CPS ENERGY
RESIDENTIAL CRITICAL CARE PROGRAM APPLICATION

CPS Energy's Critical Care program provides qualified customers additional time to pay their bills if they, or a dependent living in their home, require electric-powered medical equipment to sustain life 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 in their home. In order to be eligible, the following conditions must be met:

- Applicant must provide confirmation from the patient's attending physician that medical equipment used by the patient is required at the Applicant's residence.
- Applicant must provide a renewed application from the attending physician every 24 months to continue participation in the Program if the patient requires electric service for a period longer than the initial 24 months.

If the Applicant meets the above stated conditions, Applicant shall complete Part A. Part B must be completed by a physician and submitted from the physician's office.

Other Program provisions:

- Acceptance to this Program authorizes CPS Energy to release Applicant's and patient's if different from Applicant, name, address and telephone number to the City of San Antonio emergency personnel if ordered, in the event of an emergency situation whereby CPS Energy interrupts electric service.
- Acceptance in this Program does *not* guarantee uninterrupted power supply and/or guarantee service restoration times.
- Acceptance in this Program does not prevent the disconnection of service due to non-payment of Applicant's utility bill.

Customer Obligations:

- Applicant must re-enroll in the Program whenever the patient moves to a new residence.
- Whenever necessary, arrangements should be made to move the patient to an alternate location that has power and/or to have back-up power available for operation of any electrically-operated medical equipment in the event of interrupted power supply.

Part A: Account Holder Information (Please print)

Contract Account #:_____

Account Holder Name:_____ Telephone #:_____

Address: _____ City/St:_____ Zip:_____

Patient's Relationship to Account Holder:_____

Patient currently resides at:_____

Part B: Physician Information (Please print)

Patient's Name:_____ Date of Birth:_____

Physician's Name:_____ Telephone #:_____

Physician's Address:_____

Physician Certification:
I hereby certify that the Patient who is seeking qualification in CPS Energy's Critical Care Program requires medical equipment at the address listed in Part A.

_____ _____

Physician's Signature Date

This application is required to be faxed by the Physician's office to CPS Energy at (210) 353-3666.