

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

**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. Please sign and provide medical office stamp or attach business card

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: (SS# info to be completed by patient) \_\_\_\_\_

\*Patient's address must be the same as above.

Description of Medical Condition that could be improved or alleviated by the use of air conditioner in the summer:

\_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Must affix office stamp here or attach physician business card for this form to be accepted.

Must affix Office Stamp here or  
attach physician's business card  
for this form to be accepted.

Return this form to the following address:

**LA CASA DE  
DON PEDRO**  
EMPOWER AND REVITALIZE

La Casa De Don Pedro  
Low Income Home Energy Assistance Program  
P.O. Box 7118  
Newark, New Jersey 07107