

## Long Beach Energy Department Residential Gas Customer Application For Additional Baseline Therm Allowance Or Use Of Natural Gas Medical Equipment for Life Support

**Note:** Life Support Equipment does not include apparatus or appliances used in a hospital or medical clinic, nor does it include therapeutic devices such as pool or tank heaters, saunas, or hot tubs.

ACCOUNT NUMBER		DATE	
CUSTOMER NAME	AREA CODE	TELEPHONE NUMBER	
SERVICE ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
PATIENT'S FULL NAME (WRITE "SAME" IF ALSO CUSTOMER)			
PATIENT'S DATE OF BIRTH	PATIENT'S SOCIAL SECURITY #		

### PHYSICIAN'S VERIFICATION (PLEASE HAVE YOUR PHYSICIAN COMPLETE THIS PORTION OF THE FORM)

I certify that: \_\_\_\_\_ is my patient.  
(Please print patient's name)

This patient is/has (Please check all appropriate boxes):

- Paraplegic
- Quadriplegic
- Hemiplegic
- Multiple Sclerosis
- Scleroderma
- Life threatening Illness
- Compromised Immune System
- Emphysema and requires positive pressure breathing apparatus
- Had pneumonia 3 or more times in 12 months as a result of chronic illness
- Paralysis of 2 or more extremities
- Life Support Equipment Required

If in your professional opinion, this patient requires life support gas medical equipment, please complete the following:

1. Medical condition \_\_\_\_\_.
2. Nature of medical life-support device to be considered as life support equipment:  
\_\_\_\_\_.
3. Hours per day operating \_\_\_\_\_.
4. How long do you estimate the patient will use this equipment:  
\_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_ Permanently.

PHYSICIAN'S NAME (Print or Type)		PHYSICIAN'S SIGNATURE	
OFFICE ADDRESS	CITY	STATE	ZIP CODE
CALIFORNIA STATE REGISTRATION NUMBER	AREA CODE	TELEPHONE	

**Long Beach Energy Department  
Residential Gas Customer Application For Additional Baseline Therm  
Allowance Or Use Of Natural Gas Medical Equipment for Life Support**

**CUSTOMER DECLARATION OF ELIGIBILITY**

I am a customer of the Long Beach Energy Department and I declare that the above named applicant is a permanent resident at the above service address, thereby qualifying me for an additional monthly therm allowance of gas under the baseline rate.

I understand that eligibility is restricted to the above residential service address, and I agree to notify the Commercial Services Bureau within ten days of any change in status which would disqualify me for this additional gas therm allowance which includes but would not be limited to all of the following:

1. If the qualifying person no longer resides at this address;
2. If the life support equipment is no longer in use, or is removed from these premises; or
3. The patient no longer suffers from the illness and/or condition, which is the basis for this allowance.

I understand that I must renew the declaration of eligibility within ten days of written request from the City in order to maintain this additional baseline allowance.

I declare under penalty of perjury, the information submitted on this application is true and correct.

CUSTOMER SIGNATURE	DATE SIGNED
--------------------	-------------

Please complete all the above sections in full before submitting this application to:

**Commercial Services Bureau  
P. O. Box 630  
Long Beach CA 90824-0001  
Attention: Correspondence Desk**

Any charges incurred in the completion of this form are the responsibility of the customer.

<b>DO NOT COMPLETE, for Commercial Services Bureau use:</b>	
Date Received	Date Processed
Notation	
Contacts	