



## Burned Veteran's Discount Application (Rider E18)

The Burned Veteran's Discount program provides for a \$94.00 discount to qualified residential electric rate customers for the months of April to October of every year. In order to be eligible, all the following conditions must be met:

- Applicant must be a military veteran who has a significantly decreased ability to regulate his or her body's core temperature because of severe burns received during armed conflict or in combat.
- Applicant must provide confirmation from a military medical facility, such as San Antonio Medical Military Center (SAMMC), that Applicant has a significantly decreased ability to regulate his or her body's core temperature due to severe burns. The Applicant must provide medical confirmation every 12 months to continue participation in the Program.
- The discount may only be used on the Applicant's energy account at their primary residence where they currently reside. The discount will apply even if the veteran is not the customer of record.

If the Applicant meets the above-stated conditions, Applicant shall complete Part A. Part B must be completed and submitted by a physician of a military medical facility indicating that the Applicant meets the first bullet requirement.

Please ensure all information is correct and provided in a timely manner.

If you have any questions, please call CPS Energy at (210) 353-4VET (4838) to speak to a Customer Representative.

### Part A: Account Holder Information

Account Holder Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_

Account # \_\_\_\_\_

Applicant's Relationship to Account Holder: \_\_\_\_\_

Applicant currently resides at: \_\_\_\_\_

**By submission of this application, I hereby authorize CPS Energy to release all enclosed application information to other non-profit agencies and/or government entities (e.g. Bexar County, City of San Antonio etc) offering programs for the benefit of the resident or the home. (e.g., thermostat, minor repairs, energy and water efficiency, generation, conservation or community support services).**

### Part B: Physician Information

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Physician Certification:**  
 I hereby certify that the Patient who is applying to CPS Energy's Burned Veterans' Discount Program is a military veteran who has a significantly decreased ability to regulate his or her body's core temperature because of severe burns received during armed conflict or in combat.

\_\_\_\_\_  
 Physician's Signature Date

**To expedite the application process this form must be faxed to (210)353-3666.**

For CPS Energy Representative: (Initial & Date)

Received \_\_\_\_\_ Validated \_\_\_\_\_ VDP SAP Processed \_\_\_\_\_ CC SAP Processed \_\_\_\_\_