

PSE&G Account Number:	

Equipment Model #:

Prescribing Licensed Medical Professional Signature

## **CRITICAL CARE PROGRAM CERTIFICATION**

Completed and signed applications must be returned within 15 days

New Recertification No Longer Require Protection

CUSTOMER / PATIENT INFORMATION (REQU	RED FROM CUSTOMER)
Customer of Record:	Email Address:
Telephone Number:	Is this a Mobile Number? Yes No No
Service Address:	
Patient's Name:	Patient's DOB:
Should this phone number be considered y	our primary contact number? Yes 🗌 No 🗌
	e life-sustaining equipment that requires electricity in the r prescribing licensed medical professional complete section #2.
If you answered "does," please have you	
If you answered "does," please have you  MEDICAL CERTIFICATION  2. MEDICAL CERTIFICATION (REQUIRED FI	r prescribing licensed medical professional complete section #2.  ROM PRESCRIBING LICENSED MEDICAL PROFESSIONAL)
If you answered "does," please have you  MEDICAL CERTIFICATION  2. MEDICAL CERTIFICATION (REQUIRED FI	r prescribing licensed medical professional complete section #2.
MEDICAL CERTIFICATION  2. MEDICAL CERTIFICATION (REQUIRED FOR Medical Professional's Name:	r prescribing licensed medical professional complete section #2.  ROM PRESCRIBING LICENSED MEDICAL PROFESSIONAL)
If you answered "does," please have you  MEDICAL CERTIFICATION  2. MEDICAL CERTIFICATION (REQUIRED FI  Medical Professional's Name:  Practice and/or Specialty:	r prescribing licensed medical professional complete section #2.  ROM PRESCRIBING LICENSED MEDICAL PROFESSIONAL)
If you answered "does," please have you  MEDICAL CERTIFICATION  2. MEDICAL CERTIFICATION (REQUIRED FI  Medical Professional's Name:  Practice and/or Specialty:	r prescribing licensed medical professional complete section #2.  ROM PRESCRIBING LICENSED MEDICAL PROFESSIONAL)

## 3. OTHER MEDICAL CONDITIONS

Equipment Type:\_\_\_

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

Please fax form to: PSE&G Critical Care Coordinator at (973) 297-4311

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.