

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

(Required Once Every 3 years)

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

PRINT NAME: _____

SIGN NAME: _____ DATE: _____

NAME OF MEDICAL PRACTICE: _____

ADDRESS: _____

****PHYSICIAN'S STAMP IS REQUIRED****

Submission of this OCA approved "Medical Eligibility Form" completed by a licensed physician medical professional who is qualified under Ohio State law to write prescriptions. Medical eligibility form **must be** issued no more than **one [1] year** prior to customer applying for **Summer Crisis Program [SCP]** funds.

FOR CHRONIC ILLNESS

Clients whose illness has been determined chronic by a licensed medical professional who is qualified under Ohio State law to write prescriptions 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 SCP application.

****Please return this form to Warren County Community Services Emergency
HEAP Department or have physician fax to 513.695.2236**