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**Medical Support Status Application**

If you are or are a caregiver of a member-owner who needs to have a constant power supply for a medical support system, you may qualify for placement on our Medical Support list. To apply for Medical Support Status with Randolph EMC, please submit the following form, complete with physician’s signature, along with documentation on the physician’s letterhead verifying your condition and the life support or medical device requiring electric power.

To the electric utility, *medical support* is defined as **requiring electricity 24 hours a day without cessation**. The information you provide will allow the cooperative to give special attention to homebound, critically, or terminally ill children or adults currently living in Randolph EMC’s service area who are on life sustaining equipment that will be affected during a power outage.

In the event of an extended outage, members on life sustaining equipment should be prepared to seek other means of electricity until power is restored. Other means of electricity may include, but are not limited to, a backup generator, an emergency shelter, or staying with friends or relatives with power. In emergency situations involving life support systems, you should call 911 for help. Having a Medical Support Status is not an indication or guarantee that power will be restored any faster.

Having a Medical Support Status also does not make a member exempt from his or her monthly obligations with Randolph Electric Membership Corporation. Should you have any questions or problems concerning your account, please contact our office so we may assist you.

Please provide Randolph EMC with written documentation on letterhead from your physician verifying your condition and the medical support or device requiring electric power and have physician sign this form below.

When the completed form with your signature, including your physician’s signature and documentation on letterhead is received, your account will be given Medical Support Status.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Person Using  Medical Support Equipment: |  | | | | |
| Name of Randolph EMC Member: |  | | | | |
| Account Number: |  | | | | |
| Account Service Address: |  | | | | |
| Email Address: |  | | | | |
| List all telephone numbers for the account: | | | | | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
| Is this a homebound or critically or terminally ill individual? | | | | Yes | No |
| Is this a hospice patient? | | | | Yes | No |
| Is this a premature baby? | | | | Yes | No |
|  | | | |  |  |
| List the type(s) of life-sustaining equipment  used 24 hours a day: |  | | | | |
|  |  | | | | |
| Authorized Physician or Member of Care Team: |  | | | | |
|  | | | | | |
| Physician’s Address: |  | | | | |
|  | | | | | |
|  | | | | | |
| Signature of Authorized Physician or Member of Care Team (Nurse, etc) | | | | | |
|  | | |  | | |
| Signature of Person on Medical Support | | | Date | | |
|  | | |  | | |
| Signature of Randolph EMC Member | | | Date | | |

**PLEASE RETURN TO:**

Randolph EMC, C/O Beth Richardson, PO Box 40, Asheboro, NC 27204

or email to [Beth.Richardson@RandolphEMC.com](mailto:Beth.Richardson@RandolphEMC.com)

**When this completed form has been received, your account will be given Medical Support Status.**