



Cincinnati-Hamilton County
Community Action Agency
We help make things happen

Gwen L. Robinson, *President/CEO*
Mark B. Lawson, Esq. *Board Chair*

Please Stamp Here:

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

(Issued Once Every 3 Years)

This form must be completed by a Licensed Physician or a Registered Nurse Practitioner ONLY; form MUST also be stamped by the issuing physicians' office.

Clients whose illness has been determined **chronic** by a licensed physician or registered nurse practitioner shall resubmit medical documentation only once every three years to the Home Energy Assistance Program (HEAP) to receive summer crisis assistance.

Clients whose illness **has not** been determined chronic by a licensed physician or registered nurse practitioner shall resubmit 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 HEAP application by providing documentation that states the following:

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

PLEASE CHECK THE ONE THAT APPLIES:

- ☐ Due to an illness, this client would benefit from continued electric service and/or air conditioning. By checking **THIS** qualification, I am certifying that this ***is valid for a 12 month period!***
- ☐ Due to **CHRONIC** illness, this client would benefit from continued electric service and/or air conditioning. By checking **THIS** qualification, I am certifying that this ***is valid for 3 years (36 months)!***

SIGNED BY: _____ **DATE:** _____
(Physician or Register Nurse Practitioner Signature) (Today's Date)

ADDRESS: _____
(Dr's Office Address)

Submission of this OCS approved "Medical Eligibility Form" completed by a licensed physician or registered nurse practitioner **must be** issued no more **than** 30 days prior to customer applying for **Summer Crisis Program (SCP)** funds.

MISSION STATEMENT: *To act as an advocate, provider, and facilitator for the full range of public and private resources, programs, and policies which give low to moderate income individuals the opportunity to improve the quality of life for themselves, their families and their communities.*

EQUAL OPPORTUNITY EMPLOYER