West Ohio Community Action Partnership
AMERICA'S POVERTY FIGHTING NETWORK
Helping People. Changing Lives.

West Ohio Community Action Partnership

540 South Central Avenue
Lima, Ohio 45804-1306

419-227-2586
Fax: 419-227-7626
http: www.wocap.org

SUMMER CRISIS PROGRAM (SCP) MEDICAL ELIGIBILITY FORM

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

PRINT NAME: _____
Medical Professional

SIGN NAME: _____ **DATE:** _____
Medical Professional

NAME OF MEDICAL PRACTICE: _____

ADDRESS: _____

Submission of this Ohio Development Services Agency approved "Medical Eligibility Form" completed by a licensed medical professional who is qualified under Ohio State law to write prescriptions **must be** completed no more than **one year** prior to the client applying for **SCP**.

FOR CHRONIC ILLNESS (Initial here if applicable _____)
(Required Once Every 3 Years)

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 your local Energy Assistance Provider at the following address/fax/email:**

ALLEN COUNTY	AUGLAIZE COUNTY	MERCER COUNTY
540 S. Central Ave. Lima, OH 45804 Phone: 419-227-2586 Fax: 419-227-7626 E-mail: intakedocs@wocap.org	13093 Infirmary Rd. Wapakoneta, OH 45895 Phone: 419-227-2586 Fax: 567-279-9158 E-mail: intakedocs@wocap.org	420 N. Brandon Ave. Celina, OH 45822 Phone: 419-227-2586 Fax: 567-279-9158 E-mail: intakedocs@wocap.org