PASCOAG
UTILITY DISTRICT

Pascoag Electric • Pascoag Water

253 Pascoag Main Street
P.O. Box 107
Pascoag, RI 02859
Phone: 401-568-6222
TTY via RI Relay: 711
Fax: 401-568-0066
www.pud-ri.org

HANDICAPPED PROTECTION FORM - RI

I hereby state under oath that the following information is true and correct.

Account Holder: _____

Account Number: _____

Service Address: _____

_____

Telephone Number: _____

Name of Individual Who is Seriously Ill: _____

Relation to Account Holder: _____

It is important that the account information listed above is correct. ***Please Print***

To qualify for handicapped protection you may either have the licensed physician complete this section of the Handicapped Protection Form OR submit proof of receiving Social Security Disability (SSD). The customer affidavit below MUST be completed to receive protection.

TO BE COMPLETED BY LICENSED PHYSICIAN:

Print Patient's Name: _____

Print Impairment: _____

Print Licensed Physician's Name: _____ **License Number:** _____

Licensed Physician's Address: _____

Licensed Physician's Telephone Number: _____

The Rhode Island Public Utilities Commission defines a handicapped "as a physical or mental impairment which substantially limits one or more of such person's major life activities, and which would ordinarily prove a serious hindrance to obtaining employment. This impairment is material, rather than slight, relatively static as distinguished from definitely active or rapidly progressive, and relatively permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means."

I certify that the above-mentioned individual, at the address listed above, is handicapped as defined above and all information provided regarding the patient's health is current and accurate.

Licensed Physician Signature: _____ **Date**: _____

AFFIDAVIT TO BE COMPLETED BY CUSTOMER.

Residing permanently at this address is someone who has a physical or mental impairment which substantially limits one or more of such person's major life activities, and which would ordinarily prove a serious hindrance to obtaining employment. This impairment is material, rather than slight, relatively static as distinguished from definitely active or rapidly progressive, and relatively permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means.

Customer Signature: _____ Date: _____

The person whose signature appears above personally appeared before me and swore that the statements contained herein are true.

Notary Public Signature: _____ Date: _____

Notary Number: _____ Notary Expiration Date: _____

Pascoag Utility District requires this form to be submitted annually to recertigy the existence of the handicap to maintain the protection.

Please return this form **via Fax**: 401-568-0066 **or via Mail**: Pascoag Utility District, PO Box 107, Pascoag RI 02859