



If the health or safety of someone in your household would be at risk if electricity or gas service was disconnected, you can receive support by enrolling in the Self-Identified Vulnerable Program.

Support includes:

- Proactive outreach and support during Public Safety Power Shutoffs (PSPS), major emergencies and multi-day outages
- Doorbell rings or a doorhanger from PG&E if you do not respond to previous PSPS notifications
- Extra notice before power is turned off due to nonpayment
- Increased levels of support for rebates, discounts, and other programs

To enroll Please provide the following information (please print):

Name of Qualifying Resident		Telephone Number for Advance Notification (please include area code)	
Service Address	Service City	State	Zip
Mailing Address (if different from Service Address)	Mailing City	State	Zip
Account Number (located on the upper left front page of utility bill)		Email address (Optional)	

If the qualifying resident is not the utility customer, please state the utility customer's name and the relationship of the qualifying resident:

Customer Name	Relationship of Qualifying Resident

Please make sure PG&E has your correct contact preferences so we can reach you in advance of a planned Public Safety Power Shutoff (PSPS) or other situations that may result in an outage. In certain situations, we may also send a letter. All contact methods will be used during a PSPS event.

**CONTACT PREFERENCES**

☐ Phone number:

☐ Text mobile number:

☐ Email:

☐ Contact for Deaf/hard of hearing customers using TTY\* at phone number:

\*TTY is a specialized telecommunication device for the deaf and hard of hearing.

**Please complete the following selections to identify any specific characteristics. This helps us to better align our programs and services to support specific needs.**

1. Are you or anyone in your household dependent on gas or electricity for medical needs? Or do you or anyone in your household have a serious illness or medical condition that could become life-threatening if the power is shut off? ☐ Yes ☐ No
2. Do you or anyone in your household rely on assistive technology? I.e., a screen reader or specialized meal device. ☐ Yes ☐ No
3. Do you or anyone in your household rely on medical equipment? I.e., a CPAP, respirator, motorized wheelchair/scooter, lift or hospital bed. ☐ Yes ☐ No
4. Do you or anyone in your household identify with any of the following? Check all that apply.  
☐ Blind ☐ Deaf or Hard of Hearing ☐ Senior ☐ Low Vision  
☐ Disabled (cognitive, physical or developmental) ☐ Transportation Difficulties
5. Do you currently have backup power? ☐ Yes ☐ No
6. Do you prefer to receive your billing statement in large print or Braille? If yes, please check one selection. ☐ Large Print ☐ Braille
7. What is your primary language? ☐ English ☐ Español ☐ 中文 ☐ tiếng việt ☐ 한국어  
☐ Tagalog ☐ русский язык ☐ ਪੰਜਾਬੀ ☐ 日本語 ☐ ភាសាខ្មែរ ☐ Hmoob ☐ ไทย  
☐ Português ☐ हिंदी ☐ فارسی ☐ عربي ☐ Other

I hereby certify that the above information is true and correct, and a resident living at this address has a serious illness or condition that could become life threatening or a health or safety risk if service is disconnected.

**SIGNATURE OF APPLICANT**

**DATE**

1. *This application expires one year from the date of the application submittal and a new application must be submitted and accepted by the utility to continue the program.*
2. *After this completed application has been submitted and accepted by PG&E, service will not be disconnected for nonpayment without additional contact attempts or a in person field visit within 48 hours or at the time of disconnection.*

**Mail application to: Pacific Gas and Electric Company, P.O. Box 8329, Credit & Records Center - Medical Baseline, Stockton, CA 95208**

You can also update the information by contacting our call center at **1-866-743-6589** or in your account at **pge.com**.