

SAMPLE FORMS: APPLICATIONS
Medical Baseline Allowance Self-Certification
Form No. 4860 (07/11)

Sheet 1

(See Attached Form)

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(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4262
DECISION NO. 08-07-046

ISSUED BY
Lee Schavrien
Senior Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED Jul 26, 2011
EFFECTIVE Aug 25, 2011
RESOLUTION NO. _____



MEDICAL BASELINE ALLOWANCE

(Self-Certification)

A Sempra Energy utility®

Customer or Resident Information (please print)

SOCALGAS CUSTOMER ACCOUNT NO:	
CUSTOMER NAME (AS IT APPEARS ON YOUR BILL):	
MEDICAL BASELINE RESIDENT'S NAME (IF DIFFERENT):	
SERVICE ADDRESS:	
CUSTOMER MAILING ADDRESS (IF DIFFERENT):	
HOME PHONE: ()	ALTERNATE PHONE: ()

For Customers Billed by Someone Other Than The Gas Company:

NAME OF MOBILE HOME OR APARTMENT COMPLEX:	
COMPLEX ADDRESS:	
COMPLEX MANAGER'S NAME:	COMPLEX PHONE: ()
NAME OF TENANT:	TENANT'S PHONE: ()

I understand that:

- 1 If the doctor certifies that the resident's medical condition is permanent, SoCalGas will require completion of a form self-certifying continued resident's eligibility for Medical Baseline Allowance every two years.
- 2 If the doctor certifies that the resident's medical condition is not permanent, SoCalGas will require completion of a form self-certifying continued resident's eligibility for Medical Baseline Allowance each year and completion of a new application with a doctor's certification every two years.
- 3 If the resident has a vision disability, the resident may contact SoCalGas to request special notification when either re-certification (to complete a new application with a doctor's certification) or self-certification forms are mailed.
- 4 SoCalGas cannot guarantee uninterrupted gas service, and the resident is responsible for making alternate arrangements in the event of a gas outage.

I certify that the above information is correct. I also certify the Medical Baseline Allowance resident lives full-time at this address, and requires or continues to require the medical baseline allowance. I agree to allow SoCalGas to verify this information. I also agree to promptly notify SoCalGas if the qualified resident moves or medical baseline allowance is no longer needed by the resident.

How would you like to be contacted in case of a planned or rotating outage?

Select only one:

- Call me at the number below Send me a text message at the number below
- Contact me by TDD/TTY at the number below Email me at the address below

NUMBER OR EMAIL:

CUSTOMER SIGNATURE:	DATE:
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The standard medical baseline allowance is 0.822 therms of natural gas per day, which is in addition to your daily standard baseline allocation. If this allowance does not meet your medical needs, please contact SoCalGas at 1-800-427-2200 to discuss additional amounts. Hearing impaired customers who are unable to use a conventional telephone can call us toll free at 1-800-252-0259 (available in English and Spanish only).

MAIL APPLICATION TO: Southern California Gas Company
 Medical Baseline Allowance Program
 M.L. GT12F1
 P.O. Box 513249
 Los Angeles, CA 90051-1249

FOR The Gas Company USE ONLY		
Date Received: _____	Medical Baseline Allocation: _____	Gas unit(s) _____
Recertification:		
<input type="radio"/> Self-certify every 2 years <input type="radio"/> Self-certify annually; Doctor's certification every 2 years		