

# SUMMER CRISIS PROGRAM (SCP) MEDICAL ELIGIBILITY FORM

*Due to an illness, (patient's name), \_\_\_\_\_ would benefit from continued electric service and/or air conditioning and/or fan.*

PRINT

NAME: \_\_\_\_\_

SIGN

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF MEDICAL PRACTICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Submission of this Ohio Development Services Agency approved "Medical Eligibility Form" completed by a licensed medical professional who is qualified under Ohio State law to write prescriptions Assistant **must be** completed no more than **one (1) year** prior to the client applying for **SCP**.

## **FOR CHRONIC ILLNESS**

(Required Once Every 3 Years)

Clients whose illness has been determined chronic by a licensed medical professional who is qualified under Ohio State law to write prescriptions shall submit medical documentation 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 SCP application.

**\*\*Please return this form to your local Energy Assistance Provider at the following address/fax/email:**

Lorain County Community Action Agency  
936 Broadway  
Lorain Ohio 44052

Fax: 440-201-6483

Email: [heapdocs@lccaa.net](mailto:heapdocs@lccaa.net)

Attn: HEAP Dept.