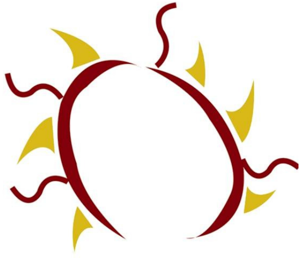

Morris County Organization for Hispanic Affairs

Dover Office
95-97 Bassett Hwy.
Dover, NJ 07801
Main: 973-366-4770
HEA: 973-366-1131
Fax: 973-361-7878

Morristown Office
45 Clyde Potts Court
Morristown, NJ 07960
Main: 973-644-4884
HEA: 973-644-5627
Fax: 973-644-4878

Butler Office
10 High St
Butler, NJ 07405
Tel: 973-838-3885
Fax: 973-400-8441

www.mcoha.org - E-Mail: info@mcoha.org

Applicant's Name: ______________________________ SSN: XXX-XX-__________
(Last 4 Digits)

DOCTOR'S CERTIFICATION OF MEDICAL NECESSITY

PATIENT NAME: ______________________________ SSN: XXX-XX-__________
(Last 4 Digits)

Household for which there is medical evidence that the health of at least one household member will be seriously endangered unless the household's living quarters are cooled, may be eligible for a onetime benefit if they meet the program's eligibility criteria.

1. Keeping in mind that it must be a medical necessity, that Mr./Ms. ____________________ health will be endangered if the home is not cooled ? ☐ YES ☐ NO

2. The medical diagnosis is as follow: ____

Please complete and return this form to your patient at your earliest convenience.

Print Doctor's Name: ______________________________ License Nº__________________

Phone Nº ___________________

Doctor's Signature ________________________________ Date: ________________

(PLEASE NOTE: *** Information must be filled out by the Doctor.**
*** Must have applicant and patient's address and social security number if mailed separate form application.)**

Rev: 09/2013