

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lieutenant Governor

DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 051
TRENTON, NJ 08625-0051

JACQUELYN A. SUÁREZ Acting 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.

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| Physician | Medical Office Stamp |
| Please complete and return this form to your patient. Complete all necessary information, sign, and provide medical office stamp. | |
| Medical Office Stamp → | |
| Head of Household/ Applicant's Name: | |
| Last four digits Head of Household/ Applicant's SSN: | |
| Address: | |
| City, State, Zip Code: | |
| Telephone #: <u>(</u> | |
| Patient's Name: | |
| The last four digits of the Patient's SSN: | |
| Name of Physician: | |
| Address: | |
| Telephone: | |
| | |
| Physician's Signature: | Date: |
| | |



