

SUMMER CRISIS PROGRAM (SCP) MEDICAL ELIGIBILITY FORM

(Required Every Year)

Clients with an illness that would benefit from the Summer Crisis Program shall submit medical documentation once every year to the Home Energy Assistance Program (HEAP) to receive Summer Crisis Assistance. Clients with an illness must be identified at the time of completing their SC application by providing the following:

Due to an 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