

Appendix XIX: Medical Eligibility Form

**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 Department of Job and Family Services 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**

Medical Professional Signature (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:**