



Notification of Special Needs

Please complete this evaluation and return to:

National Grid
Life Support Unit
300 Erie Boulevard West
Syracuse, NY 13202

Name _____

Address _____

City _____ Zip Code _____

Service Phone (_____) _____

Contact Phone (_____) _____

National Grid Account Number _____

Type of Residence ___Private Home ___Apartment

 If apartment, Apartment Supervisor's Phone: (_____) _____

 Is electric service included in your rent? ___Yes ___No

Special Needs Classification:

Is every member of your household age 18 or under, age 62 or older, blind or permanently disabled? ___Yes ___No

Life-Sustaining Equipment Classification:

Please identify the following equipment used in your household:

___ Home Kidney Dialysis Machines

___ Continuous Ventilation Devices

___ Suction-Aspiration Devices

___ Apnea Monitors

___ Iron Lung

___ Other: Please specify: _____