



DEPARTMENT OF ENERGY CONSERVATION

HOME ENERGY ASSISTANCE

346 CENTRAL AVENUE
JERSEY CITY, NJ 07307

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.

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|---|--|--------------|--------------|-----------------|--|
| Head of Household/Applicant's Name | | | | | |
| Last four digits Head of Household/Applicant's SSN | | | | | |
| Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | | Email | | |
| Patient's Name | | | | | |
| Last four digits of Patient's SSN | | | | | |
| Medical Diagnosis | | | | | |
| | | | | | |
| Name of Physician | | | | | |
| Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | | Email | | |

Physician's Signature: _____ Date: _____

Vea al dorso para español