



**OFFICE OF COMMUNITY SERVICES (OCS)  
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.*

**SIGNED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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.