

## INFORMATION

**The California Alternate Rates for Energy (CARE)** program provides a discount of 32.5 percent on monthly utility bills for eligible customers.

**Family Electric Rate Assistance (FERA)** program provides a discount of 18 percent on monthly electric bills for qualified households.

If you have any questions, please call:  
1-800-798-5723

Spanish (Español): 877-226-6011

Chinese (中文): 800-843-8343

Korean (한국어): 800-628-3061

Vietnamese (Việt): 800-327-3031

Hearing Impaired (TDD/TTY): 800-352-8580

Please tear off this panel, seal and mail the completed application to Southern California Edison. No postage is necessary.

We offer many programs, tools, incentives, and rebates designed to help you reduce your energy usage and control your energy costs at home and work. Visit [sce.com/billhelp](https://www.sce.com/billhelp) to learn more about all of our helpful programs and services including:

- The **Energy Savings Assistance (ESA)** initiative aims to aid in energy conservation efforts and facilitate cost savings.
- The **Medical Baseline Program** offers supplementary kilowatt hours to eligible customers with specific medical conditions.
- The **Low Income Home Energy Assistance Program (LIHEAP)** extends support for bill payments to qualifying individuals.
- The **Arrearage Management Plan (AMP)** offers a debt forgiveness payment plan alternative to eligible participants.
- **California Lifeline**, a state program providing discounted home or cellular phone services to eligible households.
- Plus, much more...

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 84 ROSEMead CA

POSTAGE WILL BE PAID BY ADDRESSEE

**SOUTHERN CALIFORNIA EDISON**  
**CARE / FERA PROGRAM**  
**PO BOX 9527**  
**AZUSA CA 91702**



# CARE/FERA

Our California Alternate Rates for Energy (CARE) and Family Electric Rate Assistance (FERA) financial assistance programs.

## CARE/FERA Program Income Guidelines

## For New Enrollment



# RATE DISCOUNT APPLICATION

New Enrollees: Please complete the entire application, sign and return. Existing participants: no action is required to continue your participation.

## HOUSEHOLD INFORMATION

Service Account No. 8 Customer Account No. 7

Account Holder Name \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone No. \_\_\_\_\_ ☐ Mobile ☐ Landline Email \_\_\_\_\_

No. Household Members Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Total: \_\_\_\_\_

**ELIGIBILITY** If you check one or more programs listed below, you may skip the household income portion.

**Does anyone in your household actively participate in one of the following Public Assistance Programs? Check all that apply: (CARE Program Only)**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Medi-Cal/Medicaid | <input type="checkbox"/> Medi-Cal for Families (A & B) | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Bureau of Indian Affairs |
| <input type="checkbox"/> CalFresh/SNAP     | <input type="checkbox"/> WIC                           | <input type="checkbox"/> National School Lunch              | <input type="checkbox"/> Tribal Head Start        |
| <input type="checkbox"/> CalWorks/TANF     | <input type="checkbox"/> LIHEAP                        | <input type="checkbox"/> Tribal TANF                        |   |

**You may enroll in either CARE or FERA utilizing your household income.**

**GROSS annual income includes all income from all sources before taxes and deductions.**

**Total Gross annual household income** \$ \_\_\_\_\_ **.00**

**Please check the source(s) for all household income. Check all that apply:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Pension         | <input type="checkbox"/> Wages/Self-Employment Profits | <input type="checkbox"/> Interest or Dividends    | <input type="checkbox"/> Scholarships, Grants or Other Aid |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Disability/Workers' Comp      | <input type="checkbox"/> Rental or Royalty Income | <input type="checkbox"/> Insurance or Legal Settlements    |
| <input type="checkbox"/> SSP or SSDI     | <input type="checkbox"/> Unemployment Benefits         | <input type="checkbox"/> Spousal or Child Support | <input type="checkbox"/> Cash or Other Income              |

By completing this application, you affirm the accuracy of the information provided, agree to provide proof of income or eligibility upon request, and authorize SCE to share your information with other utilities, SCE contractors, state and federal agencies, and entities designated by the CPUC about other residential assistance programs. Additionally, you consent to receiving promotional messages via phone, text, and email regarding voluntary participation in other programs and services, and you can later opt out of these messages. Your participation is subject to the terms and conditions at [sce.com/carefera](https://sce.com/carefera).

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

Source Code (SCE Use Only):

[sce.com/privacy](https://sce.com/privacy)

14-782 072025



## Two ways to qualify...

You can qualify for CARE, if someone in your household participates in one of the approved Public Assistance Programs

or

You can qualify for CARE or FERA if your household meets the Income Requirements listed below:

Household Size	Total Combined Gross Annual Income*	
	Max. Income CARE	Max. Income FERA
1-2	up to \$42,300	\$42,301-\$52,875
3	up to \$53,300	\$53,301-\$66,625
4	up to \$64,300	\$64,301-\$80,375
5	up to \$75,300	\$75,301-\$94,125
Each add'l person	up to \$11,000	\$11,001-\$13,750

\*GROSS annual income includes all income from all sources before taxes and deductions

*Income Guidelines valid from June 1, 2025 to May 31, 2026*

**For faster enrollment visit us online at [sce.com/carefera](https://sce.com/carefera)**

**or scan the QR Code below.**



**Or you can enroll via Interactive Voice Line at 800-798-5723.**

Input your Electric Service Account number when prompted for account information.

Residents of Catalina Island:

Applicants for the CARE program for Electric Service (32.5% discount), will be automatically registered for CARE for Gas Service (20% discount) and CARE for Water Service (32.5% discount). To qualify for these discounts, it is essential to have active account(s) for the respective service(s).

FERA is applicable to electric service only.

To learn how SCE protects your privacy, visit us at [sce.com/privacy](https://sce.com/privacy)



Please Moisten and Seal

