

Charitable Assistance Programs

- We care about our customers and recognize that some face financial challenges. The City has designed for our customers who are having difficulty paying their electric bill a general information tool, listing charitable agencies, state programs, and community emergency resources that can be used by eligible households seeking financial support.
- The customer guide in no way constitutes a written or expressed referral or guarantee from the City between you and the agencies listed. All information printed is current as of the date printed on the brochure ... For a copy, please visit our office or obtain a printable listing from our website.



CITY OF DOVER

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MEDICAL CERTIFICATION PROGRAM

What You Should Know

A sample of a Medical Certification Form from the City of Dover. The form includes fields for Name, Account Number, Service Address, Phone, Work, Home, Cell, Patient's Name, and Relationship to Customer. It also contains a section for the customer to read and sign, with three bullet points regarding household residency, certification expiration, and payment obligations. The form ends with fields for Customer's Name, Date, and Signature.

The City of Dover
P.O. Box 67, Dover, DE 19901
Medical Certification Form

1 Customer Information below to be completed by the Customer ONLY. (Please type or print all information.)

Name: _____ Account Number: _____

Service Address: _____

Phone: _____ Work: _____ Home: _____ Cell: _____

Patient's Name: _____ Relationship to Customer: _____

City of Dover utility customer please read the following, initial and sign:

- I certify that the patient named above is a member of my household residing at the above address.
- I understand that this Certification will expire 120 days from the date above and must be re-submitted to continue participation in the Medical Program.
- I understand that this in no way releases me from my obligation to pay my monthly utility bill in accordance with the City of Dover's defined payment terms.

Customer's Name: _____ Date: _____

MEDICAL CERTIFICATION PROGRAM

What You Should Know....

The customer with a medical necessity for electrical and water services is urged to make emergency arrangements ahead of time to prepare for extended outages. We understand the inconvenience and hardship that loss of power presents. Whatever the cause of an outage, planning ahead is essential. Contact your healthcare provider to discuss other alternatives.

- The best way to protect food and medicine that must be refrigerated is with regular ice in an insulated cooler. Ice is inexpensive, easy to use and readily available from a local store. Melted ice can dub as a second source of water supply.
- Customers who experience medical distress due to a power outage are advised to seek immediate medical assistance.
- If termination of electric service shall adversely affect the health or recovery of the customer at the address, the customer can have a Delaware Licensed healthcare provider fax a completed City of Dover Medical Certification Form for review. **The form must be completed to avoid delay/denial in processing.**

www.cityofdover.com

For a copy of the City of Dover Medical Certification Form, please visit our office or obtain a printable copy from our website.

Important:

The Medical Certification in no way releases the customer from their obligation to pay their monthly utility bill in accordance with the City of Dover's defined payment terms.

The certification form must be renewed every 120 days.

State of Delaware Code:
<http://delcode.delaware.gov/title26/c001/sc01/index.shtml>