

**CRITICAL CUSTOMER CARE PROGRAM
CUSTOMER APPLICATION AND CERTIFICATION**

FORM 1007 (REV. 10-08)
ID NO. 58082011

NEW
 REVERIFICATION



Ohio Edison • The Illuminating Company • Toledo Edison
Met-Ed • Penelec • Penn Power • Jersey Central Power & Light

CUSTOMER STATEMENT

CUSTOMER OF RECORD (Please Print)		ACCOUNT NO.		
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NO.
NAME OF PATIENT				
IS THE PATIENT A PERMANENT RESIDENT OF THE HOUSEHOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		RELATIONSHIP OF PATIENT TO CUSTOMER OF RECORD		
As customer of record, I understand and agree that participation in the Critical Customer Care Program does not guarantee that electrical service interruptions will not occur. It is my responsibility as the customer to plan for these outages by arranging for an alternative power source or backup generator, as well as a plan for evacuation to another location. In addition, this situation has been reviewed with the physician, and I understand the physician's recommendation for the medical conditions in the event that interruption in electrical service should occur.				
CUSTOMER SIGNATURE			DATE	

PHYSICIAN CERTIFICATION (To Be Completed By A Licensed Physician)

Your patient named above has made application to the Critical Customer Care Program. This application must include physician information to verify the nature of the patient's medical condition and/or the use of life support equipment at the address indicated above. Eligibility for this program must be renewed no less than annually. Eligibility may be required more frequently, depending on the condition or expected duration of use.

Critical Customer Care Program The Critical Customer Care Program helps customers prepare for planned and unplanned power outages for whom a service interruption could be immediately life threatening or would make operation of necessary medical or life supporting equipment impossible or impractical.

Please provide the following information pertinent to your patient and this program.

PRIMARY MEDICAL CONDITIONS

SECONDARY CONTRIBUTORY CONDITIONS

MEDICAL OR LIFE SUPPORT EQUIPMENT

DURATION OF USE

Based on review of the above information, it is my professional opinion that this patient is medically eligible for the Critical Customer Care Program.

I have reviewed my recommendations with the patient or patient representative and discussed needs for an alternate power source, backup generator, or a plan for evacuation to another location.

PHYSICIAN SIGNATURE	M.D., D.O.	PHYSICIAN NAME (Please Print)	DATE	
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NO.

FIRSTENERGY CORP REVIEW/APPROVAL

CUSTOMER APPLICATION COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHYSICIAN RECOMMENDATION REVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADMINISTRATIVE APPROVAL GRANTED FOR CRITICAL CUSTOMER CARE PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDITIONAL INFORMATION OR FOLLOW-UP PLAN	
FirstEnergy REPRESENTATIVE SIGNATURE	DATE