



APPLICATION FOR *LIFELINE RATE* FOR LIFE-SUPPORT DEVICE

PROGRAM INFORMATION

Azusa Light & Water provides a discounted rate to eligible residential customers who have a member of their household that requires the use of an essential life-support device that is medically required for listed serious illnesses (qualifying devices are listed below). The discounted rate, or "Lifeline rate", applies to the monthly rate allowance of electricity.

To apply for this discounted rate, the attached application must be filled out completely by the account holder **and a letter from the patient's doctor, on doctor's letterhead, describing the type of regularly required life-support device(s) and whether the patient is "critical" or "not critical"**. Once the doctor has completed the letter, the account holder should mail or bring the form to the Light & Water office for processing. An appointment may be set (on a Thursday) for a Field Service Representative to be sent to the residence to verify the doctor's listed medical device(s). **In order to maintain the *Lifeline Rate*, the Utility may annually, or as needed to assure compliance, request that the account holder obtain a letter from the patient's doctor a brief statement certifying that the patient still requires the equipment.** Applications are subject to approval and periodic review by the Utility, **and should be original signatures (doctor and account holder).**

A new application may be required when there is a change of address. The account holder shall notify the Utility of any change in equipment or equipment usage. At that time, a Field Service Representative may be sent to the account holder's residence to verify the information.

Patients requiring the use of life-support equipment should consider providing and maintaining their own power backup system, such as a portable gas-driven generator. While the Utility makes every effort to supply uninterrupted service, continuous service cannot be guaranteed. Power outages may be caused by circumstances beyond the Utility's control.

QUALIFYING LIFE-SUPPORT DEVICES

Aerosol Tents	IPPB Machines	Pressure Pumps
Apnea Monitors	Iron Lungs	Quadriplegia
Compressors	Kidney Dialysis Machines	Respirators (all types)
Compromising Immune System Illnesses	Life-Threatening Illnesses	Scleroderma
Heart Monitors	Motorized Wheelchairs	Suction Machines
Hemodialysis Machines	Multiple Sclerosis	Ultrasonic Nebulizers
Electrostatic Nebulizers	Paraplegia	

****Note: Electric lifeline discounts are not authorized for:**

1. Life-support devices used for therapeutic purposes such as whirlpool pumps, heating pads, vaporizers, humidifiers, pool or tank heaters, saunas or hot tubs.
2. Life-support devices used outside of the home.
3. Life-support devices operated by electricity from a source other than Azusa Light & Water .

FOR ADDITIONAL INFORMATION

If you have any questions or need additional information concerning the *Lifeline Rate*, please contact Azusa Light & Water at (626) 812-5225.

APPLICATION FOR LIFELINE RATE

Account Number: _____

Account Holder's Name: _____
Last First Middle

Address: _____

Name of Nearest Cross Street: _____

Account Holder Contact Info: _____ (Home) _____ (Work) _____ (Cell)

Patient's Name: _____
Last First Middle Relationship

Is patient a full-time resident of the address listed above? Yes No

Please submit copy of equipment receipt(s) or documents of issuance.

Would you like Third Party Notification? Yes No

If yes, please provide the following information:

Name of Third Party Contact: _____ Relationship: _____

Address: _____ Phone Number: _____

AGREEMENT

The undersigned customer hereby claims eligibility and makes application for an additional quantity of electricity at *Lifeline Rates* for life-support device(s). The equipment described in the Doctors Certification portion of the application is used in my residence and is an essential life-support device(s) powered by electricity supplied by Azusa Light & Water.

The undersigned customer hereby grants Azusa Light & Water the right of access to the residence at reasonable hours for verification of information provided in this application and further agree to notify Azusa Light & Water of the termination of use of any life-support equipment listed on the application and/or any medical status change, or change of equipment. Refusal of access may be reason for disallowance or discontinuance of allowance for such life-support equipment.

All information given on this application is true to the best of my knowledge and I understand that any misinformation could lead to disqualification of the lifeline allocation for a life-support device.

Account Holder Signature: _____ Date: _____

DOCTOR'S CERTIFICATION

This page must be completed and signed by a medical doctor or osteopath licensed to practice in the State of California.

Life-support equipment for this purpose is defined as "equipment which utilizes mechanical or artificial means to sustain, restore or supplant a vital function, or mechanical equipment which is relied upon for mobility both within and outside of buildings." Qualifying devices are listed on the first page, "Program Information" section.

LIFE-SUPPORT DEVICES USED BY PATIENT

1. I certify that _____ has been diagnosed to have _____ and regularly requires the use of essential life-support equipment.

2. The patient regularly requires the use of the following life-support equipment as shown below:

Life Support Device Used	Required Hours Used Per Day	Required Length of Use (Months/Years)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Patient's estimated tolerance time without the use of the life-support equipment is _____ hour(s).

4. Date patient first started using equipment. _____.

5. Is the patient critical? YES NO

DOCTOR INFORMATION

California State License Number: _____ Telephone: _____

Doctor's Name: _____ M.D. or O.D. (circle one)
(Please Print)

Doctor's Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____