



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

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

PRINT NAME: _____
Medical Professional

SIGN NAME: _____ DATE: _____
Medical Professional

NAME OF MEDICAL PRACTICE: _____

ADDRESS: _____

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

FOR CHRONIC ILLNESS

Medical Professional Signature (if applicable): _____
(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:**

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

Rittman Office
88 N. Main St.
Rittman, OH 44270
Phone (330) 927-1871
Fax (330) 485-4072

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

The form can also be emailed to: _____