



# City of Ukiah

300 SEMINARY AVENUE, UKIAH CA 95482  
OFFICE NUMBER: 707-463-6228 FAX: 707-463-6204

## Declaration of Eligibility for Additional Medical Baseline Quantity

### Customer Information

- **Customer Name:** \_\_\_\_\_
- **Service Location:** \_\_\_\_\_
- **Daytime Phone Number:** \_\_\_\_\_
- **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- **Customer Number:** \_\_\_\_\_
- **Emergency Contact Name:** \_\_\_\_\_
- **Emergency Contact Phone:** \_\_\_\_\_

### Eligibility Declaration

I declare that I am eligible for additional Medical Baseline Quantity under the provisions of the City of Ukiah's applicable residential service rate schedules.

I, or a full-time resident of my household, am either:

- Dependent on a **life-support device**, or
- Requires a **controlled temperature environment** for medical reasons.

### Section 1: Life Support Device

A **life-support device** is any medical device used to sustain life or relied upon for mobility.

To qualify for a Medical Baseline Quantity:

- The device must be used **in the home**
- It must operate using **electricity supplied by the City of Ukiah**

**Examples** include but are not limited to:

Respirators, iron lungs, hemodialysis machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPS machines, and motorized wheelchairs.

*Note: Devices used for therapy rather than life-support do not qualify.*

**Type of Device(s):**

---



---

### Section 2: Space Conditioning

Medical Baseline Quantities may be available to qualified individuals who require additional energy for **space heating or air conditioning** due to a medical condition.

Check all that apply:

- Multiple Sclerosis
- Hemiplegia
- Quadriplegia
- Paraplegia
- Other (please specify): \_\_\_\_\_

**Primary method used to heat home:**

- Gas
- Electricity



**Applicant Certification**

I certify, under penalty of perjury, that the information provided above is correct. I agree to allow a City of Ukiah representative to enter my home during reasonable hours to verify this information.

I understand:

- If I refuse verification, I will lose the additional medical baseline quantity.
- This declaration is valid for **one (1) year** from the date below.
- After one year, the City of Ukiah will either:
  1. Allow the declaration to remain in effect, or
  2. Require a new declaration to be completed.
- I must notify the City of Ukiah **Billing Department** immediately if the qualified person:
  - Move to a different service address, or
  - No longer requires the additional medical baseline quantity.

⚡ The Standard Medical Baseline Quantity is an additional **500 kilowatt-hours (kWh)** per month.

If these quantities do not meet your needs, contact the **Billing Department** at (707) 463-6228 — you may be eligible for more.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CERTIFICATION BY DOCTOR OF MEDICINE OR OSTEOPATHY**

*Licensed to practice in the State of California*

I certify that the medical condition and needs of:

**Patient Name:** \_\_\_\_\_

who is a **full-time resident** of the customer's household, are as follows:

**Medical Condition and Special Needs:**

---



---



---

*Attach a signed letter if more detail is required.*

**Life-Support Device Certification:**

Is use of a life-support device **essential to sustain the patient's life?**

Yes       No

The patient relies on a CPAP machine as a medically necessary device and any interruption of electrical service may create a potentially life-threatening situation for the patient

Yes       No

**Space Conditioning Certification:**

*Complete only if the medical condition is not paraplegia, quadriplegia, hemiplegia, or multiple sclerosis.*

Is **heating or air conditioning** essential to sustain the patient's life?

Yes       No

**Physician Information**

- **Doctor's Name (print):** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Office Address:** \_\_\_\_\_
- **Telephone Number:** \_\_\_\_\_

Acceptance of the Medical Baseline Discount does not exempt you from utility service disconnection due to nonpayment. If you experience financial hardship, please contact the City of Ukiah promptly to discuss possible payment arrangements to avoid service interruption.