



CITY OF MERCER ISLAND, WASHINGTON
Application for Waived EMS Charges
Program Year _____

The following information is given voluntarily by the undersigned as an applicant to have Emergency Medical Service (EMS) charges waived. Please Print:

City of Mercer Island
Youth and Family Services
2040 – 84th Avenue SE
Mercer Island, WA 98040
206-275-7611

PLEASE FILL IN ALL AREAS COMPLETELY

1. Name of Applicant: _____
Phone Number (with area code): _____ Message phone: _____
Name of Person receiving In-Home care: _____

2. Service address: _____
Mailing address: _____
Phone Number (with area code): _____ Message phone: _____
Utility Account Number (from your last Utility Bill): _____

3. Check all that apply:
 I am receiving in-home care.
 I am eligible to receive assistance from Medicaid.

4. I reside in a separately metered single-family dwelling: Yes No

5. Do you?
 Rent House Own House Rent Apt/Condo Own Condo

6. Have you lived in Mercer Island since January of last year?
 Yes No If No, when did you move to Mercer Island? _____

7. Proof or Eligibility. Please provide the following verification:

Recipient of In-Home Care who is Medicaid Eligible: Please attach verification of: *In-Home Care* (copy of billing from in-home care provider) and *Medicaid Eligibility* (Please attach annual letter from DSHS showing eligibility for Medicaid programs or any other proof of receipt of assistance from Medicaid)

8. I promise that I will promptly notify the City in writing if I should move from the above residence or in the event of any change in my financial condition that would disqualify me from receiving the special rates for utility service.

Yes No

9. I agree to provide the City with such additional information about my income and residence as may be requested from time to time in order to establish eligibility.

Yes No

I, the undersigned, do hereby certify under penalty of perjury, that I have read and understood all of the program guidelines provided on this application, and that all of the information provided by me on this application is true to the best of my knowledge. I understand that any attempt to falsify my information will result in my disqualification from the program for this year. I further certify that my income status remains the same as presented on my documentation.

Applicant Name (printed)

Applicant Signature

Date

UTILITIES OFFICE USE ONLY

Date Received: _____

Approved By: _____

Date: _____

NOTES: