

**CUSTOMER with SPECIAL NEEDS
REGISTRATION & CERTIFICATION**

New Applicant

Renewal

The following information is required to assist JPS in administering its programme for Customers with Special Needs, and is to be completed by persons wishing to establish Special Needs status. To qualify for this programme, you or a member of the same household, must be chronically ill, seriously ill, disabled or on a life support system. The Special Needs Programme helps us handle your account with special care, which includes providing notification prior to service disconnection to allow for any necessary arrangements to be made, notification of planned maintenance area outages and limited extension of time to pay bills.

A. To be completed by Account Holder

Account Name: _____ Account Number: _____

Service Address: _____

Mailing Address:
(if different) _____

TRN: _____ Email address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Category of Disability: Hearing Visual Motor Intellectual Speech

Reference Name: _____ Email address: _____ Phone: _____

B. To be completed by Licensed Medical Practitioner (for Life Support Applicants only)

Patient Name: _____ Patient's Date of Birth: _____

Alternate/Emergency Contact Name: _____ Alternate/Emergency Contact Phone: _____

Please identify and describe the condition(s) that qualifies the patient for this Special Needs Programme:

Chronically ill Seriously ill Disabled On Life Support

Describe health condition and/or disability: _____

Expected duration of condition and/or disability: _____

Electrical medical equipment required at home (type/category): _____

Hours per day medical equipment is used: _____

Patient is Ambulatory? Yes No Patient is able to leave home unassisted? Yes No

Based on patient's illness or disability, please check one of the following options:

- Disconnection of electrical service would be extremely hazardous to the health of the patient because electricity is used to operate equipment that is required for continual life support.
- Disconnection of electrical service for more than a few hours may be a health risk for the patient if no alternate arrangements are made.
- Disconnection of electrical service would be an inconvenience to the patient's health but does not represent a life-threatening situation.

I, _____ (print name) with license No _____ hereby certify the above to be true and accurate to the best of my knowledge. Please include Doctor's stamp as additional proof of authorization.

Phone: _____ Address: _____

Signature: _____ Date: _____

PLEASE READ THE FOLLOWING SECTION CAREFULLY

To qualify I must be a Disabled Citizen: An individual shall be considered to be a person with disabilities or a person with special needs for the purposes of this programme, if he or she is a person with a disability or a person with special needs associated with a disability or illness such that the person is unable to substantially engage in any activity by reason of any determined medical, physical or mental impairment which may result in death or be of long continued and/or indefinite period of time. Such disability or special needs have to be certified by a medical practitioner so licensed in Jamaica.

C. Services Requested (please tick where required):

- E-Billing services where a copy of your bill is emailed to you
- Collection of bill from nearest parish office instead of receiving via post
- Text message alerts prior to disconnection

Signature of Applicant/Guardian of Disabled/Special Needs person

_____/_____/_____

Date

PLEASE FOLLOW ALL INSTRUCTIONS BELOW AS INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED:

- a. Please provide Proof of Disability. This includes:
 - i. Having a physician complete section B of this form if you are a Life Support Status Applicant (JPS is not responsible/liable for any medical fees incurred)
 - ii. Providing a certified copy of your Disabilities ID as provided by the Disabilities Association.
- b. Completed forms are to be returned to the nearest JPS Parish office or the Customer Care Centre located at 6 Knutsford Boulevard, Kingston 5.

Note: Customers under the Life Support Programme will need annual re-certification of their medical condition from a registered medical doctor appointed by JPS.

PLEASE NOTE:

Participation in the Customers with Special Needs Programme does not:

- Guarantee an uninterrupted supply of electricity
- Exempt customers from payment of bill by the agreed due date
- Prevent disconnection of service due to non-payment of bills or other conditions as set out in the Company's Terms and Conditions

D. In the future I would be interested in:

- Text message alerts when bills are ready providing amount due and payment due date
- Text message alerts to notify of known maintenance outages