

**SUMMER CRISIS PROGRAM (SCP) MEDICAL ELIGIBILITY FORM
FOR CHRONIC ILLNESS**

(Required Once Every 3 Years)

Clients whose illness has been determined chronic by a Licensed Physician, Registered Nurse Practitioner or a Physician Assistant shall submit medical documentation once every three years to the Home Energy Assistance Program (HEAP) to receive Summer Crisis Assistance. Clients with a chronic illness must be identified at the time of completing their SC application by providing the following:

*Due to a **chronic** illness, (patient's name), _____ would benefit from continued electric service and/or air conditioning and/or fan.*

I am a: *Licensed Physician* *Registered Nurse Practitioner* *Physician Assistant*

Print Name: _____

Sign Name: _____ Date: _____

Name of Medical Practice: _____

Address: _____

Submission of this "Medical Eligibility Form" completed by a Licensed Physician or registered Nurse Practitioner/Physician Assistant must be completed no more than **one (1) year** prior to the customer applying for **Summer Crisis Program (SCP)**.

Please return this completed form to your local energy assistance provider at the following address/fax:

CAA of Columbiana County ATTN: HEAP
7880 Lincole Place
Lisbon, OH 44432

(330) 424-4186 ATTN: HEAP