

Notification of Special Needs

Please complete this evaluation and return to:

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

Name _____ Date _____

Address _____

City _____ Zip Code _____

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:

ALL HOUSEHOLD MEMBERS MUST BE:

ELDERLY: 62 years of age or over, and/or 18 years of age or younger,

BLIND: Blind (Legally or Medically),

DISABLED: Receiving permanent disability collecting SSI or SSD or collecting Military or Service connected disability from VA.

In my household (Check which box applies):

Names of ALL Household Members	Date of Birth	Elderly	Blind	Disabled

Life-Sustaining Equipment Classification:

If equipment is used in your household, please check which type of equipment and fill in required information below :

- Home Kidney Dialysis Machines
- Suction-Aspiration Devices
- Iron Lung
- Ventilation Devices
- Apnea Monitors for Infants
- Other – please specify: _____

Patient Name	Doctor Name	Office Phone #	Office Fax #