

SWEETWATER SPRINGS WATER DISTRICT MEDICAL DISABILITY PROGRAM

QUALIFYING CRITERIA

This program is for people who have medical disabilities that require use of large amounts of water. Qualified applicants can receive up to four additional units of water per billing cycle at the District's lowest rate (\$1.35/unit for FY 2016). The discount would be tallied and applied once each year on the January or February billing.

To qualify for the Sweetwater Springs Water District Medically Disabled Water Rate Program, you must:

- Establish your disability through doctor verification (form attached)
- Install low-volume showerheads, ULF toilets and faucet washers in your home (these items **may** be available to the applicant at no cost);
- Be a single family residential customer with a meter size no larger than 1"; and
- Have the water service in your name or state the name of the account holder and your relationship (apartment complexes or mobile home parks with a master meter do not qualify).

Please have your doctor complete the attached certification and include it with your application. Your application must include the signed certification from your doctor confirming your disability (page 2 of this application).

Your completed application can be mailed to the District office at PO Box 48, Guerneville, CA 95446 or hand delivered. Please direct all questions regarding this program to the District Office at (707) 869-4000. The District will notify you in writing as to whether or not you prequalify to meet with the General Manager to establish what level of assistance to e District would provide. Please allow approximately three weeks for your application to be processed.

The District reserves the right to request additional information from an applicant at any time. While eligibility does not require an annual application, participation in the program can be revoked if a recipient of the Medically Disabled discount program does not meet and continue to meet all qualifying criteria.

DOCTOR CERTIFICATION

SWEETWATER SPRINGS WATER DISTRICT REQUIRES THAT THE APPLICANT'S PHYSICIAN, WHO IS LICENSED TO PRACTICE MEDICINE IN THE STATE OF CALIFORNIA, COMPLETE THIS FORM.

MEDICAL CONDITION:

I certify that the medical condition and water needs of _____,
(name of patient)

who is a full-time resident at _____, are as described
below: (address of patient)

In the space below please provide a written description of the applicant's ***medical condition*** that requires the use an amount of water greater than the amount provided in District's tier #1 amount (8 units or 6,000 gallons per 2 months (a unit is 100 cubic feet, approximately 750 gallons)). If you need more space, please provide the information on a separate page.

If condition is temporary, anticipated recovery date: _____

_____ Date

_____ Doctor's name (please print or type)

_____ Doctor's State License #

_____ Doctor's signature

_____ Office address

_____ City, state, zip

_____ Office Telephone Number

APPLICATION

Application for Calendar Year 20__

The Medically Disabled Water Rate discount will result in _____ additional Units (Hundred cubic feet) being billed at the Tier One base rate per two-month billing cycle. Discount, if any, will be applied as a credit on the January (Monte Rio Cycle) or February (Guerneville Cycle) water bills for the preceding year.

SSWD Customer #:	Date:	
Customer Name:	Phone: ()	
Address:		
Street	City	Zip

____ I certify that I have met the requirements, including low-flow fixtures, of the Medical Disability Program.

Applicant Signature

Date

- If you would like to provide more detail, please provide your signed statement on a separate page.

Reviewed by Staff:

General Manager or Designee

Date