



# First Responders with Burn Injuries Discount Application



The First Responders with Burn Injuries Discount program provides for a \$94.00 discount to qualified residential electric rate customers for the months of April to October of every year. In order to be eligible, all the following conditions must be met:

- Applicant must be a first responder who has a significantly decreased ability to regulate his or her body’s core temperature because of severe burn injuries sustained in the course of providing first responder duties.
- Applicant must provide confirmation from a medical facility, such as San Antonio Medical Military Center (SAMMC) which treats military personnel and civilians, that Applicant has a significantly decreased ability to regulate his or her body’s core temperature due to severe burns. The Applicant must provide medical confirmation every 24 months to continue participation in the Program.
- The discount may only be used on the Applicant’s energy account at their primary residence where they currently reside. The discount will apply even if the first responder is not the customer of record.

If the Applicant meets the above-stated conditions, Applicant shall complete Part A. Part B must be completed and submitted by a physician of a medical facility indicating that the Applicant meets the first bullet requirement.

Please ensure all information is correct and provided in a timely manner.

If you have any questions, please call CPS Energy at (210) 353-4838 to speak to a CPS Energy Representative.

### Part A: Account Holder Information

Account Holder Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_

Account # \_\_\_\_\_

Applicant’s Relationship to Account Holder: \_\_\_\_\_

Applicant currently resides at: \_\_\_\_\_

**By submission of this application, I hereby authorize CPS Energy to release all enclosed application information to other non-profit agencies and/or government entities (e.g. Bexar County, City of San Antonio etc) offering programs for the benefit of the resident or the home. (e.g., thermostat, minor repairs, energy and water efficiency, generation, conservation or community support services).**

### Part B: Physician Information

Patient’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**Physician Certification:**  
I hereby certify that the Patient who is applying to CPS Energy’s First Responders with Burn Injuries Discount Program is a first responder who has a significantly decreased ability to regulate his or her body’s core temperature because of severe burn injuries sustained in the course of providing first responder duties.

\_\_\_\_\_  
Physician’s Signature Date

**This application is required to be faxed by the Physician office to CPS Energy at (210)353-3666.**

### For CPS Energy Representative:

Received \_\_\_\_\_ Validated \_\_\_\_\_ SAP Processed \_\_\_\_\_