



# Residential Critical Care and Chronic Condition Application

## About the Program

The Residential Critical Care and Chronic Condition program exists to prioritize the notification of planned electric power outages to customers who utilize life-sustaining medical equipment reliant on electricity. When planned outages or other service interruptions are scheduled, we will make all reasonable efforts to provide advance notice so preparations can be made. Complete this application and return it to Boerne Utilities Customer Care to add your name to the registry.

- This application must be completed to obtain Critical Care or Chronic Condition 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 Condition 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 Critical Care or Chronic Condition residential customer does not relieve a customer of the obligation to pay for electric service, and service may be disconnected for failure to pay.
- Critical Care or Chronic Condition designation does not guarantee continuous electric power.
- If electricity is a necessity to sustain life, you must make other arrangements for on-site backup capabilities or other alternatives in the event of a power loss.
- It is important that we have the most current phone number and mailing address on record.

## Instructions for Program Application

**Applicant:** Complete Part 1 of the application and provide to patient's physician to complete.

**Physician:** Complete Part 2 of the application.

**Applicant:** Return signed application to the City in one of the following ways:

- In person to Utilities Customer Care and Billing, located at City Hall (447 N. Main in Boerne)
- By mail to Utilities Customer Care and Billing: P.O. Box 1677, Boerne, TX 78006
- By email to [customersvc@boerne-tx.gov](mailto:customersvc@boerne-tx.gov)
- By fax to (830) 249-2580

Please call Customer Care and Billing at (830) 249-9511, option 1 with any questions about this form.

# **Critical Care and Chronic Condition Application**

## **Part 1: Completed by Customer**

Name on utilities customer account:

Patient name:

(Name of the patient at the service location who requires the critical care/chronic designation. May be the same name as the customer.)

Do you have a generator?

Address of service location on your bill:

City: State: ZIP:

Mailing address on your bill:

City: State: ZIP:

Primary Phone: Alternate Phone (if any):

### **Emergency Contact Information**

(Your application will be rejected unless you include an Emergency Contact or you mark the box to elect not to.)

Emergency Contact Name:

Mailing Address:

City: State: ZIP:

Primary Phone: Alternate Phone (if any):

Check this box if you elect not to provide an emergency contact:

APPLICANT: I have read and understand the City's information on this form and certify that the patient information provided 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 number provided. The City is not liable for delayed or undelivered notifications.

PATIENT/PATIENT'S GUARDIAN, PARENT, OR MANAGING CONSERVATOR - I have read and understand the City's information on this form and certify the patient information provided is correct. I agree to the release of the information on this form concerning the patient's medical condition for the purposes stated on this application.

Applicant Signature:

Date:

# Critical Care and Chronic Condition Application

## Part 2: Completed by Patient's Physician

### Critical Care Condition

Yes

No

The patient is dependent upon an electric-powered medical device to sustain life.

If yes to the previous question, has the critical care condition been diagnosed as a life-long condition?

**OR**

### 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 condition.

If yes to the previous question, has the chronic medical condition been diagnosed as a life-long condition?

### Physician Information

Physician Name (please print):

Texas Medical Board License Number:

Phone:

Physician Signature: