

Cal. P.U.C. Sheet No. Cal. P.U.C. Sheet No.

34200-G 33341-G

San Francisco, California

Gas Sample Form No. 62-0156 CARE Program Application for Nonprofit Group Living Facilities

> **Please Refer to Attached** Sample Form

Sheet 1

Advice 3967-G Decision

Issued by Robert S. Kenney Vice President, Regulatory Affairs Date Filed May 1, 2018 Effective June 1, 2018 Resolution



CARE PROGRAM APPLICATION **Nonprofit Group Living Facilities**

Save on your monthly PG&E bill

Choose the best rate plan for you. Learn more⁺.

California Alternate Rates for Energy (CARE)

pge.com/care

The CARE program offers a monthly discount on PG&E bills for qualifying nonprofit group living facilities based on criteria established by the California Public Utilities Commission. Please review this application carefully to see if your facility qualifies. If you have questions, email CAREandFERA@pge.com or call the Hotline at 415-973-7288, 8 a.m. to 4 p.m., Monday-Friday, excluding holidays.

How You Can Apply

Read all the information, including the eligibility criteria for both organizations and facilities, before you complete this application.

Determine if your facility meets the definition of a gualified nonprofit group living facility. The facility must meet all criteria to qualify for a monthly CARE discount.

Complete the entire application, making sure to fill out a separate application for each type of qualified facility.

Attach all required documents; otherwise your application will be considered incomplete. Required documents include:

- A copy of a currently valid Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s)
- A copy of your license to provide social service by the appropriate agency
- A complete list of your facility's PG&E accounts (See Section 5 of the application.)

Return your completed application using **one** of the following methods:

- Online: Apply online for faster enrollment at pge.com/care.
- Email: Take clear pictures of your completed application and required documentation or scan these materials; convert these images into a PDF (portable document file) and email it to CAREandFERA@pge.com.
- Fax: Send completed application and required documentation to 1-877-302-7563.
- Mail to: Pacific Gas and Electric Company CARE Program P.O. Box 7979 San Francisco, CA 94120-7979

Eligible Facilities

Homeless Shelters, Hospices and Women's Shelters

- Lodging must be the facility's primary function.
- Facility must be open with at least six beds for a minimum of 180 days and/or nights per year at each facility's service address.
- Satellite facilities (facilities associated with the headquarter) in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes. NOTE: Applications for satellite facilities must be completed by the organization that holds the documentation required.

Required Supporting Documentation

Copy of a currently valid Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s).

Group Living Facilities

These facilities are defined as transitional housing (such as drug rehabilitation or half-way houses), short- or long-term care facilities (such as hospice, nursing home, children's and seniors' homes), group homes for physically or mentally challenged people, or other nonprofit group living facilities.

- Each facility must provide a special-needs social service, such as meals or rehabilitation, in addition to lodging.
- Satellite facilities in the name of the licensed organization are also eligible, as long as 70 percent of the energy supplied is used for residential purposes **and** the facility also provides special-needs social services. NOTE: Applications for satellite facilities must be completed by the organization that holds the documentation that shows the special needs social services that are provided.

Required Supporting Documentation

- Copy of your currently valid Federal 501(c)(3) tax exemption document with the same name as the PG&E account(s).
- Copy of a license to provide service by the appropriate agency, such as the State Department of Social Services, Department of Drug and Alcohol program or the Department of Health Services **OR** be able to show some other proof of service that meets with PG&E's satisfaction.

See other side for more information

Facilities NOT Eligible

- Nonprofit facilities that only provide social services
- Group living facilities that only provide lodging
- Government-owned and/or -operated facilities
- Government-subsidized facilities that only provide lodging

Eligibility Criteria for Organizations

Each facility MUST meet ALL of the following:

- Organization operating the facility must be able to prove its Federal 501(c)(3) status.
- Name on the PG&E account(s) must match the name on the Federal 501(c)(3) tax exemption.
- Seventy percent of the energy supplied to each PG&E account, including common use areas, must be used for residential purposes.
- Organization must verify that total gross annual income of all facility's residents and/or households, at any given time, meet the current CARE income eligibility guidelines. *NOTE: This excludes any employee operating or managing the facility who lives on the premises. Please see the enclosed sheet for the current CARE income guidelines.*
- Organization is required to renew its CARE eligibility by completing a new application, attaching all required documentation (updated as necessary) and providing an explanation as to how the previous year's CARE discount was used to directly benefit its residents.

Organization's Responsibilities

As the applicant, your organization is required to:

- Provide proof of the facility's eligibility (see *Eligible Facilities*), and submit required documentation with their CARE application.
- Verify that total gross annual income of all your facility's residents and/or households, at any given time, meet the current CARE income guidelines (see *CARE Income Guidelines* sheet) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- Maintain records of your residents' income eligibility, as demonstrated by Federal tax returns, payroll stubs or similar records acceptable to PG&E. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Show at renewal how the previous year's CARE discount directly benefited your residents.
- Maintain accounting entries and supporting documentation that demonstrates how the previous year's CARE discount directly benefited your residents. These records must be retained for three years from the date of the initial CARE application and/or renewal.
- Upon request from PG&E, provide documentation for your residents' income eligibility and/or documentation that shows how the CARE discount directly benefited the residents.
- Provide all information requested by PG&E. Failure to do so will result in denial or removal from the CARE program. In addition, your organization may be subject to rebilling for the period it was ineligible for the discount, as determined by PG&E.



CARE PROGRAM APPLICATION Nonprofit Group Living Facilities

Please complete all sections of this application, including the reverse side of this page. Then sign and date this form and return it to PG&E as soon as possible. **If you qualify, your CARE discount will appear on the first page of your next PG&E bill.**

Your Organization's Name (Must be the org	ganization with t	he IRS tax exe	mption.)								
Your Facility's Name (If different from the n	ame on the PG&	E bill.)									
Facility Address											
City/State/Zip Code											
Facility Mailing Address (If different) City/S	itate/Zip Code										
Primary Contact			Secon	dary Coi	ntact						
Phone Number			Phone	Numbe	r						
Fax Number			Fax Nu	umber							
Email Address			Email	Address	5						
Please use a separate application	2A. Type of I Group Livir Homeless	ng Facility	Please	0 0	service	Rehabilita	-				
Please use a separate application	Group Livir	ng Facility Shelter	Please	check all ging nseling	service		ation	scribe):			
Please use a separate application for each TYPE of facility.	Group Livir Homeless Hospice	ng Facility Shelter Shelter	Please Lod Cou Mea	check all ging nseling als	service	Rehabilita Training	ation	scribe):			
Please use a separate application for each TYPE of facility. CARE Program Renewa	Group Livir Homeless Hospice Women's S	ng Facility Shelter helter	Please Lod Cou Mea	check all ging nseling als ON	service	Rehabilita Training Other (Ple	ation ease des			on and	the
Please use a separate application for each TYPE of facility. CARE Program Renewa If you want to renew your facility's CARE eligibility, please explain how your	Group Livir Homeless Hospice Women's S	ng Facility Shelter helter four De By signing th acility we op	Please Cou Cou Mea Clarati is declarati erate quali	check all ging nseling als ON on, I cer fy for CA	tify tha	Rehabilita Training Other (Pla It our no Iso agro	ation ease des onprofi ee to th	t orga	nizatio	progra	
Please use a separate application for each TYPE of facility. CARE Program Renewa If you want to renew your facility's CARE eligibility, please explain how your organization used the savings from last	Group Livir Homeless Hospice Women's S	ng Facility Shelter Your De By signing th acility we op and condition	Please Lod Cou Mea Clarati is declarati is declarati is n order t	check all ging nseling als ON on, I cer fy for CA to remai	tify tha	Rehabilita Training Dther (Ple tour no lso agre ble for t	onprofi ee to the CAF	t orga ne foll RE pro	nizatio owing gram:	progra	ım ter
Please use a separate application for each TYPE of facility. CARE Program Renewa If you want to renew your facility's CARE eligibility, please explain how your organization used the savings from last year's CARE discount to directly benefit	Group Livir Homeless Hospice Women's S	ng Facility Shelter four De By signing th acility we op and condition . The informati true and correct	Please Lod Cou Mea Clarati is declarati is declarati perate qualitions in order to on I have provident.	check all ging nseling als ON on, I cer fy for CA to remai ded here i	tify that ARE. I a s 5.	Rehabilitä Training Other (Ple It our no Iso agr ble for t I will rene every two	ease des onprofi ee to th he CAF	it orga ne follo RE pro rganiza nd notif	nizatic owing gram: tion's eli	progra igibility a of any c	im tei at least
Please use a separate application for each TYPE of facility. CARE Program Renewa If you want to renew your facility's CARE eligibility, please explain how your organization used the savings from last year's CARE discount to directly benefit	Group Livir Homeless Hospice Women's S	ng Facility Shelter four De By signing th acility we op and condition . The informati true and corro. . The organizat of record.	Please Lod Cou Mea Claration is declaration is declaration is in order to on I have provi- act. ion is a PG&E	check all ging nseling als ON on, I cer fy for CA to remai ded here i customer	tify that n eligil s 5.	Rehabilitä Training Other (Ple at our no lso agr ole for t I will rene every two that may PG&E res	ease des onprofi ee to th he CAF ew our of years a affect ou serves th	it orga ne folla RE pro rganiza nd notif ur CARE ne right	nizatic owing gram: tion's eli y PG&E e eligibil to reque	progra igibility a of any c ity. est verifie	im ter at least hanges cation o
Please use a separate application for each TYPE of facility. CARE Program Renewa If you want to renew your facility's CARE eligibility, please explain how your organization used the savings from last year's CARE discount to directly benefit	Group Livir Homeless Hospice Women's S	ng Facility Shelter helter four De By signing th acility we op ind condition . The informati true and corror . The organizat of record. . Total gross an residents and	Please Cou Cou Mea Cou Clarati cl	check all ging nseling als ON on, I cer fy for CA to remai ded here i customer f all facility ds meet	tify that ARE. I a n eligil s 5. 6.	Rehabilitä Training Other (Ple t our no lso agr o ble for t I will rene every two that may PG&E res records d may rebil	ease des conprofi ee to th he CAF ew our ou years a affect ou serves th lemonstructure l the org	it orga ne folla RE pro rganiza nd notif ur CARE ne right rating e	nizatic owing gram: tion's eli y PG&E e eligibil to reque ligibility	progra igibility a of any c ity. est verific at any ti	at least hanges cation of me and
Please use a separate application for each TYPE of facility. CARE Program Renewa If you want to renew your facility's CARE eligibility, please explain how your organization used the savings from last year's CARE discount to directly benefit	Group Livir Homeless Hospice Women's S	Ang Facility Shelter Angle Angle Ang	Please Lod Cou Mea Clarati is declarati is declarati is declarati is n order t on I have provi ect. ion is a PG&E nual income o lor household ARE income g itation is availa	check all ging nseling als ON on, I cer fy for CA to remai ded here i customer f all facility as meet uidelines, able to	tify that ARE. I a n eligil s 5. ćs 7.	Rehabilitä Training Other (Ple at our no lso agro ble for t I will rene every two that may PG&E res records d may rebil if appropi I underst.	ation ease des onprofi ee to th he CAF ew our of years a affect ou serves th emonstri l the org riate. and that	it orga ne folla RE pro rganiza nd notif ur CARE ne right rating e anizatic PG&E	nizatic owing gram: tion's eli y PG&E eligibil to reque ligibility on at the may sha	progra igibility a of any c ity. est verific at any ti e applica	im ter at least hange cation o me and ble rato acility's
Please use a separate application for each TYPE of facility. CARE Program Renewa If you want to renew your facility's CARE eligibility, please explain how your organization used the savings from last year's CARE discount to directly benefit	Group Livir Homeless Hospice Women's S	Ang Facility Shelter A belter A belter A condition A c	Please Lod Cou Mea Clarati is declarati is declarati is norder t on I have provi ect. ion is a PG&E nual income o /or household ARE income g itation is availa this statement count meets th	check all ging nseling als ON on, I cer fy for CA to remai ded here i customer f all facility ds meet uidelines, able to the 70 perce	tify that RE. I a n eligil s 5. ćs 7. ent	Rehabilitä Training Other (Ple Dther (Ple at our no lso agr ole for t I will rene every two that may PG&E res records d may rebil if appropi I understa name and for the so	ease des conprofi ee to the he CAF ew our our years an affect our serves the lemonstril the orgonized and that a dadressi ole purpo	it orga ne folla RE pro rganiza nd notif ur CARE ne right rating e anizatic PG&E I s with o ose of fa	nizatic owing gram: tion's eli y PG&E eligibility on at the may sha ther util acilitatin	progra igibility a of any c ity. est verifi at any ti applica are our fa ities or t	im ter at least hanges cation o me and ble rate acility's heir ag
Please use a separate application for each TYPE of facility. CARE Program Renewa If you want to renew your facility's CARE eligibility, please explain how your organization used the savings from last year's CARE discount to directly benefit	Group Livir Homeless Hospice Women's S	ng Facility Shelter helter four De By signing th acility we op ind condition . The informati true and corre . The organizat of record. . Total gross an residents and the current C and documer substantiate . Each PG&E ac residential en	Please Lod Cou Mea Clarati is declarati is declarati is declarati is n order t on I have provi ect. ion is a PG&E nual income o lor household ARE income g itation is availa this statement	check all ging nseling als ON on, I cer fy for CA to remai ded here i customer f all facility ds meet uidelines, able to the 70 perce eria as	tify that RE. I a n eligil s 5. ćs 7. ent	Rehabilitä Training Other (Ple Dther (Ple I vill rene every two that may PG&E res records d may rebil if appropu I underst: name and	ease des conprofi ee to the he CAF ew our our years an affect our serves the lemonstril the orgonized and that a dadressi ole purpo	it orga ne folla RE pro rganiza nd notif ur CARE ne right rating e anizatic PG&E I s with o ose of fa	nizatic owing gram: tion's eli y PG&E eligibility on at the may sha ther util acilitatin	progra igibility a of any c ity. est verifi at any ti applica are our fa ities or t	im ter at least hanges cation o me and ble rate acility's heir ag
Please use a separate application for each TYPE of facility. CARE Program Renewa If you want to renew your facility's CARE eligibility, please explain how your organization used the savings from last year's CARE discount to directly benefit	Group Livir Homeless Hospice Women's S	ng Facility Shelter helter four De By signing th acility we op ind condition . The informati true and corre . The organizat of record. . Total gross an residents and the current C and documer substantiate . Each PG&E ac residential en	Please Lod Cou Mea Cou Mea Clarati is declarati is declarati is declarati is norder t on I have provi ect. ion is a PG&E nual income o I/or household ARE income g tation is availa this statement count meets tl ergy usage crit	check all ging nseling als ON on, I cer fy for CA to remai ded here i customer f all facility ds meet uidelines, able to the 70 perce eria as	tify that RE. I a n eligil s 5. ćs 7. ent	Rehabilitä Training Other (Ple Dther (Ple at our no lso agr ole for t I will rene every two that may PG&E res records d may rebil if appropi I understa name and for the so	ease des conprofi ee to the he CAF ew our our years an affect our serves the lemonstril the orgonized and that a dadressi ole purpo	it orga ne folla RE pro rganiza nd notif ur CARE ne right rating e anizatic PG&E I s with o ose of fa	nizatic owing gram: tion's eli y PG&E eligibility on at the may sha ther util acilitatin	progra igibility a of any c ity. est verifi at any ti applica are our fa ities or t	im ter at least hanges cation o me and ble rate acility's heir ag
Facility Information Please use a separate application for each TYPE of facility. CARE Program Renewa If you want to renew your facility's CARE eligibility, please explain how your organization used the savings from last year's CARE discount to directly benefit your residents:	Group Livir Homeless Hospice Women's S	ng Facility Shelter helter four De By signing th acility we op ind condition . The informati true and corre . The organizat of record. . Total gross an residents and the current C and documer substantiate . Each PG&E ac residential en	Please Lod Cou Mea Cou Cou Cou Cou Cou Cou Cou Cou	check all ging nseling als ON on, I cer fy for CA to remai ded here i customer f all facility ds meet uidelines, able to he 70 perce eria as	tify that ARE. I a n eligil s 5. 6. /s 7. ent	Rehabilitä Training Other (Ple Dther (Ple at our no lso agr ole for t I will rene every two that may PG&E res records d may rebil if appropi I understa name and for the so	ease des conprofi ee to the he CAF ew our our years an affect our serves the lemonstril the orgonized and that a dadressi ole purpo	t orga ne folla RE pro rganiza nd notif ur CARE anization e right rating e anization PG&E S with o obse of fa program	nizatic owing gram: tion's eli y PG&E eligibility on at the may sha ther util acilitatin	progra igibility a of any c ity. est verific at any ti e applica are our fa ities or t ig enroll	at least hanges cation of me and ble rato heir ag ment i
Please use a separate application for each TYPE of facility. CARE Program Renewa If you want to renew your facility's CARE eligibility, please explain how your organization used the savings from last year's CARE discount to directly benefit	Group Livir Homeless Hospice Women's S	ng Facility Shelter The the formation of the organization of the correct The correct of the correct of the correct the correct of the correct of the correct of the correct the correct of the correct of th	Please Lod Cou Mea Cou Cou Cou Cou Cou Cou Cou Cou	check all ging nseling als ON on, I cer fy for CA to remai ded here i customer f all facility ds meet uidelines, able to he 70 perce eria as	tify that ARE. I a n eligil s 5. 6. /s 7. ent	Rehabilitä Training Other (Ple Dther (Ple at our no lso agr ole for t I will rene every two that may PG&E res records d may rebil if appropi I understa name and for the so	ease des conprofi ee to the he CAF ew our ou years a affect ou serves the lemonstri l the orgeniate. and that d addressible purpoistance p	t orga ne folla RE pro rganiza nd notif ur CARE anization e right rating e anization PG&E S with o obse of fa program	nizatic owing gram: tion's eli y PG&E eligibility on at the may sha ther util acilitatin	progra igibility a of any c ity. est verific at any ti e applica are our fa ities or t ig enroll	at least hanges cation of me and ble rate acility's heir ag ment i

Information collected on this application is handled in accordance with PG&E's Privacy Policy. The Privacy Policy is available at **pge.com/privacy**. "PG&E" refers to Pacific Gas and Electric Company, a subsidiary of PG&E Corporation. ©2018 Pacific Gas and Electric Company. All rights reserved. These offerings are funded by California utility customers and administered by PG&E under the auspices of the California Public Utilities Commission. Automated Document, Preliminary Statement, Part A

5

Your PG&E Facility Account(s) For individual facilities of the same type (such as a Group Living Facility or Homeless Shelter), please attach a separate sheet for more than four addresses.

PG&E Account Number (Find yours on page 1 of your PG&E bill.)	Electric Service ID#
	Gas Service ID#
Service Address	
City/State/Zip Code	
	Number of days this facility is occupied each year:
Satellite facility? Yes No Common Use Area Account? Yes No	Total number of residents (Excluding on-site manager):
PG&E Account Number (Find yours on page 1 of your PG&E bill.)	Electric Service ID#
	Gas Service ID#
Service Address	
Service Address	
City/State/Zip Code	Number of days this facility is occupied each year:
Satellite facility?	
Common Use Area Account? 🛛 Yes 🗆 No	Total number of residents (Excluding on-site manager):
	Electric Service ID#
PG&E Account Number (Find yours on page 1 of your PG&E bill.)	
	Gas Service ID#
Service Address	
City/State/Zip Code	
Satellite facility?	Number of days this facility is occupied each year:
Common Use Area Account?	Total number of residents (Excluding on-site manager):
PG&E Account Number (Find yours on page 1 of your PG&E bill.)	Electric Service ID#
	Gas Service ID#
Service Address	
City/State/Zip Code	
	Number of days this facility is occupied each year:
City/State/Zip Code Satellite facility? Yes No Common Use Area Account? Yes No	Number of days this facility is occupied each year: Total number of residents (Excluding on-site manager):