



Your Touchstone Energy® Cooperative 

ACCOUNT NUMBER _____

DATE _____

Life Support Dependent Member Information

TO BE COMPLETED BY MEMBER

United Cooperative Services maintains a record of members dependent upon electrical life support systems in order to restore electrical service to such members as soon as possible in the event of an outage. A Life Support Dependent Member is a person who has been prescribed by a physician, licensed by the State of Texas as a Medical Doctor or a Doctor of Osteopathy, an electrical device and/or equipment designed to sustain that person's life. Persons designated as Life Support Dependent Members should complete the member portion of this form and have their doctor complete the physician's portion. When completed, return this form to the nearest United Cooperative Services office.

NAME _____

ADDRESS _____

MEMBER'S ONSITE BACKUP CAPABILITIES OR OTHER ALTERNATIVES FOR LOSS OF NORMAL ELECTRICAL SERVICE _____

OTHER INFORMATION OR COMMENTS _____

MEMBER'S SIGNATURE _____ PHONE # _____

TO BE COMPLETED BY PHYSICIAN

DESCRIPTION OF ILLNESS _____

DESCRIPTION OF LIFE SUPPORT EQUIPMENT _____

EXTENT OF TIME AND USE OF LIFE SUPPORT EQUIPMENT _____

LIFE SUPPORT EQUIPMENT ELECTRICAL REQUIREMENTS _____

OTHER INFORMATION OR COMMENTS _____

PHYSICIAN'S NAME _____

OFFICE ADDRESS _____

PHYSICIAN'S SIGNATURE _____ PHONE # _____

Member understands that he/she secures no special right to preferential service because United Cooperative Services has created a system to take into account member's special needs and that United Cooperative Services in no way Guarantees uninterrupted service. Member is also advised that it is important that he/she make alternative arrangements in the event of an interruption in the normal electrical energy supply.

MEMBER'S SIGNATURE _____

PLEASE NOTIFY UNITED COOPERATIVE SERVICES IF LIFE SUPPORT DEPENDENT CLASSIFICATION IS NO LONGER NEEDED.