

# CARE

## NON-PROFIT GROUP LIVING FACILITY APPLICATION

Your facility may qualify for an approximate 32.5% discount off your monthly SCE bill. Discount and eligibility criteria were established by the California Public Utilities Commission (CPUC).

### INSTRUCTIONS

1. Determine if the facility meets the eligibility guidelines below.
2. If the qualifying facility has satellite facilities, please provide that information as well.
3. Attach all required documents. (Application is NOT considered complete without the required documentation.)
4. Mail completed packet to:  
**SCE – CARE Program, P.O. Box 9527, Azusa, CA 91702.**  
If approved, the applicant must use the discount to confer a direct benefit on the occupants of the facility.

### FACILITY ELIGIBILITY AND REQUIREMENTS CRITERIA

The facility MUST meet all of the following criteria and possess the necessary supporting documentation relevant for one of the following:

1. Transitional Housing; Short- or Long-Term Care; or Homes for Physically or Mentally Disabled.
  - Submission of a valid license from the relevant State agency or adequate proof of eligibility.
  - Submission of IRS letter determining 501(c)(3) status.
  - The facility is required to offer additional services, such as meals or rehabilitation, in conjunction with lodging.
  - Facility residents have total annual household incomes that meet current CARE income guidelines (excluding any employee operating or managing the facility who lives on the premises).
2. Homeless Shelters; Hospices; or Women's Shelters.
  - Submission of Conditional Use Permit or adequate proof of eligibility
  - Submission of IRS letter determining 501(c)(3) status.
  - Facility must provide a minimum of six beds each night for a minimum of 180 days each year for person(s) who have no alternative residence, and primary function of facility is lodging.

Ensure 70% of energy used must be for residential purposes, including for those facilities with satellite campuses. Satellite facilities must be encompassed within the primary license, fulfill all eligibility requirements, and have utility account(s) in the entity's name.

Maintain accounting entries, records of residents' income eligibility, and supporting documentation of how the discount was utilized for the direct benefit of the residents. These records must be retained for the duration of the enrollment. A customer may be liable for back billing if statements made regarding the direct benefit cannot be supported by the appropriate documentation.

### Questions?

If you have questions or need additional assistance, please contact SCE at 800-447-6620 and one of our Energy Advisors will be more than happy to assist you. (TTY 800-352-9590)

To view current CARE Terms and Conditions, visit [sce.com/CARE](https://www.sce.com/CARE)

# CARE

## NON-PROFIT GROUP LIVING FACILITY APPLICATION

Entire application must be completed and signed.  
Mail to: SCE - CARE/FERA, P.O. Box 9527, Azusa, CA 91702

FACILITY INFORMATION			
<b>Service Account No.</b>	8	<b>Customer Account No.</b>	7
<b>Name on SCE Account</b>			
<b>Name of Facility</b>			
<b>Service Address</b>			
<b>Phone Number</b>			
<b>Email Address</b>			

ELIGIBILITY CHECKLIST		
If a qualifying facility has satellite locations, please provide the information requested on the other side of this application for each location.		
Applicant is the customer of record?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
100% of the facility residents are verified to meet CARE income requirements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
At least 70% of the energy is used for residential purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Facility operated under an IRS 501(c)(3) status? (attach documentation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Facility government owned, operated, or subsidized?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If re-certifying, estimated amount of discount received since last application?		
If re-certifying, describe how the discount will be/was utilized to benefit the residents:		

Group Living Facilities Only	
Primary purpose of facility:	
Services Offered:	Total No. of Residents:
Name of Licensing Agency(ies): (attach copy of license)	

Homeless Shelters Only			
How many beds does shelter have?	Is facility of 180 days or more annually?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

By signing this declaration, I affirm that my organization and facility meet the CARE qualifications outlined above. I declare under penalty of perjury that the CARE discount will be used to directly benefit the occupants of the facility. I commit to maintaining records of eligibility for the duration of the enrollment, renewing eligibility every four years, and promptly notifying SCE of any changes that would affect eligibility. I acknowledge SCE's right to request eligibility verification and records of how the CARE discount was utilized, and I understand SCE may re-bill my organization for failing to provide appropriate documentation. Unacceptable energy usage levels may result in removal from the program. Additionally, I understand and consent to the sharing of the enrolled facility's information with other utilities for enrollment in their assistance programs.

Authorized Representative	Title	Date
Name		
Signature		

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### SATELLITE LOCATIONS

Satellite locations associated with a qualifying facility are eligible for the discount if they are covered by the facility's license, have the facility's name on their utility bills, and meet all specified criteria. The qualifying facility should provide information for all qualified satellite facilities, and individual applications for the discount are not required. List the satellite facilities below:

Satellite Address:			
<b>Group Living Facilities Only</b>			
Total No. of Residents:	Is at least 70% of the facilities energy used for residential purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
100% of the facility residents verified to meet income requirements for single-person household		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Homeless Shelters Only</b>			
How many beds does shelter have?	Is facility of 180 days or more annually?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Satellite Address:			
<b>Group Living Facilities Only</b>			
Total No. of Residents:	Is at least 70% of the facilities energy used for residential purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
100% of the facility residents verified to meet income requirements for single-person household		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Homeless Shelters Only</b>			
How many beds does shelter have?	Is facility of 180 days or more annually?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Satellite Address:			
<b>Group Living Facilities Only</b>			
Total No. of Residents:	Is at least 70% of the facilities energy used for residential purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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