20% DISCOUNT CARE APPLICATION
FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES

CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

The California Alternate Rates for Energy (CARE) program provides a 20 percent monthly discount on the natural gas bill of nonprofit group living facilities that meet the program criteria established by the California Public Utilities Commission (CPUC). The discounted rate is available to qualified facilities once SoCalGas® receives and approves the application.

INSTRUCTIONS

1. **READ** the information on pages 2 and 3. If you have questions, call SoCalGas at 1-800-427-2200.
2. **DETERMINE** if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for the 20 percent monthly discount.
3. **COMPLETE** and **SUBMIT** the entire application (please print). Complete a separate application for each qualified facility (including satellite facilities).
4. **ATTACH** all required documents. Application will not be approved without all requested documentation.
5. **MAIL TO:** SoCalGas
   CARE PROGRAM GT19A1
   PO BOX 513249
   LOS ANGELES, CA 90051

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ELIGIBLE FACILITIES

Nonprofit Group Living Facilities:

If you are operating a women's shelter, homeless shelter, hospice or a nonprofit group living facility, your facility may be eligible to save on its monthly natural gas bill. Eligible group living facilities may include transitional housing (drug rehabilitation facilities, half-way houses), short-term or long-term care facilities (hospice, nursing homes, senior's or children's homes) or group homes for physically or mentally disabled persons.

To receive this assistance, the facility must:

- Have tax-exempt status under Internal Revenue Code Section 501(c)(3).
- Use at least 70 percent of the facility's natural gas consumption for residential purposes.
- Re-certify eligibility every two years to remain enrolled in the program.
- Use the CARE discount for the direct benefit of the facility's residents.
- Ensure that all of the facility's residents meet the CARE eligibility guidelines (as shown in the chart below).

Satellite Facilities:

- A nonprofit group living facility may consist of a licensed primary facility and related non-licensed facilities at other locations (satellites).
- The primary facility must be licensed by the appropriate state agency or provide adequate proof of eligibility and meet all other CARE criteria.
- At least 70 percent of the natural gas used at the satellite facility must be for residential purposes.
- The primary licensed facility's name must appear as the customer-of-record on the natural gas bill for the satellite facility.

FACILITIES NOT ELIGIBLE

- Group living facilities offering only a place to live and no other services.
- Nonprofit facilities providing social services only.
- Student housing/dorms, military barracks, fraternities/sororities, privately owned for-profit housing, and government-subsidized housing.
- Government-owned and/or government-operated facilities.

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HOW TO QUALIFY/RECERTIFY FOR THE CARE PROGRAM

THERE ARE **TWO** WAYS TO QUALIFY

PUBLIC ASSISTANCE PROGRAMS
The individual resident in the facility receives benefits from any of the following programs:

Medi-Cal/Medicaid
Medi-Cal for Families A & B
Women, Infants, & Children (WIC)
CalWORKs (TANF)[1] / Tribal TANF
Head Start Income Eligible – Tribal Only
Bureau of Indian Affairs General Assistance
CalFresh (Food Stamps)
National School Lunch Program (NSLP)
Low-Income Home Energy Assistance Program (LIHEAP)
Supplemental Security Income

[1] Includes Welfare-to-Work

←OR→

MAXIMUM HOUSEHOLD INCOME
(Effective June 1, 2019 to May 31, 2020)

Number of Persons in Household	Total Annual Income*
1-2	$33,820
3	$42,660
4	$51,500
5	$60,340
6	$69,180
7	$78,020
8	$86,860

For each additional household member, add $8,840
*Includes current household income from all sources before deductions.

Approved facilities are required to recertify for the CARE program upon request. An application will be mailed when it is time to recertify. Facilities must include total savings from the prior year and information on how the discount was used for the direct benefit of the qualified residents.

QUALIFICATION REQUIREMENTS:

- Completed and signed application.
- A copy of IRS letter granting tax-exempt status of corporation operating the facility under Internal Revenue Code Section 501(c)(3).
- Group living facility must provide a copy of license from appropriate state agency, conditional use permit for each facility, OR other adequate proof of eligibility.
- Each facility must meet the CARE guidelines shown in the income chart above.

PLEASE PRINT PAGES 4 & 5
FOR 20% DISCOUNT CARE APPLICATION

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PRIMARY FACILITY ACCOUNT INFORMATION: (please print)

NAME ON NATURAL GAS BILL:

ACCOUNT NUMBER:

NAME OF FACILITY (if different from name on natural gas bill):

SERVICE ADDRESS:

CITY:

STATE:

MAILING ADDRESS:

CITY:

STATE:

PRIMARY CONTACT:

EMAIL:

PHONE:

FAX:

TYPE OF FACILITY

☐ GROUP LIVING FACILITY TOTAL NUMBER OF RESIDENTS AT THIS FACILITY:

TOTAL NUMBER OF RESIDENTS WHO ARE **QUALIFIED**: (SEE INDIVIDUAL ELIGIBILITY GUIDELINES)

☐ HOSPICE ☐ HOMELESS SHELTER ☐ WOMEN'S SHELTER

NUMBER OF BEDS:

NUMBER OF DAYS OCCUPIED EACH YEAR:

OTHER:

TOTAL NUMBER OF RESIDENTS AT THIS FACILITY:

TOTAL NUMBER OF RESIDENTS WHO ARE **QUALIFIED**: (SEE INDIVIDUAL ELIGIBILITY GUIDELINES)

PRIMARY SERVICES OFFERED BY THE FACILITY

☐ LODGING ☐ MEALS ☐ REHABILITATION ☐ TRAINING ☐ COUNSELING

OTHER:

IS AT LEAST 70% OF THE NATURAL GAS USED AT THE FACILITY FOR RESIDENTIAL PURPOSES? ☐ YES ☐ NO

DOES NONPROFIT CORPORATION OPERATION FACILITY HAVE A TAX-EXEMPT STATUS UNDER INTERNAL REVENUE SECTION 501(C)(3)? ☐ YES ☐ NO

IS THE FACILITY GOVERNMENT-OWNED OR OPERATED? ☐ YES ☐ NO

NAME OF BUSINESS LICENSE (PLEASE ATTACH A COPY OF THE STATE-ISSUED LICENSE OR OTHER ADEQUATE PROOF OF ELIGIBILITY FOR EACH FACILITY):

NAME ON CONDITIONAL USE PERMIT (PLEASE ATTACH A COPY OF THE CONDITIONAL USE PERMIT OR OTHER ADEQUATE PROOF OF ELIGIBILITY FOR EACH FACILITY):

ALL QUALIFIED SATELLITE FACILITIES (if applicable)

FACILITY NAME:

ACCOUNT NUMBER

SERVICE ADDRESS:

SATELLITE FACILITY ☐ YES ☐ NO

☐ GROUP LIVING FACILITY TOTAL NUMBER OF RESIDENTS AT THIS FACILITY:

TOTAL NUMBER OF RESIDENTS WHO ARE **QUALIFIED**: (SEE INDIVIDUAL ELIGIBILITY GUIDELINES)

☐ HOSPICE ☐ HOMELESS SHELTER ☐ WOMEN'S SHELTER

NUMBER OF BEDS:

NUMBER OF DAYS OCCUPIED EACH YEAR:

IS AT LEAST 70% OF THE NATURAL GAS USED AT THE FACILITY FOR RESIDENTIAL PURPOSES? ☐ YES ☐ NO

(continued)

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20% DISCOUNT CARE APPLICATION
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ALL QUALIFIED SATELLITE FACILITIES (continued)

FACILITY NAME: ACCOUNT NUMBER:

SERVICE ADDRESS: SATELLITE FACILITY ☐ YES ☐ NO

☐ GROUP LIVING FACILITY TOTAL NUMBER OF RESIDENTS AT THIS FACILITY: TOTAL NUMBER OF RESIDENTS WHO ARE **QUALIFIED**: (SEE INDIVIDUAL ELIGIBILITY GUIDELINES)

☐ HOSPICE ☐ HOMELESS SHELTER ☐ WOMEN'S SHELTER NUMBER OF BEDS: NUMBER OF DAYS OCCUPIED EACH YEAR:

IS AT LEAST 70% OF THE NATURAL GAS USED AT THE FACILITY FOR RESIDENTIAL PURPOSES? ☐ YES ☐ NO

FACILITY NAME: ACCOUNT NUMBER:

SERVICE ADDRESS: SATELLITE FACILITY ☐ YES ☐ NO

☐ GROUP LIVING FACILITY TOTAL NUMBER OF RESIDENTS AT THIS FACILITY: TOTAL NUMBER OF RESIDENTS WHO ARE **QUALIFIED**: (SEE INDIVIDUAL ELIGIBILITY GUIDELINES)

☐ HOSPICE ☐ HOMELESS SHELTER ☐ WOMEN'S SHELTER NUMBER OF BEDS: NUMBER OF DAYS OCCUPIED EACH YEAR:

IS AT LEAST 70% OF THE NATURAL GAS USED AT THE FACILITY FOR RESIDENTIAL PURPOSES? ☐ YES ☐ NO

CERTIFICATION OF ELIGIBILITY

I certify, under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate. I am authorized by this facility to sign this application, and I have verified the income eligibility of all residents. I am responsible for the annual renewal of the facility's license from the appropriate State Licensing Department, or for the Conditional Use Permit, or to provide adequate proof of eligibility. I understand that Southern California Gas Company may verify the accuracy of this information and confirm the direct benefit to the residents through random samplings. Errors in any information provided may cause the account(s) to be re-billed without the CARE discount.

NOTICE TO CUSTOMER: Signing this application allows SoCalGas to share your CARE information with other utilities, so that you may receive their discount, if applicable.

AUTHORIZED REPRESENTATIVE'S NAME AND TITLE (please print):

AUTHORIZED REPRESENTATIVE'S SIGNATURE: DATE:

AUTHORIZED REPRESENTATIVE'S TELEPHONE NUMBER:

Return to:
SoCalGas
CARE PROGRAM GT19A1
P.O. Box 513249
Los Angeles, CA 90051-1249

The CARE program is funded by California utility customers and administered by SoCalGas under the auspices of the California Public Utilities Commission. Program funds will be allocated on a first-come, first-served basis until such funds are no longer available. This program may be modified or terminated without prior notice.

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