

SAMPLE FORMS: APPLICATIONS  
Medical Baseline Allowance Application  
Form No. 4859-E (03/20)

Sheet 1

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 6097  
DECISION NO. 22-11-033

ISSUED BY

**Dan Skopec**  
Sr Vice President Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

SUBMITTED Feb 21, 2023  
EFFECTIVE Mar 23, 2023  
RESOLUTION NO. \_\_\_\_\_

# MEDICAL BASELINE ALLOWANCE INFORMATION & APPLICATION



## WHAT IS THE MEDICAL BASELINE ALLOWANCE PROGRAM?

The Medical Baseline Allowance program provides additional natural gas at the baseline rate for SoCalGas customers with certain medical conditions to help keep the house warm. It is not a discount or rebate. Customers on this program will receive 0.822 additional therms per day, billed at our baseline rate.

## HOW TO QUALIFY

To qualify, you or a full-time resident of your home must require additional heat due to a medical condition.

**Eligibility is NOT based on income.**

## WHAT IF I PAY MY LANDLORD FOR MY NATURAL GAS?

You may qualify for the program even if your landlord bills you for your natural gas. The landlord will reflect the allowance on your billing statement.

## HOW DO I APPLY?

To apply, complete Part 1 of the attached application. Next, have a medical provider complete Part 2 of the application, certifying the need for additional heat due to the medical condition. Medical providers include licensed medical doctors [M.D.], doctors of osteopathy [D.O.], nurse practitioners [N.P.] or physician's assistants [P.A.]. We accept applications via email from your medical provider.

**Apply online at [socalgas.com/medical](https://socalgas.com/medical)**

**Send the completed application to:**

SoCalGas  
Medical Baseline Allowance Program  
M. L. GT19A1  
P.O. Box 513249  
Los Angeles, CA 90051-1249

Fax: 213-244-4665

Email: [MedicalBaselineProgram@socalgas.com](mailto:MedicalBaselineProgram@socalgas.com)

Once we receive your application, we will review the information. If you qualify, you will see the allowance on your bill. Please allow one full billing cycle for the change. If you move, you must notify SoCalGas so that your allowance can be transferred to your new address. Providing assistance to customers with special needs is just one way we strive to keep natural gas affordable.

## WHAT IF I NEED ASSISTANCE?

If you need assistance in a language other than those listed below, please call our Language Interpreter Service Line at 888-427-1345.

Hearing impaired customers who are unable to use a conventional telephone can call us toll free at 800-252-0259 (available in English and Spanish only).

## FOR MORE INFORMATION

Please visit [socalgas.com/Medical](https://socalgas.com/Medical) or call 1-800-427-2200.

Para una solicitud de Asignación Médica Inicial en español, por favor llame al 1-800-342-4545.

欲知詳情，請洽 免費粵語專線: 1-800-427-1420

더 자세한 안내를 받으시려면 다음 한국어 전화로 문의해 주십시오:  
1-800-427-0471

欲知詳情，請洽 免費國語專線: 1-800-427-1429

Để biết thêm chi tiết bằng tiếng Việt, xin gọi:  
1-800-427-0478

**Please keep a completed copy of the application for your records.**



# APPLICATION FOR ENROLLMENT AND RENEWAL



## PART 1: TO BE COMPLETED BY CUSTOMER (PLEASE PRINT)

SoCalGas Customer Account Number:

Customer Name (as it appears on your bill):

Resident with Medical Condition (if different):

Service Address: City: State: ZIP:

Customer Mailing Address (if different): City: State: ZIP:

Home or Mobile Phone:

Email Address:

## FOR CUSTOMERS BILLED BY SOMEONE OTHER THAN SOCALGAS:

Name of Mobile Home or Apartment Complex:

Complex Address:

Complex Manager's Name:

Complex Phone: ( )

Name of Tenant:

Tenant's Phone: ( )

### I UNDERSTAND THAT

- 1 If the medical provider certifies that the resident's medical condition is permanent, SoCalGas will require completion of a form renewing continued resident's eligibility for the Medical Baseline Allowance every four years.
- 2 If the medical provider certifies that the resident's medical condition is not permanent, SoCalGas will require completion of a new application with a medical provider's certification every two years.
- 3 If the resident has a vision disability, the resident may contact SoCalGas to request special notification when either re-certification (to complete a new application with a medical provider's certification) or self-certification forms are mailed.
- 4 SoCalGas cannot guarantee uninterrupted natural gas service, and the resident is responsible for making alternate arrangements in the event of a natural gas outage.

I certify that the above information is correct. I also certify the Medical Baseline Allowance resident lives full-time at this address, and requires or continues to require the medical baseline allowance. I agree to allow SoCalGas to verify this information. **I also agree to promptly notify SoCalGas if the qualified resident moves or the Medical Baseline Allowance is no longer needed by the resident.**

Customer Signature:

Date:

The standard medical baseline allowance is 0.822 therms of natural gas per day, which is in addition to your daily standard baseline allocation. If this allowance does not meet your medical needs, please contact SoCalGas at 1-800-427-2200 to discuss additional amounts. Hearing impaired customers who are unable to use a conventional telephone can call us toll free at 1-800-252-0259 (available in English and Spanish only).

(Continued)

**PART 2: TO BE COMPLETED BY A MEDICAL PROVIDER (LICENSED MEDICAL DOCTOR [M.D.], DOCTOR OF OSTEOPATHY [D.O.], NURSE PRACTITIONER [N.P.] OR PHYSICIAN'S ASSISTANT [P.A.]**

I certify that the medical condition and needs of my patient (please print):

**1. Requires heating:**

Standard Medical Baseline Allowances are available for heating if patient is paraplegic, quadriplegic, hemiplegic, has multiple sclerosis or scleroderma or has a compromised immune system, life threatening illness, or any other condition for which **additional heating is medically necessary to sustain the person's life or prevent deterioration of the person's medical condition.**

**Additional heating is medically necessary:** (check one)  Yes  No

For (check one)  No. of Years \_\_\_\_\_ or  Permanently

**2. Requires use of a life-support device\*** (check one)  Yes  No

The following life-support device(s) is(are) used in the patient's home:

Device:	<input type="checkbox"/> Electricity	<input type="checkbox"/> Natural gas
Device:	<input type="checkbox"/> Electricity	<input type="checkbox"/> Natural gas
Device:	<input type="checkbox"/> Electricity	<input type="checkbox"/> Natural gas

\*Qualifying life-support equipment is any device which uses mechanical or artificial means to sustain, restore, or supplant a vital function. The device must run on natural gas supplied by SoCalGas. **Devices used for therapy rather than life-support, such as pools and spas, do not qualify.**

Patient's Last Name:

First Name:

Medical Provider's Name:

Phone No.: ( )

Office Address:

M.D./D.O./N.P./P.A. State License or Military License Number:

Medical Provider's Signature:

Date:

**MAIL APPLICATION TO:**

SoCalGas

Medical Baseline Allowance Program

M. L. GT19A1

P.O. Box 513249

Los Angeles, CA 90051-1249

Fax: 213-244-4665

Email:

MedicalBaselineProgram@socalgas.com