Life Support Equipment Application

The Life Support Equipment (LSE) Program is designed to assist a member of your household who relies on electrically operated life-sustaining medical equipment and would require immediate hospitalization if electric service is interrupted. **This program DOES NOT prioritize restoration.**

*** Please contact Central Hudson if any contact information changes. ***

SECTION I - INDIVIDUAL USING MEDICAL EQUIPMENT

Name of Person with Equipment:_____ Date of Birth: _____

Address: _____ Home Phone No:_____

Cell Phone No: _____ Email Address: _____

Required Emergency Contact Name for outages or other LSE Communications (if patient is unreachable):

Emergency Contact Name:_____ Phone No:_____

SECTION II - CUSTOMER INFORMATION & STATEMENT

Is your residence located in:

☐ Private Home – Homeowner's Name:_____

☐ Complex/Facility – Name:_____

Central Hudson Customer Name:_____ Account No.:_____

Home Phone No:_____ Cell Phone No:_____ Email:_____

Does customer have back-up equipment in case of power outage? ☐ Yes ☐ No

☐ I, the undersigned, understand that while on the Life Support Program, I remain solely responsible for payment of utility service and shall make reasonable efforts to pay charges for such service. This may also require that you complete a current financial statement.

☐ I certify the LSE resident lives full time at this address. I agree to allow Central Hudson to verify this information.

☐ I also agree to promptly notify Central Hudson if the qualifying resident moves or no longer needs Life Support Equipment or the LSE program.

Customer Signature: _____ Date: _____

SECTION III – TO BE COMPLETED IF EQUIPMENT IS NO LONGER REQUIRED

☐ The patient/account holder named above no longer requires the use of Life Support Equipment.

Customer Signature: _____ Date: _____

MEDICAL EQUIPMENT INFORMATION
(to be completed by a medical practitioner)

Customer Name:_____ Address:_____

Patient Name:_____ Date of Birth:_____

Address: _____

The above patient requires the use of life support devices †: ☐ Yes ☐ No

*Please note this program does not prioritize restoration or eliminate scheduled or storm outages.

†A qualifying life support device is any medical device used to sustain life. This device must run on electricity delivered by Central Hudson. It includes, but is not limited to, oxygen concentrators, iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, IPPB machines, and kidney dialysis machines. Devices used for therapy rather than life support do not qualify.

The following life-support device(s) is/are used in the above-named patient's residence:

Device: _____

Frequency of Use: _____ Times Per Week: _____ Hours Per Day: _____

Name of Equipment Supplier: _____ Telephone No: _____

PHYSICIAN'S STATEMENT

In accordance with the definition of a life support device and the information listed above as proof of use of such a device, I certify that the above-named individual does require an electrically operated device to sustain his/her life. This equipment requires uninterrupted electrical power for extended periods of time.

Physician:_____ Physician's State License Number:_____

Telephone No:_____

Address:_____

Signature:_____ Date:_____

Send completed application to:

Central Hudson Gas & Electric Corporation
284 South Avenue
Poughkeepsie, NY 12601

Fax: (845) 486-5658
Email: ConsumerOutreach@cenhud.com