

Home Health / Community Health Heat Vulnerability Recommendation Letter

Dear BC Hydro,

As a home health clinician or Community Health Nurse, I have reviewed the Home Health / Community Health Risk Assessment for Air Conditioning Recommendation and determined that _____ residing at

(Patient / Client Full Name)

(Installation Address; Unit/House number, Street, City, Postal Code)

is at increased risk of adverse health impacts from heat. It is therefore my recommendation that this individual be included and prioritized within BC Hydro's Energy Conservation Assistance Program to receive a portable air conditioning unit.

By signing this letter, I confirm that the patient/client meets the criteria outlined in the Home Health / Community Health Risk Assessment for Air Conditioning Recommendation and that I believe they would be best served by the provision of a device through the Energy Conservation Assistance Program.

Health Practitioner Name: _____

Date: _____ **Professional Designation:** _____

Professional Association or College Registration Number (if applicable):

Apply for the program online at www.bchydro.com/ecap or if unable to apply online, mail a paper application. Note: additional processing time is required for paper applications.

Mail completed application to: BC Hydro/Fortis BC ECAP Operations
PO Box 8910 Stn Terminal
Vancouver, BC V6B 9Z9

Have questions on how to apply please call 1-800-BCHYDRO (1-800-224-9376) for questions or assistance.



First Nations Health Authority

