



# RIVERSIDE PUBLIC UTILITIES (RPU) UTILICARE APPLICATION

UTILITY ACCOUNT #:

NAME ON UTILITY ACCOUNT:

APPLICATION DATE:

SERVICE ADDRESS:

ZIP CODE:

PRIMARY PHONE #: (    )

SECONDARY PHONE #: (    )

EMAIL ADDRESS:

DO YOU LIVE IN A: ( ) HOUSE ( ) DUPLEX, APARTMENT, OR MOBILE HOME ( ) MASTER METERED APARTMENT/MOBILE HOME (SUB-METERED)

PATIENT NAME:

PATIENT IS FULL-TIME RESIDENT AT ADDRESS? ( ) YES ( ) NO

RELATIONSHIP TO CUSTOMER: ( ) CHILD ( ) SPOUSE ( ) PARENT ( ) OTHER: (Specify)

\*\*\*FOR MASTER METERED ACCOUNTS ONLY (APARTMENT/MOBILE HOME)\*\*\*

IF MASTERED METERED PROVIDE NAME OF APARTMENT COMPLEX OR MOBILE HOME PARK:

TENANT'S NAME:

PHONE: (    )

ADDRESS:

SPACE/APT#

ZIP CODE:

SIGNATURE OF OWNER/MANAGER:

DATE:

## CUSTOMER/PATIENT UTILICARE AGREEMENT

I, the undersigned, certify that all information provided is true and correct to the best of my knowledge and that all devices described are used at the service address provided. I agree to notify RPU immediately if use of the device(s) are terminated and/or changed. A new application and/or Physician's certification for this rate is subject to approval and annual or bi-annual renewal and approval. I realize that Utilicare participation does not in any way excuse or relieve my responsibility to keep my account paid in full. Non-payment of a utility bill is grounds to forfeit my participation in the Utilicare program, as well as have my service limited and/or terminated. I understand that any misinformation could result in disqualification from this program.

I acknowledge that the Utilicare program does not guarantee delivery of electric energy and that I am responsible for providing adequate back-up power to support all life-sustaining medical devices; I hereby release the City of Riverside from any and all liability should there be a disruption of power requiring the need for back-up power. I request that my Physician release all requested medical information to RPU for qualification and verification.

CUSTOMER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PHYSICIAN'S CERTIFICATION OF MEDICAL CONDITION AND REQUIRED LIFE SUSTAINING EQUIPMENT**

**\*\*\*ALL REQUIRED medical information below must be filled out by signing Physician\*\*\***

**Patient Name:**

**Physician's Diagnosed Condition:**

Condition is:     Non-Permanent     Permanent

Patient is:     Non-Ambulatory     Ambulatory

Patient's Medical Condition is (select one of the following):     MILD     MODERATE     SEVERE     CRITICAL

**\*\*\*ALL REQUIRED Medical Equipment must be filled in below by signing Physician.**

Type of Medical Equipment requiring electricity	Required Usage Per Day (Hours)	Portable? (Y or N)	Back Up Power System? (Hours)	Service Interruption Tolerance? (Hours)	Is Air Conditioning required for life support? (Y or N)

**Note: \*If more than 5 devices are required, attach an additional sheet.**

PHYSICIAN'S NAME (PRINT):

CA STATE LICENSE NO:

ADDRESS:

PHONE:

CITY, STATE, ZIP

EMAIL ADDRESS:

**\*\*\*PHYSICIAN'S SIGNATURE:**

DATE:

**FOR CITY USE ONLY**

EFFECTIVE:

RATE:

COMPLETED BY:

DATE RECEIVED:



## Utilicare Application for Additional Lifeline Allowance

### Medical Equipment Requiring Electricity & Supplemental Space Conditioning

The City of Riverside Public Utilities' Electric Rate provides for a lifeline quantity of electricity at an adjusted rate for eligible residential customers where a FULL-TIME RESIDENT of the household regularly requires use of:

- An essential electric medical device (qualifying devices listed below.) Non-approved device requests are subject to review and approval;
- Permanently installed electric space heating for paraplegic, quadriplegic, hemiplegic or multiple sclerosis; and
- Permanently installed electric air conditioning for multiple sclerosis or scleroderma patients.

The application must be filled out completely by the customer and the patient's doctor. All medical information contained in the application is considered "privileged" and confidential and should be treated as such.

**BEFORE THE UTILITY ACCOUNT IS ENROLLED IN THIS PROGRAM, ALL PAST DUE BILLS MUST BE PAID.**

A new application may be required when there is an address change for the patient. Applications are subject to approval and periodic review by the City of Riverside Public Utilities (RPU). All applications for patients with a doctor-certified, non-permanent medical condition are subject to annual self-certification renewal. A new completed and doctor-signed Utilicare application and doctor's certification must be submitted every two years. When medical equipment is no longer necessary, customers must immediately notify RPU and the Utilicare adjusted rate status will revert back to the standard rate. Any patient who has been doctor-certified with a permanent medical condition will be required to complete and sign a self-certification form every two years stating the resident's eligibility for the Utilicare allowance.

Although RPU makes every effort to supply uninterrupted service, continuous service cannot be guaranteed due to circumstances beyond RPU control; therefore, patients requiring the use of life-support equipment should be advised to provide and maintain their own power backup systems.

Continued service is not guaranteed to any customer class or any customer's unique circumstance, medical or otherwise. Lifeline allowances extended to a customer do not in any way excuse or relieve the customer's responsibility to keep their utility account paid in full. Nonpayment of a Utilicare recipient's RPU account is grounds for forfeiting, limitation, and/or termination of participation in the Utilicare program.

#### LIST OF QUALIFYING DEVICES

Aerosol Tent	Hemodialysis Machine	Pressure Pad
Apnea Monitor	Heparin Pump	Pressure Pump
Blood Pump	Hospital Bed	Respirator
Compressor/Concentrator	Infusion Pump/Hyperalimentation	IPPB Machine
Electrostatic Nebulizer	Reverse Osmosis System	Suction Device
Electric Nerve Stimulator	Motorized Wheelchair	Ultrasonic Nebulizer
Heating Device for Respirator	Portable Volume Ventilator	Extremity Pump