



MEDICAL BASELINE ALLOWANCE APPLICATION

(Used for Medical Baseline Allowance Program Enrollment and Recertification)

PART1: TO BE COMPLETED BY CUSTOMER (please print)

SDG&E® Customer Account Number:					
Customer Name (as it appears on your bill):					
Patient's Name (if different from customer):					
Service Address:		Unit/Space:		City:	
Customer Mailing Address (if different):					
Home Phone:		Email address:			

For a Customer Billed By Someone Other than SDG&E:

Name of Mobile Home or Apartment Complex:					
Complex Address:		Unit/Space:			
Complex Manager's Name:		Complex Phone:			
Name of Tenant:		Tenant's Phone:			

For your safety, it's important we have your correct contact information in case of an outage or emergency. To check or update your contact information visit sdge.com/myaccount (log into your My Account profile, on the home page click on your profile name in top right corner, then click on "My Profile") or call 1-800-411-7343.

I understand that:

1. If a licensed Medical Practitioner* certifies the resident's medical condition is permanent, SDG&E® will require completion of a form self-certifying resident's continued eligibility for the Medical Baseline Allowance every two years.
2. If the licensed Medical Practitioner* certifies the resident's medical condition is not permanent, SDG&E will require completion of a form self-certifying resident's eligibility for the Medical Baseline Allowance each year and completion of a new application with a licensed Medical Practitioner's certification every two years.
3. If the resident has a visual disability, I may contact SDG&E to request special notification when either recertification (to complete new application with a licensed Medical Practitioner's* certification) or self-certification forms are mailed.
4. SDG&E cannot guarantee uninterrupted gas and electric service and I am responsible for making alternate arrangements in the event of a gas or electric outage.

I certify that the above information is correct. I also certify that the qualifying resident lives full-time at this address and requires or continues to require the Medical Baseline allowance. I agree to allow SDG&E to verify this information. **I also agree to promptly notify SDG&E if the qualified resident moves or the Medical Baseline allowance is no longer needed by the resident. By signing below, I authorize SDG&E to share my customer information with other utilities and/or their agents to enable them to enroll me in other utility assistance programs.**

I also authorize SDG&E to share my information regarding my participation in SDG&E's Medical Baseline Allowance Program, including, without limitation, my name, address, contact information, circuit data, Medical Baseline Allowance Program enrollment status and medical equipment needs as described in this form if requested by emergency services professionals and agencies at the city, county, state and federal level for the purposes of managing de-energizations and to allow such parties to plan for and manage emergency situations.

Customer Signature:		Date:	
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The standard Medical Baseline allowance is 16.5 kilowatt-hours of electricity and/or 0.822 therms of natural gas per day, which is in addition to your daily standard Baseline allocation. If this allowance does not meet your medical needs, please contact SDG&E at **1-800-411-7343** to discuss additional amounts. SDG&E offers TDD/TTY at 1-877-889-7343.

*A licensed Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Nurse Practitioner or Physician Assistant may certify a patient's eligibility as having a life-threatening condition or illness.

PART 2: TO BE COMPLETED BY A LICENSED MEDICAL PRACTITIONER***(all of sections 1-5 must be filled out)**

I certify that the medical condition and needs of my patient (please print):

Patient's Last Name		First Name	
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1. Requires use of a medical device.

The following medical-support device(s) is (are) used in the above-named patient's home:

Device	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas
Device	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas
Device	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas

2. The medical device(s) listed above are required for life-support (must check one) YES NO

A qualifying life-support device is any medical device used to sustain life or is relied upon for mobility. This device must run on gas or electricity supplied by SDG&E. It includes, but is not limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, kidney dialysis machines, and motorized wheelchairs. **Devices used for therapy rather than life-support do not qualify.**

3. Requires heating and cooling:

The Medical Baseline Allowances are available for heating and/or cooling if patient is Paraplegic, quadriplegic, hemiplegic, had multiple sclerosis, or scleroderma. The allowances is also available if the patient has a compromised immune system, life threatening illness or any other condition for which **additional heating or cooling is medically necessary to sustain the patient's life or prevent the deterioration of the patient's medical condition.**

Requires Standard Medical Baseline Allowance for heating: (check one) YES NO

Requires Standard Medical Baseline Allowance for cooling: (check one) YES NO

4. I certify that the life support device(s) and/or additional heating or cooling will be required for approximately:

(Check One) **No. of Years** _____ **or** **Permanently**

5. How long can the patient survive without life support equipment?

(Check One) **2 Hours or less** **or** **More than 2 Hours**

Licensed Medical Practitioner* Name		Phone No.:	
Office Address			
MD/DO California State License or Military License Number			
Signature of Licensed Medical Practitioner*:		Date	

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Send Application To: San Diego Gas & Electric
Medical Baseline Program
PO Box 129831
San Diego, CA 92112-9831

Fax: (858) 636-5749
Email: medicalbaseline@sdge.com