



UTILITY
PROGRAMS

HEALTH JEOPARDY VERIFICATION

Applicant Name: _____

Applicant Phone: _____

Applicant Address: _____

Dear Medical Professional:

The bearer of this Lane County **Health Jeopardy Verification** form is requesting that as a qualified medical professional*, you substantiate and certify that due to a valid medical condition, the applicant's health or the health of a member of the household would be **directly jeopardized** by termination of electrical service. If you certify to this statement, please complete and answer the questions below and sign at the bottom of this form.

PATIENT INFORMATION

Please print clearly and provide all applicable information.

① Patient Name: _____ Patient Age: _____

Patient Address: _____

② Has a significant medical condition: YES NO

③ Lack of electrical or other energy service would be life threatening for the patient: YES NO

④ Lack of electrical or other energy service would seriously endanger the patient's health: YES NO

⑤ How long has the patient been under your care for this condition? _____

⑥ Does the patient have medical equipment due to this condition that operates on electricity? YES NO

⑦ Does patient have back-up equipment in the event of service termination or power-failure? YES NO

PHYSICIAN / QUALIFIED MEDICAL PROFESSIONAL AUTHORIZATION

I hereby certify that I am a qualified medical professional and the foregoing is complete, true and accurate.
(All fields are REQUIRED)

Name (*printed*): _____ Date Authorized: _____

Signature: _____ Med. License #: _____

Office Address: _____ Office Phone: _____

FOR OFFICIAL USE ONLY

This completed document must be submitted directly from the medical provider's office to the organization listed below. It may be mailed, faxed or e-mail by the medical provider's office.

Agency Stamp

* "Qualified Medical Professional" is defined as a licensed physician or nurse practitioner/physician assistant authorized to diagnose and treat the medical condition described without direct supervision of a physician.