

Appendix XVIII: Medical Eligibility Form

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

(Issued Once Every 3 Years)

*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 with a chronic illness must be identified at the time of completing their HEAP application by providing documentation that states the following:*

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

Please check whether you are a:

\_\_\_\_\_ Doctor or \_\_\_\_\_ Nurse Practitioner

PRINT  
NAME: \_\_\_\_\_

SIGN  
NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF MEDICAL PRACTICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Submission of this OCA approved "Medical Eligibility Form" completed by a licensed physician or registered nurse practitioner **must be** issued no more than **one (1) year** prior to customer applying for **Summer Crisis Program (SCP)** funds.

**\*\*Please return this form to the Community Action Agency at the following address/fax/email:**

ALLEN COUNTY	AUGLAIZE COUNTY	MERCER COUNTY
FAX: 419-227-7626	FAX: 567-356-5061	FAX: 567-279-9158