



State of New Jersey
 DEPARTMENT OF COMMUNITY AFFAIRS
 101 SOUTH BROAD STREET
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 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 business card (attached).

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: _____

Description of Medical Diagnosis: _____

Name of Physician: _____

Address: _____

Telephone: _____

Physician’s Signature: _____ Date: _____

