



## Priority Response – Emergency Medical Program

### Do you use life-support equipment?

Westfield Gas + Electric works hard to provide reliable electric service to all customers. We understand it is especially important for customers that have life support equipment at home.

If life support equipment is used at your residence and dependent on electric service, you can apply for Priority Response status on your location. Eligibility criteria for Priority Response status includes:

- Active WG+E electric service at the location;
- Individual requiring life support equipment resides at the service location;
- Completion of an annual Emergency Medical Certification form with input from a registered medical provider;
- WG+E approval.

When a customer is approved for Priority Response status, a tag is placed on the wire or transformer servicing the location to ensure that field personnel know critical medical equipment is in use at the residence. Customers with Priority Response status on their account also receive advanced notice for scheduled outages, when possible, and severe storm watches and warnings with the potential to cause extended outages, i.e, severe thunderstorms, hurricanes, tropical storms, tornados, blizzards, heavy snow, and ice storms.

We will do everything we can to provide a safe and reliable electricity supply. Please note, registering as a life support customer does not guarantee continuous 24-hour power supply to the premise or early service restoration in the event of an outage. Despite our best efforts, electric lines are vulnerable to storms, lightning, and motor vehicle accidents. We strive to restore service efficiently for all customers, but especially to those on the Priority Response list. In the event of widespread outages, however, our crews must work in an orderly manner when restoring service, and we may not be able to provide priority restoration to your location. Therefore, **WG+E strongly suggests that customers who depend on electrical equipment for a medical necessity have emergency plans in place in case the power goes out for an extended period.** These plans may include a back-up power source, extra medical supplies or an alternate location until the outage is over.

Please call Customer Service at 413-572-0100 if you have additional questions. The Priority Response – Emergency Medical form is available for download on our website: [www.wgeld.org](http://www.wgeld.org).



## Priority Response – Emergency Medical Certification

Please print or type all information.

### Completed by Customer:

Patient's Name \_\_\_\_\_

WG&E Customer Name \_\_\_\_\_

Account Address \_\_\_\_\_

WG+E Account No. \_\_\_\_\_ - \_\_\_\_\_

### Method of Contact for Potential Outage Notification

(Please supply information for all the ways you would like us to contact you):

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Text Message \_\_\_\_\_

Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

### Please read and answer the following:

1. What electrically powered device is medically necessary to sustain the life of the patient?

Nebulizer for Asthma, Lungs

Feeding (Pump) Machine

Oxygen Machine

Heart Monitor

Infant Apnea Monitor

Ventilator/Respirator

Home Dialysis Treatment

Other, Please Describe: \_\_\_\_\_

2. How frequently is this device(s) used?

Weekly:  Once a week  Several times per week

Daily:  Once daily  Twice a day  Every few hours  Hourly  Constantly

As necessary: \_\_\_\_\_

3. Does this device solely rely upon electrical power to operate?  Yes  No

4. Does this device have a battery backup?  Yes  No

5. Does the residence or building in which the device is operated at have a backup generator?  
 Yes  No

6. Is this device portable?  Yes  No

7. Is the patient physically restricted to the residence or building?  Yes  No

8. Does the patient have a support system to assist them in relocating in the event of a sustained power outage?  Yes  No

- FOR OFFICE USE -

Date Received \_\_\_\_\_ Initials \_\_\_\_\_ Prty Lvl: 1 2  
Tag \_\_\_\_\_ Circuit \_\_\_\_\_ Evrbg \_\_\_\_\_ Exp. Date \_\_\_\_\_

*continued on next page*

## Priority Response – Emergency Medical Certification

\_\_\_\_\_ I certify that the patient named above is a member of my household residing at the above address.

\_\_\_\_\_ I understand that, if approved, WG+E will attempt to notify me in the event of planned outages and severe impending storms.

\_\_\_\_\_ I understand WG+E will make every effort to prioritize my location when restoring power whenever it is reasonably possible, and that in the event of a widespread outage, early service restoration is not a guarantee.

\_\_\_\_\_ I understand that the supply of power is not guaranteed, and if my need for electricity is high, that I should have plans for the patient should power become unavailable, which may include, but not limited to, battery backup, emergency generation, and a support system for the relocation of the patient to an alternate location with power.

\_\_\_\_\_ I understand that this in no way releases me from my obligations to pay my monthly bill in accordance with the MA Department of Public Utilities standard payment terms.

\_\_\_\_\_ I understand it is my responsibility to notify WG+E if the patient moves, or the patient's condition changes.

\_\_\_\_\_ I understand that this certification will expire one year from the date of approval and must be resubmitted annually by this date to continue participating in the Priority Response - Emergency Medical program.

WG+E Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

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### Information below to be completed by a MA Licensed Healthcare Provider:

I certify that I have examined the patient named above and, in my professional opinion as a medical doctor, physician's assistant, nurse practitioner, or advanced-practice registered nurse licensed by the Commonwealth of Massachusetts, I certify that my patient requires the electrically-dependent medical device stated above, and that the device can be solely operated under electrical power.

(A detailed explanation for reasons not mentioned above must be submitted for review.)

Health Care Provider Name (please print): \_\_\_\_\_

Circle one that applies: *Medical Doctor* *Physician's Assistant* *Nurse Practitioner* *Advanced-Practice Nurse Practitioner*

MA Medical License Number \_\_\_\_\_

Office Address \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Both pages of this SIGNED form must be faxed (413-572-0104) or emailed (customerservice@wgeld.org) from the office of the MA-licensed healthcare provider directly to Westfield Gas + Electric. Hand-delivered or mailed forms will not be accepted. Thank you for your cooperation in this regard.**