



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 a medical office stamp or attach your business card.

*Medical Office Stamp or Business Card →*

Medical Office Stamp or 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 the Patient's SSN: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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