**PHYSICIAN VERIFICATION**

Crisis Intervention Program (CIP) is a Federally-funded program that assists eligible residents who are facing a financial crisis dealing with their energy bill for heating/cooling costs (regulated temperature). A household is considered to be in a crisis if it is currently experiencing or is in danger of experiencing a life-threatening or health-related emergency and sufficient, timely and appropriate assistance is not available from any other source. Need for funds cannot be based on the need for electricity. Please complete the form below to support the need for your patient.

DHS Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case No.\_\_\_\_\_\_\_\_\_\_

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Does this patient have a condition that would put their life or health at risk of harm or in a potentially life threatening situation without regulated cooling/heating of the home?

 [ ]  Yes [ ]  No

1. Briefly, please explain the health related and/or life threatening affects that require regulated cooling or heating of the home:

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Thank you for your time and assistance with this matter.

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| --- | --- |
| Physician’s Practice Name, Address &Telephone number | Signature of the Physician & Date |
|  |  |

Please contact me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at 704-296-\_\_\_\_\_\_\_\_\_\_, with any questions.

Please fax the completed to **704-296-6148** or send to our email at crisis@unioncountync.gov. Thank you again for your assistance in this matter.