



2009 Health Update # 18
FREE AIR CONDITIONERS FOR HIGH RISK POPULATIONS

Please distribute this update and attached materials to Departments of Internal Medicine, Family Medicine, Neurology, Emergency Medicine, Critical Care, Psychiatry, Geriatrics, Cardiology, Oncology, Endocrinology, Rheumatology, Rehabilitation Medicine, Nephrology, and Pulmonology. Please also share with non-hospital based primary care colleagues.

- **Encourage low-income patients over 60 years of age to apply for a free air conditioner.**
- **Prioritize patients at greatest risk for heat-related illness as air conditioner supplies are limited.**
- **Document patient’s medical need and risk for heat-related illness to include with the application.**
- **Counsel all at-risk patients to “Keep Cool” and use air conditioners during heat waves.**

May 19, 2009

Dear Colleague,

As summer approaches, we need your help to prepare for heat waves and to prevent heat-related health effects among your senior patients.

The Health Department and the NYC Department for the Aging are promoting the installation of free air conditioners to low-income seniors over age 60 in NYC.

- Patients can qualify for this program by meeting income criteria and submitting a health care provider’s note affirming that the patient’s health condition increases the risk for heat-related illness.
- Complete information about the program and the 2009 application are included at the end of this health update. **Call 311 to receive additional application packets and patient education materials.**

Hot weather can exacerbate chronic medical conditions, leading to severe complications and death. Extreme heat events kill more Americans each year on average than *all other natural disasters combined*. The Health Department identified 40 heat stroke deaths and estimated an 8% excess mortality in NYC during a heat wave in 2006. Individuals at greatest risk include persons:

- Over age 65
- With chronic physical or mental health conditions
- Taking certain medications
- Living alone or with decreased mobility because of physical disabilities or social isolation

(Read the Heat Illness Information for Health Care Providers Fact Sheet at www.nyc.gov/health/heat)

Heat-related mortality is preventable.

Air conditioning is the most important way to protect at-risk patients on hot days.

- Counsel your at-risk patients on the importance of staying cool and healthy during hot weather.
- Be alert to heat-related illness or exacerbation of chronic medical conditions such as heart or lung disease.
- Advise at-risk patients to use their air conditioner or go to a place with air conditioning. To find a Cooling Center in New York City, call 311 or go to www.nyc.gov/html/oem/html/hazards/heat_cooling.shtml.
- Engage family members or other support networks to frequently check on at-risk patients

You can help make this intervention a success by identifying at-risk patients and helping them apply. Thank you for your continued dedication and contribution to the health of New Yorkers.



Nancy Clark

Nancy Clark, MA, CIH, CSP
Assistant Commissioner
Bureau of Environmental Disease
Prevention

Nathan Graber

Nathan Graber, MD, MPH
Director, Environmental and
Occupational Disease
Epidemiology

Thomas Matte

Thomas Matte, MD, MPH
Acting Director of Environmental
Research, Bureau of Environmental
Surveillance and Policy

Attachments:

- Information for Health Care Providers on Heat-Related Morbidity and Mortality
- 2009 Cooling Assistance Program Application

Template for written statement from health care provider

Health care provider letterhead or prescription

Date

Re: 2009 Cooling Assistance Program

Name: _____, DOB: _____, age _____ years, is a patient under my care. S/he has a medical or psychiatric condition or takes medication that increases her/his risk for heat-related illness during a heat wave.

As her/his health care provider, I strongly advise that s/he use an air conditioner at home during a heat wave to prevent serious heat-related illness and possibly death. If you have any questions or concerns, please feel free to contact me.

Signature of health care provider

Contact information

Application information for free air conditioners for at-risk patients (Please see attachments)

- Patients can submit applications for free air conditioners beginning May 1, 2009 for as long as supplies last.
- Applicants must meet HEAP income eligibility criteria. Patients can determine eligibility by going to www.otda.state.ny.us/main/heap or calling 1-800-342-3009. For the Hearing Impaired, TTY Phone number: 1-866-875-9975
- A written statement from the health care provider documenting that the patient is at risk for heat-related illness must accompany the application.
- At-risk patients age 60 and over must apply through the NYC Department for the Aging using the attached application. Call 311 for more information.
2009 CAP, NYC Department for the Aging (DFTA)
2 Lafayette Street, 16th Floor
New York, NY 10007
- At-risk patients under age 60 must apply directly to the New York State Office of Temporary Disability Assistance.
New York State Office of Temporary Disability Assistance (OTDA)
Phone: 1-800-342-3009 For the Hearing Impaired, TTY Phone number: 1-866-875-9975.

2009 COOLING ASSISTANCE PROGRAM APPLICATION

The following is an application for the Department for the Aging's 2009 Cooling Assistance Program, through which medically needy (doctor's note required), low income elderly individuals that **do not have air conditioning** may be able to receive delivery and installation of a free energy efficient air conditioner. (Please note that only a limited number of air conditioning units will be available; eligible requests will be met until the supply is exhausted.)

Please **PRINT** your answers clearly below in **blue or black ink**. **All questions must be complete.** You **must sign the Applicant Affirmation** on page 2 for your request to be considered. Please mail this completed application **with a doctor's note** to:

2009-CAP
New York City Department for the Aging
2 Lafayette Street, 16th Floor
New York, New York 10007

SECTION A: Housing Tenure & Eligibility

1. Do you currently have a working air conditioner? **YES NO**
(Please circle one)
2. Have you received a free air conditioner through a government funded initiative in the past 10 years? **YES NO**
(Please circle one)
3. (Check one) I am a: Homeowner Tenant/ Renter
- If Tenant/Renter is checked, check one of the categories below. I live in a:
- a. Private Home b. rent stabilized apt c. rent controlled apt
d. Section 8 e. NYCHA f. Senior housing/HUD

SECTION B: Applicant Information

First Name: _____ Last Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

Date of Birth: ____ / ____ / ____ Language Spoken: _____

SECTION C. Monthly Income: (Complete only if not a 2009 Home Energy Assistance Program (HEAP) Recipient). Source amounts should include all household members.

Source	MONTHLY Amount	Monthly Income for all people in the household must be included.
a. Social Security	\$ _____	
b. Supplemental Security Income	\$ _____	
c. Pension	\$ _____	
d. Rent (Rent <u>received</u> , as landlord)	\$ _____	
e. Other (Specify type): _____	\$ _____	
f. Other (Specify type): _____	\$ _____	
Total Monthly Income (Add lines a-f):		\$ _____

SECTION D. Benefit Information (Answers to below questions do not impact eligibility)

- Do you presently have a visiting nurse come to your home? **YES NO**
(Please circle one)
- Do you presently receive homecare services? **YES NO**
(Please circle one)
- Do you presently receive any of the below services? (Circle all that apply)

Meals on Wheels	Food Stamps	SSD	Medicaid	HEAP	SSI	SCRIE
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(CONTINUE ON BACK)

Section E. Household Information: (Indicate number next to all that apply)

Total people in Household (Including self): # _____ 60 years of age or older:# _____

Disabled/Handicapped #: _____ Children under 17 years of age:# _____

SECTION F. Alternate Contact Information

If you do not speak English, or if you want us to contact a friend or family member, please provide contact information for that person:

Contact Name: _____

Contact Address: _____ APT: _____

CITY: _____ ZIP: _____ Contact Phone: () _____

SECTION G. Please check 1 choice in each category

Air conditioner will be installed in

Window Opens

What Room

a. Wall Sleeve []

a. Up and down []

a. Bedroom []

b. Window []

b. Side to Side []

b. Living Room []

(if installed in window answer how Window Opens)

c. Pull In []

d. Swing Out []

APPLICANT AFFIRMATION

I affirm that the information provided in this application (including statements made in any accompanying papers) is, to the best of my knowledge, true and correct. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.

I realize that the services available through this program, including the delivery, testing, and installation of an air conditioning unit, will be provided to me free of cost, and I will not hold others liable for any injuries or damage occurring on my property, unless such damage is the direct result of willful misconduct. I additionally realize that once the air conditioner is installed, the Department for the Aging & the City of New York have no responsibility to maintain the air conditioner, including the responsibility to remove, cover, store, and or reinstall the unit or the installation sleeve, once the warranty period has expired. **I am also aware that if electricity costs are included in my current rent, once I receive an air conditioning unit, my landlord can increase my rent.**

If I am a participant in the SCRIE program, I further understand that the **City of New York will not increase my SCRIE benefits to cover rent increases that may occur due to the installation of the air conditioner. I will be responsible for paying any rent increases resulting from the installation of the air conditioner, not the City of New York or the SCRIE program.**

I understand that this application will be used in determining eligibility for the program, but does not guarantee that an air conditioner will be provided. Whether I receive an air conditioner will depend in part upon the number of available air conditioners and the number of applications received, and whether my apartment has a window that is compatible with the available air conditioners. **I also understand that, if my application is approved, the electrical circuits in my home will be tested prior to installation of the air conditioner, and I will only receive an air conditioner if the electrical circuits in my home have the capacity to safely operate the unit.**

I have read and understand the above information.

SIGNATURE: _____ **DATE:** _____

I have included a doctor's note with this application
(Please check box to complete application)

Tenants/ Renters Only: I have notified my landlord that I may be eligible to receive the installation of a free air conditioner.(Please check box to complete application)

FOR AGENCY USE ONLY

DFTA Liaison: _____
[]-Application Complete []-Eligible
[]-Confirmed HEAP [] -Doctors Note attached
[]-Attempted to contact: ____/____/____
[]-Client Contacted: ____/____/____
[]-Not eligible: _____
[]-DENIAL Notice mailed: ____/____/____

NOTES:

DATE DFTA RCVD: