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October 9, 2001

**ADVICE 1580-E**  
**(U 338-E)**

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA  
ENERGY DIVISION

**SUBJECT:** Establishment of California Alternate Rates for Energy  
(CARE) Form Number 14-721.

Southern California Edison Company (SCE) hereby transmits for filing the following changes in tariff schedules. The revised tariff sheets are listed on Attachment A and attached hereto.

**PURPOSE**

The purpose of this Advice Filing is to establish CARE Form No. 14-721 which will be integrated with SCE's Energy Assistance Fund (EAF) application used by United Way Agencies when the agencies complete customer applications for EAF assistance.

**BACKGROUND**

Energy Assistance Fund is an SCE sponsored program that has been in place since 1982 to help customers keep their lights on during the winter months by providing payment assistance for income qualified customers. SCE solicits donations from customers during November of each year. These funds are then matched by SCE shareholders. During the months of February and March, these funds are provided to elderly, low-income, and disabled customers, who meet specified income guidelines, to help them pay their winter energy bills. SCE partners with The Gas Company and United Way of Greater Los Angeles to administer the program. Qualified customers must apply in person at more than 120 local community-based organizations and non-profit agencies throughout SCE's service territory to apply for EAF. Last year, SCE assisted approximately 5,500 customers during the EAF

Program period. Although the Commission is aware of the EAF program, it is a voluntary program on the part of SCE outside the jurisdiction of the Commission. Thus, the forms used to administer the EAF program are not Commission approved.

With this Advice Filing, SCE is establishing a new CARE form that integrates all the required information from the existing CARE application (Form No. 14-338) along with the information required to qualify a customer for EAF. The existing CARE application (Form No. 14-338) will continue to be used in all other instances where CARE applications are provided to domestic customers. The new form, Form No. 14-721, will be used only at the time the customer is qualified for EAF. Combining the EAF form with the CARE form streamlines the process of qualifying customers for both EAF and CARE because it integrates all the information required for both EAF and CARE. Also, it simplifies the application process for the United Way agencies working with SCE on the EAF program because they will not have to complete an entirely different form with redundant information. All the required information provided in the existing CARE Form No. 14-338 is provided in the proposed Form No. 14-721. The Form is a five part carbonized form which requires all signature lines to be on the front facing page. The customer will sign once for the EAF program and a second time for the CARE program. The income guidelines for the EAF program are the same as for CARE; thus, a customer who qualifies for EAF can also take advantage of the CARE discount without having to make a second contact with SCE to complete an application. Form No. 14-338 will continue to be used by SCE as the CARE application provided to customers when they request the CARE discount and Form No. 14-721 will be used by United Way on behalf of SCE.

No cost information is required for this advice filing.

This advice filing will not increase any rate or charge, cause the withdrawal of service, or conflict with any other schedule or rule.

### **EFFECTIVE DATE**

It is requested that this advice filing become effective on the same day it is filed which is October 9, 2001.

### **NOTICE**

Anyone wishing to protest this advice filing may do so by letter via U.S. Mail, facsimile, or electronically, any of which must be received by the Energy Division and SCE no later than 20 days after the date of this advice filing. Protests should be mailed to:

IMC Program Manager  
Energy Division  
California Public Utilities Commission  
505 Van Ness Avenue, Room 4002  
San Francisco, California 94102  
Facsimile: (415) 703-2200  
E-mail: [jjr@cpuc.ca.gov](mailto:jjr@cpuc.ca.gov)

Copies should also be mailed to the attention of the Director, Energy Division, Room 4004 (same address above).

In addition, protests and all other correspondence regarding this advice letter should also be sent by letter and transmitted via facsimile or electronically to the attention of:

Akbar Jazayeri  
Director of Revenue and Tariffs  
Southern California Edison Company  
2244 Walnut Grove Avenue, Rm. 303  
Rosemead, California 91770  
Facsimile: (626) 302-4829  
E-mail: [lawlerem@sce.com](mailto:lawlerem@sce.com)

Bruce Foster  
Vice President of Regulatory Operations  
Southern California Edison Company  
601 Van Ness Avenue, Suite 2040  
San Francisco, California 94102  
Facsimile: (415) 673-1116  
E-mail: [fosterbc@sce.com](mailto:fosterbc@sce.com)

There are no restrictions on who may file a protest, but the protest shall set forth specifically the grounds upon which it is based and shall be submitted expeditiously.

In accordance with Section III, Paragraph G, of General Order No. 96-A, SCE is mailing copies of this advice filing to the interested parties shown on the attached service list. Address change requests to the attached GO 96-A Service List should be directed to Emelyn Lawler at (626) 302-3985 or by electronic mail at [Emelyn.Lawler@sce.com](mailto:Emelyn.Lawler@sce.com).

Further, in accordance with Public Utilities Code Section 491, notice to the public is hereby given by filing and keeping the advice filing open for public inspection at SCE's corporate headquarters. To view other SCE advice letters filed with the

Commission, log on to SCE's web site at <http://www.sce.com/> and choose Regulatory Info Center/Advice Letters.

For questions, please contact Pat Aldridge at (626) 302-4617 or by electronic mail at Pat.Aldridge@SCE.com.

**Southern California Edison Company**

Akbar Jazayeri

AJ:pa/pf  
Enclosures

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Original 30044-E	Energy Assistance Fund (E.A.F.), California Alternate Rates for Energy (CARE), Application Form 14-721	
Revised 30045-E Revised 30046-E	Table of Contents Table of Contents	Revised 29925-E Revised 29892-E



Southern California Edison  
Rosemead, California

Original  
Cancelling

Cal. PUC Sheet No. 30044-E  
Cal. PUC Sheet No.

ENERGY ASSISTANCE FUND (E.A.F.)  
CALIFORNIA ALTERNATE RATES for ENERGY (CARE.)  
APPLICATION

Form 14-721

(To be inserted by utility)

Advice 1580-E

Decision \_\_\_\_\_

1W13

Issued by

John R. Fielder

Senior Vice President

(To be inserted by Cal. PUC)

Date Filed Oct 9, 2001

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(To be inserted by utility)  
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(Continued)

(To be inserted by utility)

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## ENERGY ASSISTANCE FUND (E.A.F) CALIFORNIA ALTERNATE RATES for ENERGY (CARE) APPLICATION

Date: \_\_\_\_\_

**Customer Account #**

--	--	--	--	--	--	--	--	--	--

Total Bill: \$ \_\_\_\_\_

Service Off?      Yes       No

All Electric Home?\* Yes       No   
\*Call SCE to Verify

Current Rate:      Domestic       D-Care

Customer Name on Bill: \_\_\_\_\_

Street Address on Bill: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Applicant (If different): \_\_\_\_\_

Reason Customer is not Applying in Person: \_\_\_\_\_

Senior / Elderly Resident (62 or older) Yes  No       Disabled Resident Yes  No

Employed: Yes  No       Employer: \_\_\_\_\_      Gross Monthly Income: \$ \_\_\_\_\_

**OTHERS IN HOUSEHOLD:**

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Employer (If employed)</u>	<u>Gross Monthly Income</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Source of Other Income: _____	_____	_____	_____	\$ _____

Total Number of People in Household: \_\_\_\_\_      Total Household Gross Monthly Income: \$ \_\_\_\_\_

**EAF payment assistance will not exceed amount owed to SCE.** EAF does not allow credit balances on a customer's account. Upon partial payment assistance of the utility bill, the applicant understands they are obligated to pay the remaining balance.

**BY SIGNING BELOW,** I certify the above information is true and correct. I have not applied for and/or received the allowable assistance for this program year.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of EAF Applicant

**California Alternate Rate for Energy (CARE) Program:** CARE provides a 20% discount off of your electric bill for your permanent primary residence, if you meet the qualifications and income guidelines. By signing this application, you may be able to receive this discount. Please see the back of this form for eligibility requirements.

**BY SIGNING BELOW,** I state that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Southern California Edison if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received. I understand that Southern California Edison can share my information with other utilities or their agents to enroll me in their assistance program.

Signature of CARE Applicant: \_\_\_\_\_

\$ \_\_\_\_\_  
Amount Authorized for payment

\_\_\_\_\_  
Agency/Site Location  
4 Digit Code

\_\_\_\_\_  
Authorized Signature  
at Location

# **CARE PROGRAM**

## **ELIGIBILITY REQUIREMENTS**

Maximum Household Income (Ingreso Maximo en el Hogar) Effective as of June 1, 2001	
Number of Person in Household	Total Combined Annual Income
1-2	\$22,000
3	\$25,900
4	\$31,100

Add \$5,200 for each additional person.

- The Edison bill is in my name.
- I am not claimed on another person's income tax return.
- I will renew my application when requested by Edison.
- I will notify Edison if I no longer qualify for this rate.
- I understand Edison reserves the right to verify my household's income.
- **For CARE, the definition of "gross (before taxes) household income" is all money and non-cash benefits, available for living expenses, from all sources, both taxable and non-taxable, before deductions, including expenses, for all people who live in my home. This includes, but is not limited to, the following:**

- |   |   |  |   |
|---|---|--|---|
| <ul style="list-style-type: none"> <li>✦ Wages or salaries</li> <li>✦ Interest or dividends from: savings accounts, stocks or bonds, or retirement accounts</li> <li>✦ Unemployment Benefits</li> </ul> | <ul style="list-style-type: none"> <li>✦ Rental or royalty income</li> <li>✦ Scholarships, grants, or other aid used for living expenses</li> <li>✦ Profit from self-employment (IRS Form 1040, Schedule C, line 29)</li> </ul> | <ul style="list-style-type: none"> <li>✦ Disability payments</li> <li>✦ Workers' compensation</li> <li>✦ Social Security, SSI, SSP</li> <li>✦ Pensions</li> <li>✦ Insurance settlements</li> </ul> | <ul style="list-style-type: none"> <li>✦ Legal Settlements</li> <li>✦ TANF (AFDC)</li> <li>✦ Food stamps</li> <li>✦ Child support</li> <li>✦ Cash</li> <li>✦ Other income</li> <li>✦ Spousal support</li> </ul> |
|---|---|--|---|

**Other Programs and services you may qualify for:** LIHEAP (Low Income Home Energy Assistance Program) provides bill payments assistance, emergency bill assistance, and weatherization service. Call the Department of Community Services and Development at **1-800-433-4327** for more information. For other Edison assistance programs call 1-800-736-4777.