

**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