Humboldt Community Services District

Dedicated to providing high quality, cost effective water and sewer service for our customers

APPLICATION FOR
ALTERNATIVE PAYMENT ARRANGEMENTS FOR QUALIFYING CUSTOMERS FORM

HCSD SB998 Policy, Section IV

Account Number:	Customer Account Holder Name:
Service Address:	Mailing Address:
Qualifying Resident Name:	

1st Requirement: Certification of life threatening or health and safety situation. A Primary Care Provider must complete the following section or attach a separate statement:

Name of Primary Care Provider:	
Primary Care Provider Phone #:	
Primary Care Provider Address:	

Type of Primary Care Provider – please check all that may apply:

- ☐ Internist
- ☐ General Practitioner
- ☐ Obstetrician-Gynecologist
- ☐ Pediatrician
- ☐ Non-physician Medical Practitioner
- ☐ Primary Care Clinic
- ☐ Rural Health Clinic
- ☐ Community Clinic
- ☐ Family Practice Physician
- ☐ Hospital Outpatient Clinic enrolled in the Medi-Cal Program, agreeing to provide case management to Medi-Cal beneficiaries

I, _____, certify the discontinuation of residential water and/or sewer service will be life threatening to, or pose a serious threat, to the health and safety of the Qualifying Resident identified above.

Primary Care Provider Signature & Date: _____

2nd Requirement: Evidence of financial hardship. Attach evidence of qualified participation in one or more of the items listed below and check the corresponding box:

☐ CalWorks	☐ CalFresh
☐ General Assistance	☐ Medi-Cal
☐ Supplemental Security Income (SSI)	☐ State Supplemental Payment Program
☐ California Special Supplemental Nutrition Program for Women, Infants, and Children	☐ Household's annual income is less than 200% of the federal poverty level

3rd Requirement: Customer agrees to execute an alternative payment agreement for a period not exceeding twelve months from the effective date in addition to the current monthly billing charges. If payments are not made as agreed, the entire balance shall become due and payable immediately, and service will be subject to disconnection in accordance with law.

_____ _____

Customer/Applicant Signature **Date**

☐ Customer Service Rep Review _____ (initials)

☐ Finance Manager Review _____ (initials)