



**PSE&G**

*We make things work for you.*

PSE&G Account Number: \_\_\_\_\_

\_\_\_\_\_

**CRITICAL CARE PROGRAM CERTIFICATION**

*Completed and signed applications must be returned within 15 days*

New  Recertification  No Longer Require Protection

**CUSTOMER'S CERTIFICATION**

**1. CUSTOMER / PATIENT INFORMATION (REQUIRED FROM CUSTOMER)**

Customer of Record: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Is this a Mobile Number? Yes  No

Service Address: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_

*Should this phone number be considered your primary contact number? Yes  No*

**The Patient above: DOES  DOES NOT  use life-sustaining equipment that requires electricity in their home?**

If you answered "does," please have your prescribing licensed medical professional complete section #2.

If you answered, "does not," please continue with section #3.

**MEDICAL CERTIFICATION**

**2. MEDICAL CERTIFICATION (REQUIRED FROM PRESCRIBING LICENSED MEDICAL PROFESSIONAL)**

Medical Professional's Name: \_\_\_\_\_

Practice and/or Specialty: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

State License Number: \_\_\_\_\_ Patient's Last Exam Date: \_\_\_\_\_

Equipment Type: \_\_\_\_\_ Equipment Model #: \_\_\_\_\_

\_\_\_\_\_  
Prescribing Licensed Medical Professional Signature

**3. OTHER MEDICAL CONDITIONS**

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](http://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.*