



State of New Jersey
 DEPARTMENT OF COMMUNITY AFFAIRS
 101 SOUTH BROAD STREET
 PO Box 811
 TRENTON, NJ 08625-0811

PHILIP D. MURPHY
 Governor

LT. GOVERNOR SHEILA Y. OLIVER
 Commissioner

PHYSICIAN'S CERTIFICATION FOR COOLING BENEFIT

NJDCA processes applications for cooling assistance to income-eligible 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.

Physician – Please complete and return this form to your patient. Complete all necessary information, sign, and provide medical office stamp or attach your business card.

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: _____



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