Chronic Condition/Critical Care Residential Member Application

United Cooperative Services maintains a record of members who have officially notified the cooperative they are dependent upon electrical life support systems—with the aim to restore electrical service to such members as soon as possible in the event of an outage.

A Life Support Dependent Member is a person who has received a prescription from a physician, licensed by the State of Texas as a Medical Doctor or a Doctor of Osteopathy, for an electrical device and/or equipment designed to sustain that person's life. Persons designated as Life Support Dependent Members should complete the member portion of this form and have their doctor complete the physician's portion. When completed, return this form to the nearest United Cooperative Services office. All information is required, unless otherwise indicated.

PLEASE NOTIFY UNITED COOPERATIVE SERVICES IN THE EVENT LIFE SUPPORT DEPENDENT CLASSIFICATION IS NO LONGER REQUIRED

Part 1 – TO BE COMPLETED BY THE UNITED COOPERATIVE SERVICES MEMBER

APPLICATION DATE: ______________________

MEMBER ACCOUNT NUMBER: ______________________

MEMBER NAME: ______________________

SERVICE ADDRESS: ______________________ **CITY, STATE** ______________________ **ZIP** __________

MAILING ADDRESS: ______________________ **CITY, STATE** ______________________ **ZIP** __________
(If different from service address)

PRIMARY PHONE NUMBER: ( ) ______________________ **SECONDARY PHONE NUMBER:** ( ) ______________________

IMPORTANT NOTICE: With United's voluntary decision to use rules set by the Public Utility Commission of Texas (PUC) as guidelines to address such matters, designation as a chronic condition or critical care residential consumer does not relieve a United member of the obligation to pay for electric service, and service may be disconnected for failure to pay.

Under those same PUC guidelines, chronic condition or critical care status does not guarantee any consumer an uninterrupted, regular, or continuous power supply. If electricity is a necessity, such United members are advised to make additional preventative arrangements for on-site back-up capabilities, or other alternatives, in the event of loss of electric service.

► I have read and I understood the preceding information and certify that the information provided in this form is correct.

MEMBER SIGNATURE: ______________________ **DATE:** __________

► I have read and I 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 for processing this form.

Patient/Patient's Guardian, Parent, or Managing Conservator

SIGNATURE: ______________________ **DATE:** __________

Part 2 – TO BE COMPLETED BY THE ATTENDING PHYSICIAN

► I certify the patient is dependent upon an electric-powered medical device to sustain life. **YES** ☐ **NO** ☐

► I certify the patient has a serious medical condition that requires an electric-powered medical device, or electric heating and cooling, to prevent impairment of a major life function through a significant deterioration or exacerbation of the person's medical condition. **YES** ☐ **NO** ☐

(PRINTED) PHYSICIAN'S NAME: ______________________ **TEXAS MEDICAL BOARD LICENSE NUMBER:** __________

OFFICE PHONE NUMBER: ______________________ **OFFICE FAX NUMBER:** ______________________

PHYSICIAN'S SIGNATURE: ______________________ **DATE:** __________

WHITE (UNITED COPY) / YELLOW (MEMBER COPY)