RESIDENTIAL CRITICAL CARE AND CHRONIC CONDITION CUSTOMERS

All City of Hempstead customers count on the City to provide reliable electric service, but none more than those who rely on life-sustaining electrically powered medical equipment. If this is you or someone who permanently resides at your home, you may be eligible for our Residential Critical Care and Chronic Condition Program.

WHAT IS IT?

Our Residential Critical Care and Chronic Condition Program is a registry of residential service locations where people rely on life-sustaining electrically powered medical equipment. When planned outages or service interruptions for nonpayment are scheduled, we will make all reasonable efforts to provide advance notice so preparations can be made.

WHAT IT IS NOT

Our Residential Critical Care and Chronic Condition Program does not guarantee priority electric service or priority service restoration, and locations registered in the program are not exempt from planned service interruptions. Registered customers are not exempt from their financial responsibilities to pay timely for electric utility services provided or from potential termination of service in accordance with City of Hempstead policies.

WHO QUALIFIES?

To qualify, the location must be the permanent residence of someone diagnosed by a physician with one of the following medical conditions:

- **Chronic Condition:** Having been diagnosed by a physician as requiring an electric-powered device (or heating or cooling of the home) to prevent the impairment of major life function. To maintain chronic designation, customers must reapply once a year.
- **Chronic Condition, lifelong:** Same as chronic condition, but does not require annual re-certification or application.
- **Critical Care:** Having been diagnosed by a physician as requiring an electric-powered device to sustain life. To maintain critical care designation, customers must reapply once every two years.
- **Critical Care, lifelong:** Same as critical care, but does not require biennial re-certification or application.

HOW DO I APPLY?

Download application at: www.hempsteadcitytx.com

Request an application by calling the City at: (979) 826-2486

Pick up an application at the City office. Return completed applications by filing through the website, scanning, and emailing the document, or sending to the city's customer service department at utility@hempsteadcitytx.com.

CRITICAL LOAD PUBLIC SAFETY OR INDUSTRIAL CUSTOMERS

All City of Hempstead customers count on the City to provide reliable electric service, and some utility accounts qualify for Critical Load Public Safety or Industrial Customers Program due to their role in providing health, safety, and welfare elements to the community as a whole.

WHAT IS IT?

The Critical Load Public Safety or Industrial Customers Program is a registry of public safety accounts that include hospitals, water/wastewater facilities, police & fire stations and other industrial and natural gas facilities that meet certain criteria and are crucial to the preservation of health, safety, and welfare in the community. When planned outages or service interruptions are scheduled, we will attempt advance notice so preparations can be made to mitigate issues that may be caused by an electrical outage. It also means that registered Public Safety and Industrial customers will be prioritized in electrical power restoration efforts to the extent possible.

WHAT IT IS NOT

Our Critical Load Public Safety or Industrial Customers Program does not guarantee these accounts are exempt from planned service interruptions or Electric Reliability Council of Texas (ERCOT) load shed (rolling outage) events. Registered customers are not exempt from their financial responsibilities to pay timely for electric utility services provided or from potential termination of service in accordance with City of Hempstead policies.

WHO QUALIFIES?

To qualify, the account must meet criteria established for these types of accounts using Public Utility Commission of Texas (PUCT) guidelines.

HOW DO I APPLY?

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RESIDENTIAL CRITICAL CARE AND CHRONIC CONDITION APPLICATION

IMPORTANT INFORMATION:

- This application must be completed to obtain Chronic or Critical Care designation.
- This application will not be processed if incomplete, unreadable, or improperly submitted.
- All information is required, unless otherwise indicated.
- Submission of this application does not automatically result in Critical Care or Chronic designation.
- Customer will be notified upon approval and when the designation is due for renewal.
- Pursuant to the Tariff and Business Rules of the City, designation as a Chronic or Critical Care residential customer does not relieve a customer of the obligation to pay for electric service, and service may be disconnected for failure to pay.
- Chronic or Critical Care designation does not guarantee continuous electric power.
- If electricity is a necessity to sustain life, you must make other arrangements for on-site back-up capabilities or other alternatives in the event of power loss.
- It is important that we have the most current phone number and mailing address on record.

INSTRUCTIONS FOR RESIDENTIAL CRITICAL CARE or CHRONIC CONDITION PROGRAM APPLICATION:

APPLICANT: Complete Part 1 of application and provide to patient's physician to complete

PHYSICIAN: Complete Part 2 of application

APPLICANT: Return signed application to City office or via email, fax, or mail

CRITICAL CARE AND CHRONIC CONDITION APPLICATION FORM

PART 1: COMPLETED BY THE CUSTOMER- ALL INFORMATION IS REQUIRED

Name on City account: _____

Patient name: _____

(Name of Patient living permanently at the Service Location who requires chronic condition or critical designation
(The Patient may be the same person as the Customer.)

Account number _____ Generator? _____

Service location on your bill: _____

City: _____ State: _____ Zip: _____

Mailing address on your City bill: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Alternate phone (if any): _____

Emergency (Secondary) Contact Information (Your application will be rejected unless you include an Emergency Contact name or insert "I choose not to provide an Emergency Contact name."

Emergency contact: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Alternate phone (if any): _____

APPLICANT – I have read and understood City's information on the Residential Critical Care and Chronic Condition Form and certify that the information provided on this application is correct.

I understand the information may also be used to determine whether I am eligible for additional notices relating to my electric service. I agree to be contacted by telephone at the phone numbers listed above with respect to the Program. City is not liable for delayed or undelivered notifications.

PATIENT/PATIENTS GUARDIAN, PARENT, OR MANAGING CONSERVATOR – I have read and understood the information on the Critical Care and Chronic Condition Form and certify that the information provided in this application about me (or the patient) is correct. I agree to the release of the information on this form concerning my (or the patient's) medical condition for the purposes stated on this application.

CRITICAL CARE AND CHRONIC CONDITION APPLICATION FORM (CONTINUED)

PART 2: COMPLETED BY THE PATIENT'S PHYSCIAN – ALL INFORMATION IS REQUIRED

CHRONIC CONDITION:	**YES**	**NO**
The patient has a serious medical condition that requires an electric-powered medical device or electric heating or cooling to prevent impairment of a major life function through a significant deterioration or exacerbation of the person's medical condidtion.	☐	☐
If yes to the above, has the medical condition been diagnosed as a life-long condition?	☐	☐

OR

CRITICAL CARE CONDITION:	**YES**	**NO**
The patient is dependent upon an electric-powered medical device to sustain life.	☐	☐
If yes to the above, has the medical condition been diagnosed as a life-long condition?	☐	☐

Physician name (please print): _____

Texas Medical Board License number: _____

Phone: _____

Physician signature: _____