

# BECOME A CARE CAPITATION AGENCY



## WHAT IS CARE?



The California Alternate Rates for Energy (CARE) program provides eligible SoCalGas® customers a 20% discount on their monthly natural gas bill. Program eligibility is based on the household income or if someone in the household is enrolled in a public assistance program (see chart on page 2). Participants are required to recertify their eligibility every two or four years when requested, depending on their qualifications.

The CARE program is available to residential, multi-family dwelling units and mobile home parks with submeters to all individuals. Learn more at [socialgas.com/CARE](https://socialgas.com/CARE)

## HOW YOU CAN PARTICIPATE:



SoCalGas is offering community-based organizations, under agreement, compensation for enrolling their program participants in the CARE program. You can help non-English speaking communities, ethnically diverse groups, seniors, rural residents, veterans and other hard-to-reach groups learn more about CARE.

## WHAT YOU NEED TO KNOW:

- Agencies are accepted based on SoCalGas' geographic needs and the agency's ability to incorporate the program into their existing services.
- Agencies will be compensated for all approved CARE applications that are submitted to SoCalGas.
- The program will not compensate for ineligible customers, incomplete applications, or customers already enrolled in the CARE program.

## HOW TO GET STARTED IN THE CARE CAPITATION AGENCIES PROGRAM:

- Complete the enclosed questionnaire and email or mail it to the address below.
- Agencies selected for the program will be notified by SoCalGas. Accepted agencies will be required to sign a service agreement and return with a certificate of insurance and a W-9 Tax form.
- Training will be provided to all new agencies.

# QUALIFICATIONS FOR THE CARE PROGRAM

## THERE ARE **TWO** WAYS TO QUALIFY

### PUBLIC ASSISTANCE PROGRAMS

If you or another person in your household receives benefits from any of the following programs:

- Medi-Cal/Medicaid
- Medi-Cal for Families A & B
- Women, Infants, & Children (WIC)
- CalWORKs (TANF)<sup>1</sup> / Tribal TANF
- Head Start Income Eligible – Tribal Only
- Bureau of Indian Affairs General Assistance
- CalFresh (Food Stamps)
- National School Lunch Program (NSLP)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income

<sup>1</sup> Includes Welfare-to-Work



### MAXIMUM HOUSEHOLD INCOME

(effective June 1, 2020 to May 31, 2021)

Number of Persons in Household	Total Annual Income*
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

For each additional household member, add \$8,960

\*Includes current household income from all sources before deductions.

## CONTACT US



For more information, please email Alice Lee at [aylee@socalgas.com](mailto:aylee@socalgas.com) or call (213) 244-4635.

Please provide the following information and **EMAIL** this form back to us at [aylee@socalgas.com](mailto:aylee@socalgas.com), **FAX** it to **(818) 701-3960** or **MAIL** it to **SoCalGas, CARE Program GT19A1, PO Box 3249, Los Angeles, CA 90051-1249**. If your application is approved, you will receive an email or call from our Program Manager inviting your organization to become a capitation agency.

## CONTACT INFORMATION:

ORGANIZATION NAME:		
CONTACT NAME:		
JOB TITLE:		
ADDRESS:	CITY:	STATE:
PHONE:	FAX:	
EMAIL ADDRESS:		

## ORGANIZATION INFORMATION:

WEB PAGE URL:
TYPE OF ORGANIZATION: <input type="checkbox"/> PRIVATE <input type="checkbox"/> NON-PROFIT
SERVICES PROVIDED:

DOES YOUR ORGANIZATION PARTICIPATE IN:	CONTRACTOR	REFERRAL ONLY	NO
SENIOR PROGRAMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENIOR DAYCARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDEPENDENT LIVING CENTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONVALESCENT HOMES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUD ORGANIZATIONS ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL/DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLIND/VISUALLY IMPAIRED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEVELOPMENTALLY DISABLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCALGAS CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCAL EDISON CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCALGAS GAS ASSISTANCE FUND/UNITED WAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCALGAS ENERGY SAVINGS ASSISTANCE PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIHEAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDI-CAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTHY FAMILIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYMENT DEVELOPMENT DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF/AFDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## OTHER INFORMATION

GEOGRAPHIC AREAS YOUR SERVICES COVER	
COUNTY	<input type="text"/>
CITIES	<input type="text"/>
RURAL	<input type="checkbox"/>
URBAN	<input type="checkbox"/>

NUMBER OF PEOPLE REACHED PER YEAR	
TARGETS GROUPS	(Provide a percentage of interaction with each group)
SENIORS	<input type="text"/> %
YOUTH	<input type="text"/> %
DISABLED	<input type="text"/> %
BLIND	<input type="text"/> %
OTHER(S)	<input type="text"/> %
= 100%	
LANGUAGES REACHED	(Provide a percentage of interaction with each group)
ARMENIAN	<input type="text"/> %
CHINESE	<input type="text"/> %
KOREAN	<input type="text"/> %
RUSSIAN	<input type="text"/> %
SPANISH	<input type="text"/> %
VIETNAMESE	<input type="text"/> %
OTHER(S)	<input type="text"/> %
= 100%	

## OUTREACH ACTIVITIES

SPECIAL EVENTS	<input type="checkbox"/>
WALK-INS / FOOT TRAFFIC	<input type="checkbox"/>
DOOR-TO-DOOR SOLICITATION	<input type="checkbox"/>
OTHER (please describe)	<input type="checkbox"/>

## COMPENSATION

TOTAL NUMBER OF CARE CUSTOMERS YOUR ORGANIZATION IS COMMITTING TO HELP ENROLL IN THE CARE PROGRAM THIS YEAR, 2020	<input type="text"/>
INDICATE INCREMENTAL COST* PER SUCCESSFUL CARE ENROLLMENT:	<input type="text"/>

## COMMENTS

\*The additional cost your organization will incur by adding the CARE program to the services currently provided.

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N20E0152A 0620