

# CRITICAL CARE AND CHRONIC CONDITION APPLICATION FORM



A critical care or chronic condition customer is one which relies on life-sustaining electrically powered medical equipment. In order to be eligible for the program, an application with the following information must be completed. 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. Whenever necessary, arrangements should be made to move the patient to an alternate location that has power and/or to have backup power available for operation of any electrically-operated equipment. 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 Burnet policies.

Submission of this application does not automatically result in enrollment. Notification of action taken with regard to this form will be provided to the customer at the mailing address provided. This qualification requires renewal two years from the date you qualified. Patient, or patient's guardian, consents and understands the information on this form may be subject to verification and additional information may be required from you or your physician.

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

Account # \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

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.)

Service Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone (if any): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency (Secondary) Contact Information

Emergency Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/St: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone (if any): \_\_\_\_\_

**APPLICANT** - I have read and understood the City of Burnet's information on the Residential Critical Care and Chronic Condition Form and certify that the information provided on the 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. The City is not liable for delayed or undelivered notifications.

**PATIENT/PATIENT'S 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.

**PART 2: COMPLETED BY THE PATIENT'S PHYSICIAN - ALL INFORMATION IS REQUIRED**

<b>CHRONIC CONDITION:</b>	<b>YES</b>	<b>NO</b>
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.	<input type="checkbox"/>	<input type="checkbox"/>
If yes to the above, has the medical condition been diagnosed as a life-long condition?	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>

**OR**

<b>CRITICAL CARE CONDITION:</b>	<b>YES</b>	<b>NO</b>
The patient is dependent upon an electric-powered medical device to sustain life.	<input type="checkbox"/>	<input type="checkbox"/>
If yes to the above, has the medical condition been diagnosed as a life-long condition?	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>

Physician Name (please print): \_\_\_\_\_

Texas Medical Board License Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

For questions, please call the Utility Department at (512) 756-6093.

**Completed forms can be mailed to:**

City of Burnet  
 Attn: Utilities Department  
 P.O. Box 1369  
 Burnet, TX 78611

**Fax:**  
 (512) 756-8560

**Email:**  
[utilities@cityofburnet.com](mailto:utilities@cityofburnet.com)