

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-eliqible 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. Medical Office Stamp Physician 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 #: (______ - _____ Patient's Name: Last four digits of Patient's SSN: Name of Physician: Address: Telephone: _____ Physician's Signature: Date:

