HEAP COOLING ASSISTANCE

Dear APPLICANT,

You MUST provide the following documents in the enclosed green envelope when you are submitting both completed applications for the HEAP Cooling Assistance:

➢ **APPLICATION**: Both HEAP Cooling Application (LDSS-4992) and HEAP Application (LDSS-3421) must be completed, signed and dated by the applicant.

➢ **MEDICAL NOTE**: The medical documentation for the household member with a medical condition exacerbated by extreme heat must be in writing from a physician, physician’s assistant or nurse practitioner on a medical or doctor’s office letterhead and must be dated within 12 months prior to the month of application. It must clearly state the patient’s medical condition and must have the recommendation that Air-Conditioning is needed.

➢ **PROOF of IDENTITY** for each household member.

➢ A valid **SOCIAL SECURITY NUMBER** for each household member.

➢ **PROOF of RESIDENCE**.

➢ A **FUEL and/or UTILITY BILL** if you pay for heat or proof that you pay rent which includes heat.

➢ Documentation of **INCOME** for all household members, for the last 30 Days.

**NOTE**: Please see **PAGE 5** of the HEAP Application (LDSS-3421) **INSTRUCTIONS** for specific types of acceptable documentation.
### Eligibility Factor

- **Social Security Number**
- **Medical Assistance**
- **Medicare**
- **Income**
- **Veterans Benefits**
- **Private Insurance**
- **Medicaid**
- **Supplemental Security Income (SSI)**
- **Medical Assistance**
- **Veterans Benefits**
- **Supplemental Security Income (SSI)**
- **Medical Assistance**
- **Veterans Benefits**
- **Medicaid**

### To prove this factor, provide one of the following:

- **Documentation**
- **Income**
- **Supplemental Security Income (SSI)**
- **Medical Assistance**
- **Veterans Benefits**
- **Medicaid**

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**Local District Name and Address:**

**Date:** Time of Interview  
**Case Number:**

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**Workers Name:**

**Applicant/Recipient Signature:**

**Date:**

**Telephone Number:**

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**Workers Name:**

**Applicant/Recipient Signature:**

**Date:**

**Telephone Number:**

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**Workers Name:**

**Applicant/Recipient Signature:**

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