

SUMMER CRISIS PROGRAM  
MEDICAL ELIGIBILITY FORM – 2023



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

Please check whether you are a:  Doctor  Licensed Medical Professional

Print Name: \_\_\_\_\_  
**Medical Professional**

Signature: \_\_\_\_\_ 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 client applying for **Summer Crisis Program (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 Summer Crisis Program application.

Please return this form to the Community Action Agency at the following address/fax/email:

Pathway, Inc.  
Attn.: Home Energy Assistance Program  
505 Hamilton Street.  
Toledo, Ohio 43604-8520  
Fax: 419 244 8835  
HEAPSM@PathwayToledo.org