



Public Utility Commission of Texas
Application for Chronic Condition or Critical Care Residential Customer Status

IMPORTANT INFORMATION

- **This form will not be processed if incomplete, unreadable, or improperly submitted.** All information is required, unless otherwise indicated.
- For questions about this form, call the Customer's transmission and distribution utility (TDU) during normal business hours at the applicable phone number below:
 - **AEP Texas Central** [insert phone number]
 - **AEP Texas North** [insert phone number]
 - **CenterPoint Energy** 713-945-6353
 - **Nueces Electric Coop** [insert phone number]
 - **Oncor** [insert phone number]
 - **Sharyland Utilities (includes Cap Rock)** [insert phone number]
 - **Texas-New Mexico Power** [insert phone number]
- **Submission of this application does not automatically result in chronic condition or critical care status.** Notification of the action taken with regard to this form will be provided to the customer at the mailing address provided.
- Pursuant to the rules of the Public Utility Commission of Texas, designation as a chronic condition 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 condition or critical care status does not guarantee an uninterrupted, regular, or continuous power supply. If electricity is a necessity, you must make other arrangements for on-site back-up capabilities or other alternatives in the event of loss of electric service.**

INSTRUCTIONS:

- **Customer:** Complete Part 1 of the APPLICATION, and provide to patient's physician for completion. **This application will not be processed unless submitted electronically by the physician to the applicable TDU.**
- **Physician:** After completing Part 2 of the following page, please forward only the APPLICATION to the Customer's TDU indicated on the form to:
 - **AEP Texas Central** [fax number] or [email address]
 - **AEP Texas North** [fax number] or [email address]
 - **CenterPoint Energy** 713-945-6357 or CriticalCare-Res@CenterPointEnergy.com
 - **Nueces Electric Coop** [fax number] or [email address]
 - **Oncor** [fax number] or [email address]
 - **Sharyland Utilities (includes Cap Rock)** [fax number] or [email address]
 - **Texas-New Mexico Power** [fax number] or [email address]

APPLICATION for Chronic Condition or Critical Care Residential Customer Status

All information is required.

PART 1 – TO BE COMPLETED BY THE CUSTOMER

Customer Name (person's name on electric account)			
Service Address (found on your electric bill)		City, State ZIP	
ESI ID (found on your electric bill)			
TDU (circle one based on first 7 numbers in the ESI ID):	1020404 -- AEP TX North 1003278 -- AEP TX Central	1008901 -- CenterPoint 1044372 -- Oncor 1017008 -- Sharyland Utilities	1013830 -- Nueces Elec Coop 1017699 -- Oncor/SESCO 1040051 -- Texas New Mexico
Mailing Address (if different than Service Address)		City, State ZIP	
Primary Phone Number		Other Phone Number (if any)	
Secondary Contact Name (Person you are designating to receive any disconnection notices issued by your REP and who may be contacted about your electric service.)			
Mailing Address		City, State ZIP	
Primary Phone Number		Other Phone Number (if any)	

I have read and understood the preceding information and certify that the information provided in this form is correct. I understand the information may also be used to determine whether I am eligible for additional notices and other protections relating to my electric service available under Public Utility Commission rules relating to Chronic Condition and Critical Care Residential Customers and may be used to provide notices relating to my electric service to the person listed as the secondary contact.

Customer Signature **Date**

Patient's Name
(Person, residing permanently at the above Service Address, for whom critical care or chronic condition status is being sought).

I have read and understood the preceding information and certify that the information provided in this form about me (or the patient) is correct. I consent to the release of the information in this form concerning my (or the patient's) medical condition for the purposes stated in this form and in processing this form.

Patient/ Patient's Guardian, Parent, or Managing Conservator
Signature **Date**

PART 2 – TO BE COMPLETED BY THE PATIENT'S PHYSICIAN

PART 2A	YES	NO
The patient is dependent upon an electric-powered medical device <u>to sustain life</u> . If YES , skip to PART 2B .		
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.		
The above medical condition has been diagnosed as a life-long condition.		

PART 2B

Physician Name (printed)		Texas Medical Board License Number	
Telephone Number		Fax Number	
Physician Signature	Date		