

Medical Certificate Request

EMWD Assist provides low-income customers who have a signed medical certificate from their primary care provider with extended payment amortization options to help them avoid discontinuation of residential water service. According to Senate Bill 998, a customer, or a tenant of the customer, may submit to the urban and community water system the certification of a primary care provider, as that term is defined in subparagraph (A) of paragraph (1) of subdivision (b) of Section 14099 of the Welfare and Institutions Code, that discontinuation of residential service will be life threatening to, or pose a serious threat to the health and safety of, a resident of the premises where residential service is provided.

Customer Information

EMWD Account Number _____

Customer Name _____ Patient Name: _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Physician Information

Physician Name _____ License No. _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Please check the box and sign below, certifying the discontinuation of residential water service will be life-threatening to, or a pose a serious threat to, the health and safety of the Patient named above.

Physician Signature _____ Date _____

Customer Signature _____ Date _____

By signing here, I am certifying under penalty of perjury that the patient listed above is a resident of the above-referenced customer address

Completed forms must be submitted through one of the following options:

Online www.emwd.org/EMWDAssist OR **Fax** 951.928.6177 OR **In-Person:** 2270 Trumble Road, Perris, CA 92570

Attention: Please do not submit any sensitive data such as social security number, drivers license number, birthdate, medical condition, or other protected data. Customer and their Primary Care Provider shall take all necessary steps to ensure that such certification does not contain confidential information, and the submission of any such information shall be deemed a waiver and consent to the District's use of such information for District-related purposes. EMWD reserves the right to verify information submitted on this form.