

Central Coast Energy Services

California's Low-Income Rate Assistance Programs

www.EnergyServices.org

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.

New income guidelines make it easier to qualify for monthly discounts on your energy bill. No proof of income needed to enroll. Can apply online:

https://m.pge.com/?_ga=2.85996061.407625575.16 07362188-724610951.1606257071#login



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

Residentia	ROGRAM APPLI I l Custome r							
ase fill out the information			d and then	the infer	nation for	EITHED C	Section 2	N OD 2
ase ill out the information and date this form and r								
first page of your next P('	, ,					
You and Your Ho	usehold							
Tou and Tour Tio	ascilota		Your PG8	&E Accoun	Number (F	ind yours or	n page 1 of	fyour PG
Your Name (Use the name as	it appears on your PG&	E bill, which must be in	your name.)					
Your Home Address (Addres	s must be your primary	residence. Do NOT use	a P.O. Box.)				Unit #	
City/State/Zip Code								
Email Address	authorising DCE.E to conduct in	domestico from timo to timo	Preferre	d Phone N	umber	☐ Home ☐	Work 🗆	Mobile
(By entering your email address, you are a regarding your PG&E utility service and P	PG&E programs and services the	at may be available to you.)						
What language do you prefe CARE and FERA communic			Alternation	ve Phone I	lumber	□ Home □	Work □	Mobile
☐ English ☐ Spanish ☐ M	Mandarin Cantone	ese 🗆 Vietnamese	Number	of people i	n your hous	ehold at ti	his addre	SS:
Russian Korean T			Adults	+	Children	=		
What is your preferred met					under 18)			
☐ Mail ☐ Email ☐ F	Phone Text (Mas	sage and data rates may apply	J					
Household Qual	ion 2B. You do not ne			Ву	our Dec	declaration	on, I certi	
	ion 2B. You do not ne ed in either the CARE	or the FERA Progra		By		declaratio	on, I certi d income	qualify
Fill out Section 2A OR Secti sections. You will be enrolle depending on your househo	ion 2B. You do not ne ed in either the CARE old income and house	or the FERA Progra		By on eit	signing this my househo her the CAR knowledge th	declaration old size and E or the Fl mat I have re	on, I certi id income ERA Prog ad and und	I qualify gram. derstood
Fill out Section 2A OR Secti sections. You will be enrolle depending on your househo 2A Public Assistance Pr Check all the programs in whi	ion 2B. You do not ne ed in either the CARE old income and house rograms ich you, or someone in	or the FERA Progra ehold size. your household, partic	im, cipate.	By on eit	signing this my househo her the CAR knowledge th contents of t	declaration declar	on, I certi id income ERA Prog ad and und ion, and wi	I qualify gram. derstood ill have th
Fill out Section 2A OR Secti sections. You will be enrolle depending on your househo ZA Public Assistance Pr Check all the programs in whi	ion 2B. You do not ne ed in either the CARE old income and house rograms ich you, or someone in Medi-Ca	or the FERA Progra ehold size. your household, partio al for Families (Healthy Fa	im, cipate. milios A&B)	By on eit Lac the opp	signing this my househo her the CAR knowledge th contents of to portunity to as	declaration declar	on, I certind income ERA Prog ad and und ion, and wis at any tin	I qualify gram. derstood ill have the
Fill out Section 2A OR Secti sections. You will be enrolle depending on your househo 2A Public Assistance Pr Check all the programs in whi	ion 2B. You do not nee ed in either the CARE old income and house rograms ich you, or someone in Medi-Ca Nationa	or the FERA Progra ehold size. your household, partic al for Families (Healthy Fa Il School Lunch Program	im, cipate. milios A&B)	By on eit	signing this my househo her the CAR knowledge th contents of t	declaration declar	on, I certind income ERA Prograd and undition, and with a transport time.	I qualify pram. derstood ill have the. derms and
Fill out Section 2A OR Secti sections. You will be enrolle depending on your househo ZA Public Assistance Pro Check all the programs in white Low Income Home Energy Assistance Program [LIHEAP	ion 2B. You do not need in either the CARE old income and house rograms ich you, or someone in: Medi-Ca Nationa en WIC Bureau Ceneral	or the FERA Progra shold size. your household, partic al for Families Healthy Fa I School Lunch Prograr of Indian Affairs Assistance	im, cipate. milies A&B) m (NSLP)	By on eit lac the opp	signing this my househo her the CAR knowledge th contents of the contunity to as so agree to the	declaration declaration of size and the Florent I have reached the supplication of the Florent I have reached the suppl	on, I certind income ERA Prograd and undition, and with a transport time.	I qualify pram. derstood ill have the. derms and
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househo 2A Public Assistance Pr Check all the programs in whill Low Income Home Energy Assistance Program (LHAP) Women, Infants, and Childre Califfest / SMAP Prood stampal Califfest / SMAP Prood stampal Califfest / SMAP Frood stampal	ion 2B. You do not need in either the CARE old income and house rograms ich you, or someone in Medi-Ca Nationa en Wici Bureau General ANF Medicai	or the FERA Progra shold size. your household, partic al for Families (Healthy Fa I School Lunch Prograt of Indian Affairs Assistance d/Medi-Cal (under age 65	im, ipate. milies A&B) m (NSLP)	By on eit lact the opportunity of the control of th	signing this my househo her the CAR knowledge th contents of ti oortunity to as so agree to the ditions in ord he FERA Pro will notify PG	declaration old size and the Floor the Floor the Floor the Floor the American old the Floor the Flore the Floor the	on, I certind income ERA Prograd and undition, and wist at any time program to neligible for the possibility of the program to the possibility of the program to the prog	I qualify pram. derstood ill have the. derms and or the CA
Fill out Section 2A OR Secti sections. You will be enrolle depending on your househo 2A Public Assistance Procheck all the programs in white Department of the Program LIHEAP Women, Inlants, and Childre Women, Inlants, and Childre CalFrest/SNAP Food stamping	ion 2B. You do not need in either the CARE old income and house rograms rograms Medi-Ca National Bureau General General General Medicai General General Medicai Medicai	or the FERA Progra shold size. your household, partic al for Families (Healthy Fa I School Lunch Prograt of Indian Affairs Assistance d/Medi-Cal (under age 65	im, ipate. milies A&B) m (NSLP)	By on eit lact the opposition or in the core or in	signing this my househoher the CAR knowledge the contents of t	declaration old size an ele or the Float I have reaching application of the following ler to remain gram: & E if my ho ele CARE or Float	on, I certi d income ERA Prog ad and und ion, and wis at any tin program t n eligible f	I qualify pram. derstood ill have the ne. derms and for the CA s no longe unt.
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househot 2A Public Assistance Pr. Check all the programs in while Low Income Home Energy Assistance Program LIHEAP Women, Inlants, and Childre Women, Inlants, and Childre Call/ORKs (TANF) or Tribal T. Call Tribal T. Head Start Income Eligible 1	ion 2B. You do not need in either the CARE old income and house rograms Medi-Ca National National General Medicai	or the FERA Progra shold size. your household, partic at for Families Healthy Fa I School Lunch Progra of Indian Affairs Assistance (VMedi-Cal Junder age 65 d/Medi-Cal Jage 65 and or	im, ipate. milies A&B) m (NSLP)	By on eit lact the opp or or it lact cor or it lact	signing this my househoher the CAR knowledge the contents of the contents of the contents of the FERA Prowill notify PG digible for the the contents of the co	declaration of the first state o	on, I certi dd income ERA Prog ad and und ion, and wis s at any tim program t n eligible f ousehold is ERA discor quired to pre e and to po e and to p	e I qualify pram. derstood ill have the ne. derms and or the CA s no longe unt. rovide articipate
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househot 2A Public Assistance Pr. Check all the programs in while Low Income Home Energy Assistance Program LIHEAP Women, Infants, and Childre Women, Infants, and Childre CallWORKs (TANF) or Tribal T. Call Presh Sharp Food stampal Call Call Call Call Call Call Call C	ion 2B. You do not need in either the CARE old income and house rograms or Medi-Ca National Bureau General General Medicai	or the FERA Progra shold size. your household, partic at for Families Healthy Fa I School Lunch Progra of Indian Affairs Assistance (VMedi-Cal Junder age 65 d/Medi-Cal Jage 65 and or	im, ipate. milies A&B) m (NSLP)	By on either the opposition of the control of the c	signing this my househother the CAR knowledge the contents of the contents of the contents of the contents of the FERA Prowill notify PG digible for the uniderstand I roof of housen the Energy.	declaration of the control of the co	on, I certi dd income ERA Prog ad and und ion, and wis s at any tim program t n eligible f ousehold is ERA discor quired to pr ie and to po isistance Pr	I qualify gram. derstood ill have the ne. derms and or the CA s no longe unt. rovide articipate ogram.
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househot 2A Public Assistance Pr. Check all the programs in while Low Income Home Energy Assistance Program LIHEAP Women, Infants, and Childre Women, Infants, and Childre CallWORKs (TANF) or Tribal T. Call Presh Sharp Food stampal Call Call Call Call Call Call Call C	ion 2B. You do not need in either the CARE old income and house rograms Medi-Ca National National General Medicai	or the FERA Progra shold size. your household, partic at for Families Healthy Fa I School Lunch Progra of Indian Affairs Assistance (VMedi-Cal Junder age 65 d/Medi-Cal Jage 65 and or	im, ipate. milies A&B) m (NSLP)	By on either the opposition of the correction of	signing this my householer the CAR knowledge th contents of the contents of the contents of the content of the CAR Provide the content of the	declaration of declaration of declaration of the Filant I have reshift application of the Filant I have reshift application of the Filant I have reshift application of the Filant I have really a series of the Filant I have really a s	on, I certii d income ERA Prog ad and unco ion, and wis s at any tin program t n eligible f ousehold is ERA discor juired to pr ie and to pr iistance Pr e my inform r agents, fo	I qualify pram. derstood ill have the ne. derms and or the CA s no longe unt. novide articipate ogram. nation or the sol
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househot 2A Public Assistance Pr. Check all the programs in while Low Income Home Energy Assistance Program Linitary Momen, Infants, and Childre Women, Infants, and Childre Call WORKs (TANF) or Tribal T. Head Start Income Eligible Call WORKs (TANF) or Tribal T. Supplemental Security Income Information of the Doxe 2B Household Income If you did not check any of the	ion 2B. You do not need in either the CARE old income and house rograms or Medi-Ca Medi-Ca National Bureau General Medicai	or the FERA Progra shold size. your household, partic al for Families (Healthy Fa I School Lunch Progra of Indian Affairs. Assistance d/Medi-Cal Junder age 65 and ov o Section 3.	im, cipate. milies A&B n (NSLP) rer	By on eit lact the opposition of the control of the	signing this my householer the CAR knowledge th contents of it oortunity to as so agree to the tiditions in ord he FERA Prowill notify PC ligible for the understand I roof of houses in the Energy. The tidition PC will all the provided the tidition PC will all the PC will all the PC will all the pose of face.	declaration description of the Final I have re- his application of the Final I have re- his application of the Final I have re- his application of the Final I have re- set questions of the Final I have re- set questions of the Final I have re- his application of the Final I have re- his application of the Final I have re- set questions of the Final I have re- his application of the Final I have re- his	on, I certii d income ERA Prog ad and unco ion, and wis s at any tin program t n eligible f ousehold is ERA discor juired to pr ie and to pr iistance Pr e my inform r agents, fo	I qualify pram. derstood ill have the ne. derms and or the CA s no longe unt. novide articipate ogram. nation or the sol
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househot. Public Assistance Processing the programs in while Low Income Home Fengy Assistance Program (LHAP) Women, Infants, and Childre Califrest/SNAP i good stamps in Califrest/SNAP i good stamps in California (California) (Samplemental Security Income Ligible II) Supplemental Security Income If you did not check any of the boxe Household Income If you did not check any of the from every household membe	ion 2B. You do not need in either the CARE old income and house rograms ich you, or someone in hold you, or someone in Medi-Care of Nationa en Mici Bureau Ceneral ANF Medicai (Tirbat only) Medicai (Tirbat only) Medicai (Tirbat only) Medicai es in this section, skip to the part of the care of	or the FERA Progra shold size. your household, partic at for Families Healthy Fa I School Lunch Prograr of Indian Affairs Assistance d/Medi-Cal lunder age 65 d/Medi-Cal lunder age 65 d/Medi-Cal lunder age 65 o Section 3.	ipate. milios A&B m (NSLP)	By on eit last the opp or	signing this my householer the CAR knowledge the contents of thortunity to a see so agree to the ditions in ord he FERA Prowall notity PCB ligible for the understand I croof of house the Energy I will allow PCB with allow PCB with the trutility and the understand I croof of house the Energy I will allow PCB with other utility and the understand I croof of house the Energy I will allow PCB with other utility and the understand I croof of house the Energy I will allow PCB with other utility and the understand I croof of house the Energy I croof of house the	declaration declar	on, I certi- id income ERA Prog ad and uncion, and wis s at any tin program t n eligible f busehold is ERA discor usehold is erA discor era inform r agents, fr collment in	e I qualify pram. derstood ill have the. derms and or the CA s no longu unt. rovide articipate orgram. nor the sol
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househo depending on your househo. 2A Public Assistance ProCheck all the programs in while Low Income Home Fenry Assistance Program (BLHBA) Women, Infants, and Childre CaliFresh/SNAP iFood stampel CaliFresh/SNAP iFood stampel CaliFresh/SNAP iFood stampel Supplemental Security Income Ityou checked any of the boxe If you did not check any of the from every household member household's total annual gross below ARE NOT fixed increments.	ion 2B. You do not need in either the CARE old income and house rograms ich you, or someone in halion and house rograms ich you, or someone in halion and halion an	or the FERA Progra shold size. your household, partic al for Families Healthy Fa I School Lunch Progra of Indian Affais Assistance d/Medi-Cal under age 65 d/Medi-Cal lage 65 and ov o Section 3. slease add up all the ir elow that matches you : The income ranges I	ipate. imilies ASRI in (NSLP) I erl	By on either the oppy of the o	signing this my householer the CAR knowledge th contents of it oortunity to as so agree to the tiditions in ord he FERA Prowill notify PC ligible for the understand I roof of houses in the Energy. The tidition PC will all the provided the tidition PC will all the PC will all the PC will all the pose of face.	declaration description of the second size and s	on, I certifid income ERA Prog ad and und ion, and with sat any time program to n eligible f ousehold is ERA discord united to price and to price the my inform or agents, fooltment in not if any of	er I qualify pram. derstood ill have the ne. derms and or the CA s no longe unt. rovide articipate ogram. nation or the sol their
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househot 2A Public Assistance Process and the programs in while Low income Home Energy Assistance Program (LHAR) Assistance Program (LHAR) (CaliFrest/SNAP) Frood stamps (CaNORNAP) (Trond Stamps (CaNORNAP) (Trond Stamps (Canor Morker) (Trush Program) (LHAR) (Sanor House) (Trush Programs) (Trush Program	ion 2B. You do not need in either the CARE old income and house rograms ich you, or someone in income and house rograms ich you, or someone in income and medical Bureau in General ANF Medical (Tribat only) Medical (Tribat only) Medical irre ISSI) es in this section, skip to the come in Section 2A, per and check the box bis income. Please note ential amounts, so care propripate box care propripate box care	i or the FERA Progra shold size. your household, partic at for Families Healthy Fa L School Lunch Prograr of Indian Affairs Assistance d/Medi-Cal lunder age 65 d/Medi-Cal lunder age 65 and or o Section 3. Itelasse add up all the ir elelow that matches you Itelasse you Itelasse you Itelasse you Itelasse and income ranges I fully review each income	ipate. irilies A&II n (NSLP) erl come ur isted me	By on either opping a construction of the cons	signing this my househole the CAR who will depend the care knowledge the contents of it or tunity to as so agree to the didtions in ord he FERA Pro will notify PG digible for the understand I roof of house the Energy will allow PG will allow PG	declaration declar	on, I certified income ERA Prog ad and uncion, and wis s at any tim program to n eligible f busehold is ERA disconjuired to pre and to paistance Pre e my inform a agents, fo colliment in not if any of ve is untrue	e I qualify pram. derstood ill have the or the CA s no longe unt. rovide articipate ogram. nation or the sol their
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househo depending on your househo. 2A Public Assistance ProCheck all the programs in while Low Income Home Fenry Assistance Program (BLHBA) Women, Infants, and Childre CaliFresh/SNAP iFood stampel CaliFresh/SNAP iFood stampel CaliFresh/SNAP iFood stampel Supplemental Security Income Ityou checked any of the boxe If you did not check any of the from every household member household's total annual gross below ARE NOT fixed increments.	ion 2B. You do not need in either the CARE old income and house rograms ich you, or someone in income and house rograms ich you, or someone in income and income and income and income i	i or the FERA Progra shold size. your household, partic at for Families Healthy Fa L School Lunch Prograr of Indian Affairs Assistance d/Medi-Cal lunder age 65 d/Medi-Cal lunder age 65 and or o Section 3. Itelasse add up all the ir elelow that matches you Itelasse you Itelasse you Itelasse you Itelasse and income ranges I fully review each income	ipate. irilies A&II n (NSLP) erl come ur isted me	By on eit last the opp last last core or last last last last last last last last	signing this my househole the CAR knowledge the contents of the order the contents of the so agree to the didtions in ord the FERA Pro- will notify PG digible for the understand I roof of house the Energy will allow PG with other util urpose of face sessistance pro- will pay back formation pri	declaration declar	on, I certified income ERA Prog ad and uncion, and wis s at any tim program to n eligible f busehold is ERA disconjuired to pre and to paistance Pre e my inform a agents, fo colliment in not if any of ve is untrue	e I qualify pram. derstood ill have the or the CA s no longe unt. rovide articipate ogram. nation or the sol their
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househot depending on your househot 2A Public Assistance Process and the programs in while Low income Home Energy Assistance Program (LHAGE) — Women, Infants, and Childre California (Tank) or Thotal (California) — California (Tank) or Thotal (California) — California (Security Income Ligible (California) — California (Security Income Ligible (California) — California (California)	ion 2B. You do not need in either the CARE old income and house rograms ich you, or someone in income and house rograms ich you, or someone in income and income and income and income i	i or the FERA Progra shold size. your household, partic at for Families Healthy Fa L School Lunch Prograr of Indian Affairs Assistance d/Medi-Cal lunder age 65 d/Medi-Cal lunder age 65 and or o Section 3. Itelasse add up all the ir elelow that matches you Itelasse you Itelasse you Itelasse you Itelasse and income ranges I fully review each income	ipate. irilies A&II n (NSLP) erl come ur isted me	By on eit lact the opp lact lact the opp lact lact lact lact lact lact lact lact	signing this my househoher the CAR knowledge th contents of it so agree to the diditions in ordinity for diditions in ordinity for ligible for the understand I roof of house to the rutil understand I the Energy !	declaration declar	on, I certified income ERA Prog ad and uncion, and wis s at any tim program to n eligible f busehold is ERA disconjuired to pre and to paistance Pre e my inform a agents, fo colliment in not if any of ve is untrue	er I qualify pram. denstood ill have the ne. derrins and or the CA s no longe unt. rovide articipate ogram. nation or the sol of their
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househor depending on your househor sections. You will be enrolled depending on your househor sections and the programs in which case the program (LHAP) where the program (LHAP) where the program (LHAP) will be section to the program (LHAP) which is supplemental Security Income If you checked any of the boxe will be section to the program (LHAP) which is supplemental Security Income If you checked any of the boxe will be section to the program of th	ion 2B. You do not need in either the CARE old income and house rograms ich you, or someone in hold income and house rograms ich you, or someone in hold income and house rograms ich you, or someone in hold income in hold in hol	or the FERA Progra shold size. your household, partic at for Farmities Healthy Fa I School Lunch Prograr of Indian Affairs Assistance d/Medi-Cal lunder age 65 full with the factor of the fac	ipate. milies ASB m NSLP liferi	By on eit last the opposition of the opposition	signing this my househoher the CAR her the CAR knowledge th contents of the contents of the contents of the the title the the title the title the title the title title the title title the title the title title the title the title title the title title the title title the title title the titl	declaration declar	on, I certified income ERA Prog ad and uncion, and wis s at any tim program to n eligible f busehold is ERA disconjuired to pre and to paistance Pre e my inform a agents, fo colliment in not if any of ve is untrue	er I qualify pram. denstood ill have the ne. derrins and or the CA s no longe unt. rovide articipate ogram. nation or the sol of their
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househot 2A Public Assistance Procheck all the program (BLHAG) Assistance Program (BLHAG) Assistance Program (BLHAG) Women, Infants, and Childre Califresh'SMAP Flood stampal CaMVORK INNEY For Irbal III. Head Start Income Eligible (SAMP) Export Stampal Cambrook 19 (SAMP) Constitution of the boxe of the constitution of the const	ion 2B. You do not need in either the CARE old income and house rograms ich you, or someone in Medi-Ca	i or the FERA Progra shold size. your household, partic al for Families Healthy Fa 1 School Lunch Progra of Indian Affairs Assistance d/Medi-Cal lunder age 65 d/Medi-Cal	ipate. milies ASBI m (NSLP) left cocome in the cocome in t	By on eit lact the opp lact lact lact lact lact lact lact lact	signing this my householder her the CAR knowledge the contents of the contents	declaration declar	on, I certifid income ERA Prog ad and unc ion, and wis a tary tin program t n eligible I bousehold is ERA disco- juired to pri istance Pr e my inform r agents, fo ollment in nt if any of ve is untru ovided hen	I qualify pram. derstood derstood ill have the ne. errms and or the CA is no longium. is no longium. is no longium. is no longium. in attion or the sol their the e. e. e is true
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househot 22. Public Assistance Procheck all the programs in while Low Income Home Energy Assistance Program (Little) When the Program (Little) Califrest/SNAP Flood stampel Califrest/SNAP Flood stampel Califrest/SNAP Flood stampel Supplemental Security Income Supplemental Security Income If you did not check any of the form every household member household's total annual grospelow ARE NOT fixed increme range before selecting the ap 37 before selecting the did not selection of the following-pensions, Social Seacounts, Medicaid Medi-Cal lap 39 household income is: \$0.50-\$32,040 \$2.64-\$40,020 \$2.640-\$40,020 \$2.640,350.00	ion 2B. You do not need in either the CARE old income and house rograms chyou, or someone in house rograms ich you, or someone in house rograms ich medical limit house house in house rograms ich medical in house rograms ich box b boxes in Section 2A, per and check the box b is income. Please note ental amounts, so care propriate box. ich medical medical rograms in house rograms are some rograms of the rograms of the rograms of the rograms. In house rograms in house rograms. In house rograms in house rograms. In house rograms in house rogra	i or the FERA Progra shold size. your household, partic al for Families (Healthy Fa 1. School Lunch Progra of Indian Affairs. Assistance d/Medi-Cal lunder age 65 Assistance d/Medi-Cal lunder age 65 and ov o Section 3. section 3. lease add up all the ir elow that matches you in The income ranges if fully review each incor benefits from one or mo est/dividends from retire \$81,781-\$91, \$9,102-\$93, \$9,102-\$93, \$9,1325-\$98,4	ipate. milies A&B m (NSLP) erl erl erl ere of ment	By on eit lact the opp lact lact lact lact lact lact lact lact	signing this my househoher the CAR her the CAR knowledge th contents of the contents of the contents of the the title the the title the title the title the title title the title title the title the title title the title the title title the title title the title title the title title the titl	declaration declar	on, I certification of the control o	I qualify ram. I qualify ram. I have the he. I continue the care of the CA I continue the care of the CA I continue the care of the CA I continue the care of the care I continue the care I the care of the care of the care I the care of the care of the care of the care I the care of t
Fill out Section 2A OR Secti sections. You will be enrolled depending on your househot depending on your househot 2A Public Assistance Proceedings of the program (B.HAP)	ion 2B. You do not need in either the CARE old income and house rograms ich you, or someone in Medi-Ca	i or the FERA Progra shold size. your household, partic al for Families Healthy Fa 1 School Lunch Progra of Indian Affairs Assistance d/Medi-Cal lunder age 65 d/Medi-Cal	ipate. milies A&B m (NSLP) erl erl erl ere of ment	By on eit lact the opp lact lact lact lact lact lact lact lact	signing this my householder her the CAR knowledge the contents of the contents	declaration declaration declaration desire an item of the Finantial hard from	on, I certification of the control o	I qualify rram. derstood derstood ill have the ne. errms and cor the CA is no longer unt. errms articipate articipate articipate articipate articipate articipate articipate the cor their the e. e. is true

Medical Baseline Application



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.

Due to COVID-19, a signature from a qualified medical practitioner is not required. Can apply online:

https://www.pge.com/en_US/residential/save-energy-money/help-payingyour-bill/longer-term-assistance/medical-condition-related/medicalbaseline-allowance/medical-baseline-covid19.page

DC OF

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

CTED 4		
STEP 1 Account and Customer I	nformation (Please print.)	I understand and agree that:
PG&E CUSTOMER ACCOUNT NO.		 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
CUSTOMER NAME (as it appears on PG&E bill) MEDICAL BASELINE RESIDENT'S NAME (if differen	t than customer name)	resident's medical condition is not permanent, PG&E requires completion of a form every year self-crition 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.
SERVICE ADDRESS	APT #	Residents with a vision disability may contact PG&E request special notification when notices are sent for either recertification (completion of a new application).
CITY	STATE ZIP CODE	including a qualified medical practitioner certification or self-certification.
CUSTOMER MAILING ADDRESS (if different than se	APT #	PG&E cannot guarantee uninterrupted gas and electric service. I am responsible for making alterni arrangements in the event of a gas or an electric
CITY	STATE ZIP CODE	 outage. 5. Both Part A and Part B of this form must be complet
		and submitted to PG&E, online or by mail, prior to
HOME PHONE #	WORK PHONE #	PG&E processing the application. 6. Customers may also benefit from energy savings
STEP 2 For customers billed by	someone other than PG&E	programs such as Energy Upgrade California® Home Upgrade. The Energy Samings Assistance Program fo income-qualified customers, provides improvement at no charge. For more information, please visit pqe.com/saveenergy.
NAME OF MOBILE HOME OR APARTMENT COMPLE	Х	7. PG&E may share my contact information with
COMPLEX ADDRESS		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
COMPLEX MANAGER'S NAME	COMPLEX PHONE #	8. The standard Medical Baseline allowance provides extra energy at the lowest price. Medical Baseline allowances are added to your standard rate plan
TENANT'S NAME	TENANT'S PHONE #	baseline allocation. For electricity, it is 16.438 kWh pe day (approx. 500 kWh per month), an additional amou
		equal to the daily consumption of an average electric
STEP 3 Contact preferences for communications (Check a	outages or other Medical Baseline Il that apply.]	[approx. 25 therms per month], an additional amour equal to three-quarters of the daily consumption of an average gas household. If these Medical Baselin
Please make sure PG&E has your correct of in advance of a planned public safety powe may result in an outage. In certain situation methods will be used during a PSPS event.	r shutoff (PSPS) or other situations that ns, we may also send a letter. All contact	allowances do not meet your medical energy need please contact PG&E at 1-800-743-5000. More information about the Medical Baseline Program cabe found at pge.com/medicalbaseline.
CONTACT PREFERENCES		STEP 4 Signature
Call phone number 1:		I certify the above information is correct. I also certify the
Call phone number 2:		Medical Baseline resident lives full-time at this address and requires the Medical Baseline Program. I agree to allow
Text mobile number 1:		PG&E to verify this information. I also agree to notify PG&E promptly if the qualified resident moves or the resident no
Text mobile number 2:		longer needs the Medical Baseline Program.
		SIGN
Email 1:		
Email 1:		CUSTOMER SIGNATURE
		CUSTOMER SIGNATURE DATE