



Central Coast Energy Services

Programs Overview



2020

www.EnergyServices.org

Central Coast Energy Services



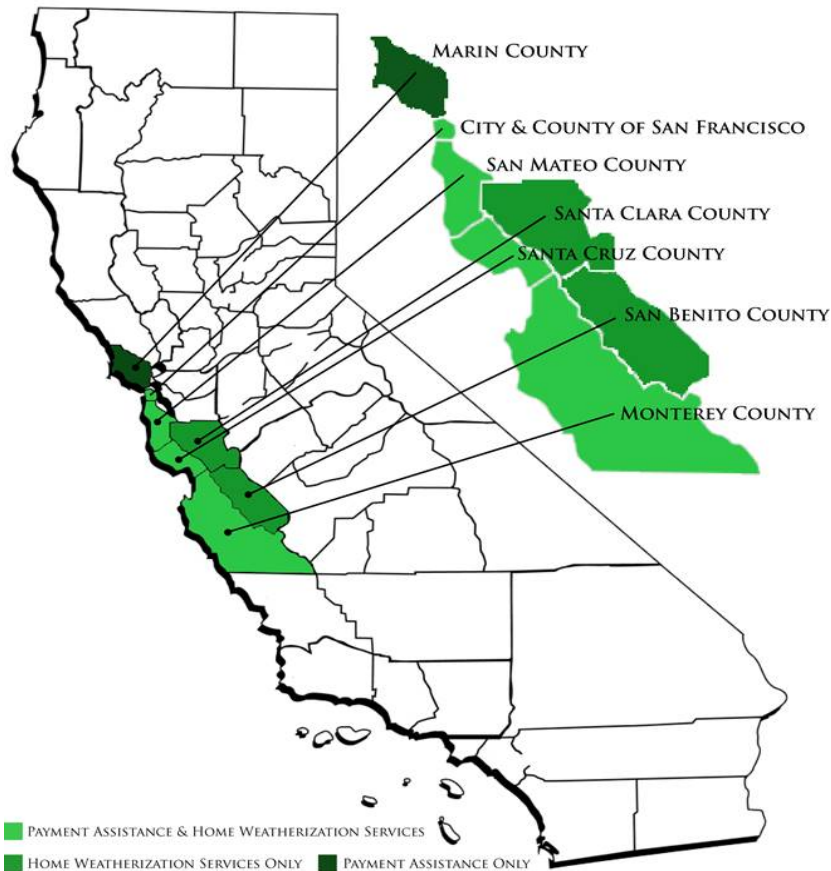
Central Coast Energy Services, Inc. is a 501(c)(3) not-for-profit organization.

The Low Income Home Energy Assistance Program (LIHEAP) is a federally funded Social Services Program which is administered by the California Services and Development (CSD), a division of the Health and Human Services Department first established in 1981, and distributed annually.

Central Coast Energy Services



CENTRAL COAST ENERGY SERVICES SERVICE AREA



Home Energy Assistance Program (HEAP)

The 2020 HEAP program provides a one-time per calendar year credit on utility accounts of up to \$433 and offers emergency assistance and additional benefit amounts to households at risk of having their utilities disconnected.

Home Weatherization Services

The Home Weatherization Program provides energy conservation measures for low-income households in an effort to reduce energy costs and improve health and safety.

Low-Income Home Energy Assistance Program

The 2020 LIHEAP program provides a one-time per calendar year credit on utility accounts of up to **\$433**. The HEAP benefit may be applied to:

- ▶ Electric/Gas accounts
- ▶ Propane accounts
- ▶ Wood/Oil costs
- ▶ Sub-metered (mobile homes) accounts
- ▶ Utilities included in rent



Shut-Off Notices

Emergency assistance and additional benefit amounts are provided to households at risk of having their utilities disconnected:

- 48-Hour Shut-off Notice
- 15-Day Shut-off Notice
- Disconnected Accounts

Eligibility Guidelines

Eligibility is determined by **HOUSEHOLD SIZE** and total **GROSS INCOME** for a complete month (4 weeks).
Gross monthly income cannot exceed the amount listed below for the number of persons living in the household:

**HEAP Eligibility Guidelines* (as of 1/1/2020)*

Eligibility is determined by the last 30 days of income - Monthly income cannot exceed

1 person	→	\$2,296	7 persons	→	\$5,963
2 persons	→	\$2,296	8 persons	→	\$6,095
3 persons	→	\$3,710	9 persons	→	\$6,228
4 persons	→	\$4,417	10 persons	→	\$6,360
5 persons	→	\$5,123	11 persons	→	\$6,493
6 persons	→	\$5,830	12 persons	→	\$6,625

(Eligibility is subject to change)



If applicants are over-income, they may re-apply when they are within their eligibility bracket.

Home Weatherization Program

The Home Weatherization Program provides energy conservation measures in an effort to reduce energy costs and improve health and safety. Special priority is given to households that have an emergency situation, applicants that are disabled, senior citizens and households with children. Homeowners and renters, including those who occupy mobile homes may apply.

Weatherization services include an on-site energy and safety assessment and possible installation of the following energy conservation and heat-loss measures:

- Windows
- Doors
- Furnace
- Water Heater
- Attic & Floor Insulation
- Thermostat
- Weather-stripping
- Carbon Monoxide Alarm
- Caulking
- Porch Lamps
- Water conservation measures
- Much more!

**Measures installed depend on the initial home assessment*



California Alternate Rates for Energy (CARE/FERA)



The CARE program is a discount-rate program offered by PG&E which provides eligible low-income households with a 20% discount on utility bills for 2 years.

Households on a fixed income receive a 30% discount for 4 years.



CARE applicants are encouraged to apply for the LIHEAP benefit as well!

PG&E CARE/FERA PROGRAM APPLICATION Residential Customers Form 01-9077

Please fill out the information below about you and your household, and then the information for EITHER Section 2A OR 2B. Sign and date this form and return it to PG&E as soon as possible. If you qualify, your CARE or FERA discount will appear on the first page of your next PG&E bill.

1 You and Your Household

Your PG&E Account Number (Find yours on page 1 of your PG&E bill.)

Your Name (Use the name as it appears on your PG&E bill, which must be in your name.)

Your Home Address (Address must be your primary residence. Do NOT use a P.O. Box.) Unit #

City/State/Zip Code

Email Address (By entering your email address, you are authorizing PG&E to send you information from time to time regarding your PG&E utility service and PG&E programs and services that may be available to you.)

Preferred Phone Number ☐ Home ☐ Work ☐ Mobile

Alternative Phone Number ☐ Home ☐ Work ☐ Mobile

Number of people in your household at this address:
Adults + Children (under 18) =

What language do you prefer for future CARE and FERA communications? (Choose one)
☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Vietnamese
☐ Russian ☐ Korean ☐ Tagalog ☐ Hmong

What is your preferred method of communication? (Choose one)
☐ Mail ☐ Email ☐ Phone ☐ Text (Message and data rates may apply)

2 Household Qualification

Fill out Section 2A OR Section 2B. You do not need to complete both sections. You will be enrolled in either the CARE or the FERA Program, depending on your household income and household size.

2A Public Assistance Programs
Check all the programs in which you, or someone in your household, participate.

<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Medi-Cal for Families (Healthy Families Act)
<input type="checkbox"/> Women, Infants, and Children (WIC)	<input type="checkbox"/> National School Lunch Program (NSLP)
<input type="checkbox"/> CalFresh/SNAP (Food stamps)	<input type="checkbox"/> Bureau of Indian Affairs General Assistance
<input type="checkbox"/> CalWORKs (TANF) or Tribal TANF	<input type="checkbox"/> Medicaid/Medi-Cal (under age 65)
<input type="checkbox"/> Head Start Income Eligible (Tribal only)	<input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over)
<input type="checkbox"/> Supplemental Security Income (SSI)	

If you checked any of the boxes in this section, skip to Section 3.

OR

2B Household Income
If you did not check any of the boxes in Section 2A, please add up all the income from every household member and check the box below that matches your household's total annual gross income. Please note: The income ranges listed below ARE NOT fixed incremental amounts, so carefully review each income range before selecting the appropriate box.

☒ I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSI or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

My household income is:

<input type="checkbox"/> \$0-\$32,040	<input type="checkbox"/> \$60,751-\$65,140	<input type="checkbox"/> \$81,781-\$90,100
<input type="checkbox"/> \$32,041-\$40,320	<input type="checkbox"/> \$65,141-\$71,100	<input type="checkbox"/> \$90,101-\$91,825
<input type="checkbox"/> \$40,321-\$48,400	<input type="checkbox"/> \$71,101-\$73,440	<input type="checkbox"/> \$91,826-\$98,420
<input type="checkbox"/> \$48,401-\$50,400	<input type="checkbox"/> \$73,441-\$81,450	<input type="checkbox"/> \$98,421-\$102,225
<input type="checkbox"/> \$50,401-\$56,880	<input type="checkbox"/> \$81,451-\$81,780	<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> \$56,881-\$60,750		

3 Your Declaration

By signing this declaration, I certify that based on my household size and income I qualify for either the CARE or the FERA Program.

I acknowledge that I have read and understood the contents of this application, and will have the opportunity to ask questions at any time.

I also agree to the following program terms and conditions in order to remain eligible for the CARE or the FERA Program:

- I will notify PG&E if my household is no longer eligible for the CARE or FERA discount.
- I understand I may be required to provide proof of household income and to participate in the Energy Savings Assistance Program.
- I will allow PG&E to share my information with other utilities or their agents, for the sole purpose of facilitating enrollment in their assistance programs.
- I will pay back the discount if any of the information provided above is untrue.
- The information I have provided here is true and correct.

X Customer Signature
☐ Fill in circle if you are a guardian or you have power of attorney

Date FOR INTERNAL USE ONLY
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Medical Baseline Application



**Pacific Gas and
Electric Company®**

The medical baseline/life support is an allowance billed at the lowest rate for customers who rely on life support equipment. This includes: § All types of respirators, iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPBB machines and motorized wheelchairs.

Must renew every year



CARE applicants are encouraged to apply for the LIHEAP benefit as well!



Medical Baseline Program Application—Part A (To be completed by customer.) For Medical Baseline Program Enrollment and Recertification

STEP 1 Account and Customer Information (Please print.)

<input type="text"/>		
PG&E CUSTOMER ACCOUNT NO.		
<input type="text"/>		
CUSTOMER NAME (as it appears on PG&E bill)		
<input type="text"/>		
MEDICAL BASELINE RESIDENT'S NAME (if different than customer name)		
<input type="text"/>		
SERVICE ADDRESS	APT #	
<input type="text"/>	<input type="text"/>	
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
CUSTOMER MAILING ADDRESS (if different than service address)		
<input type="text"/>		
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE #	WORK PHONE #	
<input type="text"/>	<input type="text"/>	

STEP 2 For customers billed by someone other than PG&E

NAME OF MOBILE HOME OR APARTMENT COMPLEX	
<input type="text"/>	
COMPLEX ADDRESS	
<input type="text"/>	
COMPLEX MANAGER'S NAME	COMPLEX PHONE #
<input type="text"/>	<input type="text"/>
TENANT'S NAME	TENANT'S PHONE #
<input type="text"/>	<input type="text"/>

STEP 3 Contact preferences for outages or other Medical Baseline communications (Check all that apply.)

Please make sure PG&E has your correct contact preferences so we can reach you in advance of a planned public safety power shutoff (PSPS) or other situations that may result in an outage. In certain situations, we may also send a letter. All contact methods will be used during a PSPS event.

CONTACT PREFERENCES

<input type="checkbox"/>	Call phone number 1:	<input type="text"/>
<input type="checkbox"/>	Call phone number 2:	<input type="text"/>
<input type="checkbox"/>	Text mobile number 1:	<input type="text"/>
<input type="checkbox"/>	Text mobile number 2:	<input type="text"/>
<input type="checkbox"/>	Email 1:	<input type="text"/>
<input type="checkbox"/>	Email 2:	<input type="text"/>
<input type="checkbox"/>	Contact by TTY at phone number:	<input type="text"/>

I understand and agree that:

1. If the qualified medical practitioner certifies the resident's medical condition is permanent, PG&E requires completion of a form every two years self-certifying the resident's continued eligibility for the Medical Baseline Program.
2. If the qualified medical practitioner certifies the resident's medical condition is not permanent, PG&E requires completion of a form every year self-certifying the resident's continued eligibility for the Medical Baseline Program and completion of a new application including a qualified medical practitioner's certification every two years.
3. Residents with a vision disability may contact PG&E to request special notification when notices are sent for either recertification (completion of a new application including a qualified medical practitioner certification) or self-certification.
4. PG&E cannot guarantee uninterrupted gas and electric service. I am responsible for making alternate arrangements in the event of a gas or an electric outage.
5. Both Part A and Part B of this form must be completed and submitted to PG&E, online or by mail, prior to PG&E processing the application.
6. Customers may also benefit from energy savings programs such as Energy Upgrade California® Home Upgrade. The Energy Savings Assistance Program for income-qualified customers, provides improvements at no charge. For more information, please visit pge.com/saveenergy.
7. PG&E may share my contact information with organizations such as state and local emergency first response agencies, so that they can provide assistance to PG&E and to me personally during an extended outage to support my safety and well-being.
8. The standard Medical Baseline allowance provides extra energy at the lowest price. Medical Baseline allowances are added to your standard rate plan baseline allocation. For electricity, it is 16.438 kWh per day (approx. 500 kWh per month), an additional amount equal to the daily consumption of an average electric household. For gas, it is 0.82192 therms per day (approx. 25 therms per month), an additional amount equal to three-quarters of the daily consumption of an average gas household. **If these Medical Baseline allowances do not meet your medical energy needs, please contact PG&E at 1-800-743-5000.** More information about the Medical Baseline Program can be found at pge.com/medicalbaseline.

STEP 4 Signature

I certify the above information is correct. I also certify the Medical Baseline resident lives full-time at this address and requires the Medical Baseline Program. I agree to allow PG&E to verify this information. I also agree to notify PG&E promptly if the qualified resident moves or the resident no longer needs the Medical Baseline Program.



CUSTOMER SIGNATURE

DATE

Automated Document, Preliminary Statement, Part A

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FOR INTERNAL USE ONLY:



Thank You

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