



Community Action Wayne/Medina

Administrative Offices: 905 Pittsburgh Avenue, Wooster Ohio 44691 330.264.8677 FAX 330.264.5170

Medina Office: 799 North Court Street, Medina Ohio 44256

330.723.2229 FAX 330.723.5418

Summer Crisis Program (SCP) Medical Eligibility Form (Issued Once A Year)

Due to a medical condition, _____
(patient's name and date of birth) would benefit from having electricity and/ or air conditioning in their home.

Print Name: _____

Sign Name: _____ Date _____

Name of Medical Practice: _____

Address: _____

Submission of this ODSA approved "Medical Eligibility Form" completed by a licensed physician or registered nurse practitioner **must be issued no more **than** 1 year prior to customer applying for **Summer Crisis Program (SCP)** funds.

Please return this form to:

Wooster Office
905 Pittsburgh Ave.
Wooster, OH 44691
Phone (330) 264-8677
Fax (330) 264-4573

Medina Office
799 N. Court St.
Medina, OH 44256
Phone (330) 723-2229
Fax (330) 723-5418

This form is valid for 1 year from the date signed