



**LIVES
CHANGED
HERE.**

**LIHEAP
Greater Bergen Community Action**
294 Union Street
Hackensack, NJ 07601
201-488-5100
www.GreaterBergen.org

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LOW INCOME HOME ENERGY ASSISTANCE &
UNIVERSAL SERVICE FUNDS**

PHYSICIAN'S CERTIFICATION FOR COOLING BENEFIT

NJDCA PROCESSES APPLICATIONS FOR COOLING ASSISTANCE TO INCOME ELIGIBLE HOUSEHOLDS FOR WHICH THERE IS MEDICAL EVIDENCE THAT THE HEALTH OF AT LEAST ONE HOUSEHOLD MEMBER WILL BE SERIOUSLY ENDANGERED UNLESS THE HOUSEHOLD'S LIVING QUARTERS ARE COOLED.

Physician: Please complete and return this form to your patient. Complete all necessary information, sign and provide medical office stamp or business card (attached).

Head of Household//Applicant's name: _____

Last four digits Head of Household//Applicant's SSN: _____

Address: _____

City, State, Zip Code: _____

Telephone #: (_____) _____

Patient's Name: _____

Last four digits of Patient's SSN: _____

Description of Medical Diagnosis: _____

Name of Physician: _____

Address: _____

Telephone: _____

Physician's Signature _____

Date: _____