

LIFE-SUSTAINING EQUIPMENT CERTIFICATION

FORM MUST BE RETURNED WITHIN 15 DAYS. PARTS 1-3 MUST BE COMPLETED FOR THE APPLICATION TO BE APPROVED.

	Customer of Records
	Customer of Record: Customer Email:
	Address:
	PSE&G Account Number:
	Telephone Number: Is this a Mobile Number? Yes No Does PSE&G have permission to contact you at this phone number? Yes No Patient's Name: Patient's DOB:
	THE CUSTOMER ABOVE REQUIRE LIFE-SUSTAINING EQUIPMENT IN THEIR HOME? Yes No, please refer to section #4.
2.	PHYSICIAN'S CERTIFICATION (REQUIRED FROM PERSCRIBING MEDICAL PROFESSIONAL)
	Medical Professional's Name:
	Practice and/or Specialty:
	Office Address:
	Office Phone: Office Fax:
	State License Number: Last Medical Exam Date:
3.	LIFE-SUSTAINING EQUIPMENT INFORMATION (REQUIRED FROM MEDICAL PROFESSIONAL)
	Does the patient use life-sustaining equipment that requires electricity in their home? Yes No Is there an alternate power supply available? Yes No Equipment Type:
4.	OTHER MEDICAL CONDITIONS
٦.	If you have a serious medical condition that does not require life-sustaining equipment, but that would be aggravated if there was a loss of power or shut-off of electric service, you may submit one of the following to ensure PSE&G protects your account from service disconnection due to non-payment for up to 90 days.
	 Doctor's note within the last 30 days (the exact nature of the condition should not be shared) Hospital discharge paperwork dated within the past 30 days (showing an overnight hospital stay) Paperwork from Home Hospice Care
	Prescribing Medical Professional Signature

Or mail to: PSE&G (Attention: Critical Care Coordinator) P.O. Box 709 Newark, NJ 07101-0709

To sign-up for NJ's Register READY program, please call 2-1-1 or go online to www.registerready.nj.gov. Registry designed to help emergency responders locate and safely evacuate people who could find it difficult to help themselves in the event of a major disaster.