



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

OFFICE OF COMMUNITY SERVICES (OCS) SUMMER CRISIS PROGRAM (SCP) MEDICAL ELIGIBILITY FORM FOR CHRONIC ILLNESS (Issued Once Every 3 Years)

Clients whose illness has been determined chronic by a Licensed Physician, Registered Nurse Practitioner or a Physician Assistant 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 SC application by providing documentation that states the following:

Due to a chronic illness _____
(patient's name and date of birth),
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 ODSA approved "Medical Eligibility Form" completed by a Licensed Physician or Registered Nurse Practitioner/Physician Assistant **must be completed 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 3 years from the date signed

June 2019