

# SWEETWATER SPRINGS WATER DISTRICT MEDICALLY DISABLED WATER RATE

## QUALIFYING CRITERIA

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 application and return it to Sweetwater Springs Water District, PO Box 48, Guerneville, CA 95446. Your application must include the signed certification from your doctor confirming your disability.

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 qualify for this program. 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 Water Rate discount program does not meet and continue to meet all qualifying criteria.**

**SWEETWATER SPRINGS WATER DISTRICT  
MEDICALLY DISABLED WATER RATE APPLICATION**

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**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

**SWEETWATER SPRINGS WATER DISTRICT  
MEDICALLY DISABLED WATER RATE 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 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

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