Medical Rate Assistance Program

WATER & POWER
Serving Central California since 1887

Account Information

TID Account Number

Name (as it appears on TID bill)

Service Address

City State Zip Code

Home Phone Number Cell / Alternate Number

Mailing Address (if different from service address)

City State Zip Code

How to Apply

1. Be currently served on the Schedule DE, DT or DG Residential Rate.
2. Customer fills out and signs application.
3. Print all information legibly.
4. Have your DOCTOR complete the reverse side (if applicable).
5. Mail the completed and signed application to:

Turlock Irrigation District
P.O. Box 949,
Turlock, CA 95381-0949

Or drop it off at any of our Customer Service locations:

- 333 E. Canal Dr., Turlock, CA 95380
- 2944 3rd St., Ceres, CA 95307

If you have any questions, call 209-883-8222.

Life Support Device Definition

1. A life support device is defined as any medical device requiring District supplied energy for its operation that is regularly required to maintain the life of a person residing in a residential dwelling. Life support devices include but are not limited to: respirators, hemodialysis machines, suction machines, pressure pads and pumps, electrostatic and ultrasonic nebulizers, aerosol tents, compressors, electric nerve stimulators, motorized wheelchairs and IPPB machines. (Devices used for therapy rather than life support generally do not qualify)

Type of life support device(s) used: _____

2. Special Space Conditioning: Special space conditioning refers to the use of air conditioning and/or electric heating to maintain a specific room temperature which is essential to sustain the life of a resident with a medical condition such as cystic fibrosis, multiple sclerosis or other medical condition deemed by the physician to require special space conditioning.

Reason for special space conditioning: _____

Agreement

I, the undersigned customer of the Turlock Irrigation District, hereby claim eligibility and make application for a medical rate assistance discount. The device described above is used in my residence by the above patient and is an essential life support device powered by electricity supplied by the District.

I understand that this agreement does not guarantee a continuous supply of electricity and that I should provide an alternative source of electricity if needed in case of power outages.

I hereby grant right of access to my residence during regular business hours to the District for verification of information given on this application if necessary. I understand that refusal of access for this purpose will be considered just cause for denial of the discount. I agree to promptly notify the District at the termination of use of the life support device, or of equipment changes. A new application and/or doctor's certification may be required when there is a change of address. Applications for this discount will be subject to approval by the District and will be subject to annual review.

All information given on this application is true to the best of my knowledge. I understand that any misinformation could lead to disqualification for the Medical Rate Assistance Program.

Customer Signature: _____ Date: _____

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Statement of Certification

By a Medical Doctor or Osteopath licensed to practice medicine in the State of California

DOCTOR MUST COMPLETE ALL INFORMATION | PLEASE PRINT ALL INFORMATION LEGIBLY

Patient's Name: What is the patient's diagnosis?

Type of life support device(s) required by the patient (be specific):

In your opinion, does the above-described equipment meet the definition of "life support device" as set forth on the reverse side of this form?

☐ Yes ☐ No

In your opinion, is SPECIAL space conditioning as defined on the reverse side of this form essential to sustain the patient's life?

☐ Yes ☐ No

In your opinion, would this patient's life be threatened if the electrical service was turned off without 24-hour notice?

☐ Yes ☐ No

Doctor's Name: License Number:

Office Address: City: Zip Code:

Doctor Signature: Phone Number: Date:

Office use only

Approved ☐ Yes ☐ No	Completed By	Date
Renewed ☐ Yes ☐ No	Renewal Sent By	Date
	Completed By	Date