



**Floresville Electric Light & Power System
Residential Critical Care and
Chronic Condition Program Application**

A critical care or chronic condition customer is one which relies on life-sustaining electrically powered medical equipment. In order to be eligible for the program, an application with the following information must be completed. Our Residential Critical Care and Chronic Condition Program does not guarantee priority electric service or priority service restoration and locations registered in the program are not exempt from planned service interruptions. Whenever necessary, arrangements should be made to move the patient to an alternate location that has power and/or to have backup power available for operation of any electrically-operated equipment. Registered customers are not exempt from their financial responsibilities to pay timely for electric utility services provided or from potential termination of service in accordance with FELPS policies.

Submission of this application does not automatically result in enrollment. Notification of action taken with regard to this form will be provided to the customer at the mailing address provided. This qualification requires renewal two years from the date you qualified. Patient/Patient's Guardian consents and understands the information on this form may be subject to verification and additional information may be required from you or your physician.

Patient/Patient's Guardian Signature: _____

Account Holder Information (Please Print)

Account # _____
Account Holder Name: _____ Telephone # _____
Address: _____ City/St _____ Zip _____
Patient's Relationship to Account Holder: _____
Patient currently resides at: _____

Physician Information (Please Print)

Patient's Name: _____	Date of Birth: _____
Physician's Name: _____	Telephone # _____
Physician's Address: _____	
Texas Medical Board License Number: _____	
Type of Life Sustaining Equipment Used: _____	
How long can a patient sustain without electrical service (number of hours) _____	
Is condition life-threatening without electrical service Yes ___ No ___	
The medical condition has been diagnosed as a life-long condition Yes ___ No ___	
_____ Physician's Signature	_____ Date

Please contact our Customer Service Department at 830-216-7000, sub-option 2 with any questions. The completed form may be returned in person at 187 State Highway 97 E, Floresville, Texas 78114, faxed to 830-393-0362 or emailed to customerservice@felps.us.