



State of New Jersey
 DEPARTMENT OF COMMUNITY AFFAIRS
 101 SOUTH BROAD STREET
 PO Box 811
 TRENTON, NJ 08625-0811

PHILIP D. MURPHY
 Governor

LT. GOVERNOR SHEILA Y. OLIVER
 Commissioner

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 attach your 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: _____

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.

