



# Medical Discount Program Application

## Medical Discount Program

### 1. Account Information

Customer Name (as it appears on your LID bill)		
Service Address		
City	Zip Code	
Mailing Address (if different than service address)		
City	State	Zip Code
LID Account Number	Contact Phone Number	

### How to Apply

1. Enter your account information.
2. Enter the household and income information.
3. Attach a copy of required documentation.
4. Sign and date the application (page 1).
5. Have the doctor complete the certification (page 2).
6. Mail completed application to:

**LATHROP IRRIGATION DISTRICT**  
P.O. Box 1397  
Lathrop, CA 95330

**\*\*Incomplete applications will not be processed\*\***

### 2. Household Information & Income Verification

Total number of persons living in the home (full-time basis): Adults \_\_\_\_\_ + Minors (under 18) \_\_\_\_\_ = \_\_\_\_\_ Total

Proof of income may include award letters, paystubs, etc. **LID will not accept bank statements as proof of gross income.** If you need a copy of your Social Security Award Letter, please contact the local Social Security office by calling 888-748-7698. Documents will not be returned. Household income includes money from all household members (taxable or non-taxable), including but not limited to:

Wages \$ _____	TANF (AFDC) \$ _____	Spousal support \$ _____
Interest income \$ _____	Child support \$ _____	Rent/royalty income \$ _____
Social Security \$ _____	Disability payments \$ _____	Legal Settlements \$ _____
SSI, SSP, SSDI \$ _____	Workers compensation \$ _____	Scholarships/Grants \$ _____
Pensions \$ _____	Unemployment benefits _____	Cash \$ _____
	Self-employment income (Schedule C required) \$ _____	

Other income (explain): \_\_\_\_\_ \$

**Total Monthly Household Income (Gross):** \$ \_\_\_\_\_ **Monthly household income must be \$5,525 or less to qualify. Effective 01/01/2018**

### 3. Required Documentation

**Incomplete applications will not be processed.** Please verify the following information is attached:

- Proof of Income for all persons in the home     IRS form 4506-T for all adults in the home     Copy of LID Bill

**LID cannot guarantee uninterrupted electric service. I am responsible for continuous electric service in the event of power outages or disconnection of service due to non-payment.**

The information on this application and required documentation is used to determine and verify my eligibility for assistance. **All information is confidential and is not shared with outside agencies.** It is the customer's responsibility to contact LID if your household income increases above the current limits and/or if the patient no longer requires the medical device(s). LID reserves the right to request further certification at any time while the LID customer is on the program. Misrepresentation of information, failure to disclose all income or failure to provide additional discount inappropriately received in accordance with the LID Electric Service Rules.

If eligible for discount, I permit the proper change to the rate schedule for the service address listed above and give consent to have my eligibility verified. I declare, under penalty of perjury, that the information on this application is true and correct.

X \_\_\_\_\_

Signature (person whose name appears on LID bill)

\_\_\_\_\_ Date



**Please have your doctor complete page 2 (back page) of this application before mailing to LID.**

# For Physician Use Only

**Page 2: To be completed by a Doctor of Medicine or Osteopath, licensed to practice in the State of California**

## 1. Patient Information

Patient Name	Patient Date of Birth	Relationship to Customer
--------------	-----------------------	--------------------------

## 2. Life Support Device *(Check Yes or No for each)*

<input type="checkbox"/> Yes <input type="checkbox"/> No <b>IPPB</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Oxygen Concentrator</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Electric Wheelchair</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>In-Home Dialysis Cyclor</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Other Equipment</b> <i>(description):</i> _____	<p style="text-align: center;"><i>Devices used for therapy rather than life support do not qualify. Equipment must be plugged in and not battery operated.</i></p>
--	--

## 3. Special Heating and Cooling Needs

Medical discount is available for special heating and/or cooling needs if the patient is:

Paraplegic  
  Quadriplegic  
  Hemiplegic  
  Multiple Sclerosis  
  Scleroderma

Heating or cooling is medically necessary to sustain the person's life or prevent deterioration of the person's medical condition:

Yes    No   **Special Cooling Needs** *(description):* \_\_\_\_\_  
 \_\_\_\_\_

Yes    No   **Special Electric Heating Needs** *(description):* \_\_\_\_\_  
 \_\_\_\_\_

## 4. Physician Certification *(MD or DO)*

Diagnosis / Medical Condition	
I certify that the life support device(s) and/or additional heating or cooling will be required for a minimum of 12 months. Duration of medical condition: <b>Permanent (Check One)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   *Permanent: not expected to change for an indefinite time; not temporary.	
Does interruption in power cause a potentially life-threatening medical condition? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
Doctor's Name	Phone Number
Office Address	City, State Zip Code
California Medical License Number	Fax Number
Doctor Signature <b>X</b>	Date

### LID Use Only

<b>Approved</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Recertification Required:</b> <input type="checkbox"/> Annually <input type="checkbox"/> Every 2 Years	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">ES Staff</td> <td style="width: 40%; padding: 5px;">Date</td> </tr> <tr> <td style="padding: 5px;">ES Supervisor</td> <td style="padding: 5px;">Date</td> </tr> </table>	ES Staff	Date	ES Supervisor	Date	<b>Reason for Disqualification:</b> <input type="checkbox"/> Equipment does not qualify <input type="checkbox"/> Heating/Cooling needs do not qualify <input type="checkbox"/> Income does not qualify <input type="checkbox"/> Application Incomplete
ES Staff	Date					
ES Supervisor	Date					