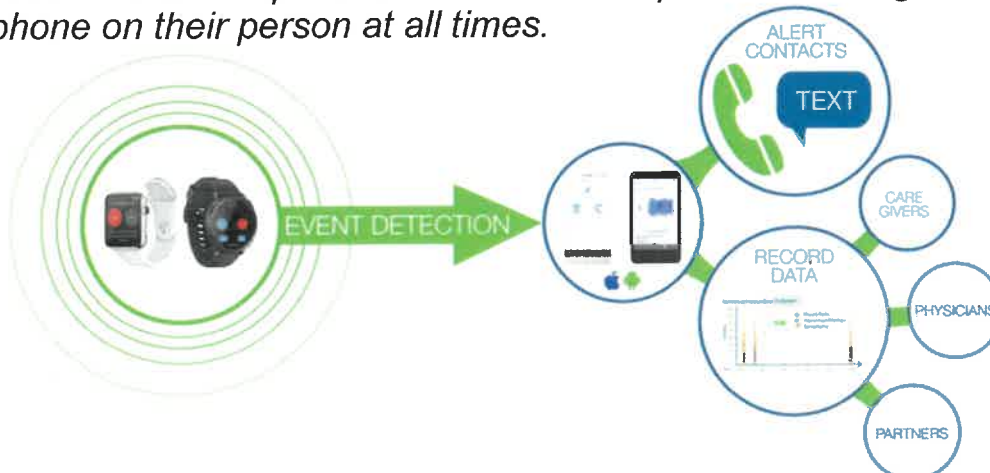
SmartMonitor

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.*



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.



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 EAWCP, 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



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 _____ Silver Plan _____ Gold 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.

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