

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:

Are **all** members 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

Ventilation Devices

Suction-Aspiration Devices

Apnea Monitors for Infants

Iron Lung

Other – please specify: _____