



# Program Details

## WHAT IS THE MEDICAL ALERT PROGRAM?

Medical Alert is designed to identify customers with special medical needs, so that emergency personnel can more easily find and assist them in the event of a disaster or wide-scale emergency. Additionally, this informs our utility personnel of customers who will need their power restored as soon as possible because of a medical situation. As a courtesy, Longmont Power & Communications (LPC) also notifies customers in advance of planned outages due to maintenance.

To sign up for the Medical Alert Program, fill out the short application in this brochure and return to LPC at 1100 S. Sherman St, Longmont, CO 80501. This section must also be completed as part of the Life Support Discount

## PLEASE REMEMBER...

In an emergency power failure due to natural causes or unforeseen circumstances, LPC cannot provide prior notification. LPC recommends customers have a power back-up for their equipment and an action plan to relocate if needed.

## HOW DO I APPLY FOR THE LIFE SUPPORT RATE DISCOUNT?

1. Complete the Longmont CARES applications. For more information contact 303.651.8571 or email LongmontCares@longmontcolorado.gov. Customers must apply and qualify for the Longmont CARES program first.

2. Complete the Life Support Discount Application. Your physician must complete and sign the application. Examples of qualifying equipment include, but are not limited to: oxygen concentrators, heart monitors, feeding pumps or dialysis machines.

3. Sign the Affidavit of Lawful Presence and provide an acceptable form of proof of identification.

\*All customers, including Medical Alert and Life Support Discount customers, must keep their electric bills current.

## WHAT IS THE RESIDENTIAL LIFE SUPPORT RATE DISCOUNT?

Customers who income qualify will receive a 20% discount on the first 750 kilowatt-hours of electricity. The rate discount is provided in accordance with City of Longmont Municipal Code, Title 4, Chapter 4.08 City Rebate Programs for Income qualified residents and Title 14, Chapter 14.32, Rates and Regulations Governing Electric Service.



## MEDICAL ALERT & LIFE SUPPORT DISCOUNT PROGRAM



**MEDICAL ALERT PROGRAM APPLICATION  
COMPLETED BY LPC CUSTOMER**

Utility account #: \_\_\_\_\_

Account Holder name: \_\_\_\_\_

Service address: \_\_\_\_\_

City and ZIP: \_\_\_\_\_

Reason to be on Medical Alert List: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Hours of Backup Supply (if any): \_\_\_\_\_

**CONSENT:** I give my consent to the City of Longmont to disclose this information to other agencies providing public health and emergency services, including but not limited to the Boulder County Public Health Department and the Medical Reserve Corps of Boulder County.

**YES**  **NO**

**ACKNOWLEDGMENT:** I acknowledge that the City of Longmont and its contractors may use this information for purpose of providing City services, including but not limited to Fire, Police, and Utility Services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**LIFE SUPPORT DISCOUNT APPLICATION  
COMPLETED BY PHYSICIAN**

The following individual has a medical necessity for life-sustaining electrical equipment.

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Type of medically necessary equipment:  
\_\_\_\_\_

“Medically necessary equipment for this discount rate is defined as any medical device requiring electricity to operate on an ongoing basis to sustain life of a person residing in a residential dwelling. The term ‘medically necessary equipment’ includes but is not limited to respirators, dialysis machines, suction machines, pumps, and intravenous pumps.”

I certify the patient listed above requires, on an on-going basis, medically necessary equipment requiring electricity to operate, and is utilized at the patient’s home.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Physician Name: \_\_\_\_\_

License / Cert #: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

**LIFE SUPPORT DISCOUNT APPLICATION  
COMPLETED BY LPC CUSTOMER**

Affidavit of lawful presence in the United States

I, \_\_\_\_\_, swear and affirm under penalty of perjury under the laws of the State of Colorado that I am (check one):

- A United States citizen
- A permanent legal residence of the United States
- Lawfully present in the United States pursuant to federal law

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that the State law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal law of Colorado a perjury in the second degree under C.R.S. 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

**Include a copy of an acceptable form of proof of identification documentation: Colorado driver’s license, Colorado identification card, U.S. Military card, U.S. Military dependent’s ID card, U.S. Coast Guard merchant mariner card, or Native American tribal document.**

Certifying statement – “My signature certifies all information is true and accurate, that I am lawfully present in the United States and the patient named above lives at the address full time and requires medically necessary equipment, used at the address, which requires electricity to operate.”

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Return completed form to:  
Longmont Power & Communications  
1100 South Sherman Street  
Longmont, CO 80501

For more information visit  
[www.longmontcolorado.gov/lpc](http://www.longmontcolorado.gov/lpc)  
or call us at 303.651.8386