

CHRONIC CONDITION OR CRITICAL CARE CUSTOMER

IMPORTANT INFORMATION

- Application must be complete in order to obtain Critical Care or Chronic Condition status with your account.
- **This application will not be processed and approved if incomplete, unreadable, or improperly submitted.**
- For questions about application call the City of Brady Customer service desk during normal business hours (8:30 am to 5:00pm, Mon-Fri) at 325-597-2152 ext. 202 or 203.
- Designation of Critical Care Status does not prevent a disruption of utilities for non-payment of account.
- As it is the City of Brady's goal to provide continuous service, the Critical Care status does not guarantee an uninterrupted service. If you have medical equipment requiring electricity, other arrangements for backup capabilities or other alternative in the event of an electrical outage is still necessary.
- It takes time during a long outage for emergency personnel and utility crews to respond to everyone, but being on this list will alert these crews to those who may need urgent attention.
- The City of Brady may request the Critical Care form to be updated annually to ensure accurate information is on file for the residence.



INSTRUCTIONS

- **Customer:** Complete **Page 2** of this application, and provide to patient's physician for completion. THIS APPLICATION WILL NOT BE APPROVED UNLES SUBMITTED BY FAX OR EMAIL BY THE PHYSICIAN TO THE CITY OF BRADY.
- **Physician:** After completing **page 3**, please forward pages 2 and 3 to City of Brady Customer Service (using the fax and email address listed on page 3).



TO BE COMPLETED BY CUSTOMER

PART 1 : ALL INFORMATION IS REQUIRED	
CUSTOMER NAME: (Name on utility account)	UTILITY ACCOUNT NUMBER: (Located on billing statement)
PATIENT'S NAME: (Name of Patient, who is living at the service address, and who needs critical or chronic condition status. This maybe the same as the customer)	
SERVICE ADDRESS (Found on your utility bill): 	
CITY:	STATE:
MAILING ADDRESS (if different than the service address): 	
CITY:	STATE:
CUSTOMER PRIMARY PHONE:	CUSTOMER ALTERNATE PHONE:

EMERGENCY (SECONDARY) CONTACT INFORMATION (Your application will be rejected unless you include an emergency contact name or insert "I choose not to provide and emergency contact name".)	
NAME OF EMERGENCY CONTACT: 	
MAILING ADDRESS: 	
CITY:	STATE:
PHONE:	
ALTERNATE PHONE (if any):	

CUSTOMER: I have read and understood the information and certify that the information provided on this application is correct.	
SIGNATURE:	DATE:
PATIENT/PATIENT'S GUARDIAN, PARENT, OR MANAGING CONSERVATOR: I have read and understood the information and certify that the information provided in this application about me (or the patient) is correct. I agree to the release of the information on this form concerning my (or the patient's) medical condition for the purposes stated on this application.	
SIGNATURE:	DATE:



(Signature required, even if same person as customer.)

TO BE COMPLETED BY PATIENT'S PHYSICIAN

FROM PAGE 2:	
Patient's name:	
Customer name:	Utility account number:

PART 2: ALL INFORMATION IS REQUIRED

Option #1	YES	NO
1) The patient is dependent upon an electric-powered medical device to sustain life.		

AND/OR

Option #2	YES	NO
2) The patient has a serious medical condition that requires and electric-powered medical device or electric heating or cooling to prevent impairment of a major life function through a significant deterioration or exacerbation of the person's medical condition.		
A) If yes to #2 above, has the above medical condition been diagnosed as a life-long condition?		

PHYSICIAN NAME: (Printed)	
TEXAS MEDICAL BOARD LICENSE NUMBER:	
PHONE:	FAX:
PHYSICIAN SIGNATURE:	DATE:

After completing the application, please forward a faxed or electronic copy of completed and signed application to the City of Brady Customer Service at the following:

Email: jhudson@bradytx.us, or destinyg@bradytx.us

Fax: 325-597-2068

