

# CARE

## Eligibility Verification Form

For faster processing, please verify online at [sce.com/verify](https://sce.com/verify).  
Only fill out this form for processing by mail.

<b>Customer Acct:</b>	7	<b>Service Acct:</b>	8
<b>Name:</b>			
<b>Address:</b>			
<b>Phone:</b>		<b>Email:</b>	

**Confirm Household Member information** (attach an additional paper, if needed)


Total Number of Household Members	Adults:	Children (under 18):	
Name of each household member (including yourself)	Adult or Child	Proof of Eligibility	
		Gross Annual Income	Public Assistance Program
<i>John Doe</i>	<i>Adult</i>	<i>\$ 24000</i>	<i>CalFresh</i>

OR:  I am no longer eligible and wish to de-enroll from the program.

I certify that the information that I have provided is both true and correct. Full program Terms and Conditions can be reviewed at [sce.com/carefera](https://sce.com/carefera).

	Signature:	Date:
---	------------	-------

Return to: CARE/FERA  
Southern California Edison  
PO Box 9527 Azusa, CA 91702

	<p>Please remember to sign the form above and submit proof of eligibility documentation by the deadline to maintain your CARE discount.</p> <p><b>Be sure to <u>black out</u> the first five digits of your social security number on any of your documents for added security.</b></p>
---	---

Visit [sce.com/privacy](https://sce.com/privacy) to learn more about how we protect your information.