

**JCP&L / First Energy**  
**Critical Care Application**

**Critical Customer Care Program**

The Critical Customer Care Program identifies customers who use certain electrically operated life sustaining medical equipment in their home. The program helps customers - for whom a service interruption could be immediately life threatening, or would make operation of necessary medical or life supporting equipment impossible or impractical - prepare for planned and unplanned power outages. Please contact us if someone in your home uses this type of medical equipment.

Visit the First Energy website to get more details about the program and other Assistance Programs available:

**<https://www.firstenergycorp.com/content/customer/help/billingpayments/assistance-serviceprogram/jersey-central-powerlight.html>**

You can use the contact form found on the First Energy website to get more information. You can also call 800-662-3115, ask for the Credit and Collections Department, and once connected ask for the Critical Care Application. Application must be completed and returned to the JCP&L address provided.

**CRITICAL CUSTOMER CARE PROGRAM  
CUSTOMER APPLICATION AND CERTIFICATION**  
FORM 1007 (REV. 10-08)  
ID NO. 58082011

NEW  
 REVERIFICATION



Ohio Edison • The Illuminating Company • Toledo Edison  
Met-Ed • Panola • Penn Power • Jersey Central Power & Light

CUSTOMER STATEMENT				
CUSTOMER OF RECORD (Please Print)			ACCOUNT NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NO.
NAME OF PATIENT				
IS THE PATIENT A PERMANENT RESIDENT OF THE HOUSEHOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		RELATIONSHIP OF PATIENT TO CUSTOMER OF RECORD		
As customer of record, I understand and agree that participation in the Critical Customer Care Program does not guarantee that electrical service interruptions will not occur. It is my responsibility as the customer to plan for these outages by arranging for an alternative power source or backup generator, as well as a plan for evacuation to another location. In addition, this situation has been reviewed with the physician, and I understand the physician's recommendation for the medical conditions in the event that interruption in electrical service should occur.				
CUSTOMER SIGNATURE			DATE	
PHYSICIAN CERTIFICATION (To Be Completed By A Licensed Physician)				
Your patient named above has made application to the Critical Customer Care Program. This application must include physician information to verify the nature of the patient's medical condition and/or the use of life support equipment at the address indicated above. Eligibility for this program must be renewed no less than annually. Eligibility may be required more frequently, depending on the condition or expected duration of use.				
<b>Critical Customer Care Program</b> The Critical Customer Care Program helps customers prepare for planned and unplanned power outages for whom a service interruption could be immediately life threatening or would make operation of necessary medical or life supporting equipment impossible or impractical.				
Please provide the following information pertinent to your patient and this program.				
PRIMARY MEDICAL CONDITIONS				
SECONDARY CONTRIBUTORY CONDITIONS				
MEDICAL OR LIFE SUPPORT EQUIPMENT			DURATION OF USE	
Based on review of the above information, it is my professional opinion that this patient is medically eligible for the Critical Customer Care Program.				
I have reviewed my recommendations with the patient or patient representative and discussed needs for an alternate power source, backup generator, or a plan for evacuation to another location.				
PHYSICIAN SIGNATURE		PHYSICIAN NAME (Please Print)		DATE
M.D., D.O.				
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NO.
FIRSTENERGY CORP. REVIEW/APPROVAL				
CUSTOMER APPLICATION COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHYSICIAN RECOMMENDATION REVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADMINISTRATIVE APPROVAL GRANTED FOR CRITICAL CUSTOMER CARE PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO				
ADDITIONAL INFORMATION OR FOLLOW-UP PLAN				
FirstEnergy REPRESENTATIVE SIGNATURE			DATE	

**Send to: JCP&L- Customer Accounting  
P O BOX 579  
RED BANK, N J 07701-0579**