

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LOW INCOME HOME ENERGY ASSISTANCE &
UNIVERSAL SERVICE FUND PROGRAMS**

PHYSICIAN'S CERTIFICATION FOR COOLING BENEFIT

NJDCA PROCESSES APPLICATIONS FOR COOLING ASSISTANCE TO INCOME ELIGIBLE HOUSEHOLDS 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.

Physician – Please complete and return this form to your patient. Please sign and provide medical office stamp or attach business card

Head of Household/Applicant's Name: _____

Last four digits Head of Household/Applicant's SSN: _____

Address: _____

City, State, Zip Code: _____

Telephone #: _____

Patient's Name: _____

Last four digits of Patient's SSN: (to be completed by patient)

*Patient's address must be the same as above.

Description of Medical Condition that could be improved/be alleviated by the use of air conditioner in the summer:

Name of Physician: _____

Address: _____

Telephone: _____

Physician's Signature: _____ Date: _____

Return this form to the following Address:

Morris County Organization for Hispanic Affairs

97 Bassett Highway

Dover, NJ 07801