



# City of Jackson

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We have been informed that you have requested to be placed on the special medical needs list for the City of Jackson, Missouri. Attached hereto is an Application form which needs to be submitted to the City of Jackson, Missouri, in order for you to be placed on the special medical needs list.

YOU ARE NOTIFIED THAT IT IS YOUR RESPONSIBILITY TO MAINTAIN YOUR OWN EMERGENCY BACKUP GENERATION SYSTEM OR OTHER BACKUP SYSTEMS AS NEEDED AND THAT THE CITY OF JACKSON, MISSOURI, MAKES NO GUARANTEE THAT YOU WILL RECEIVE UNINTERRUPTED ELECTRICAL SERVICE OR OTHER CITY SERVICES.

YOU ARE ALSO NOTIFIED THAT SERVICE WILL BE SUPPLIED ONLY IF YOU ARE CURRENT WITH YOUR UTILITY BILLS AND THAT THE ACCEPTANCE OF YOUR APPLICATION BY THE CITY OF JACKSON, MISSOURI, DOES NOT CHANGE YOUR RESPONSIBILITY TO PAY YOUR UTILITY BILLS TO THE CITY OF JACKSON, MISSOURI.

Please fill out and sign the Application and return it in person to City Hall to the person and address listed below:

City Collector  
Jackson City Hall  
101 Court Street  
Jackson, MO 63755

If you have any questions concerning this matter, do not hesitate to inquire. It is a pleasure to serve you.

## POLICY

It is the policy of the City of Jackson, Missouri, to supply electrical service and other city services to its citizens in as efficient a manner as possible. From time to time individual customers will request to be put on a special list designed to effectuate the prompt return of electrical service and other city services to individuals with special medical needs. These needs include, but are not limited to, electric power for medical oxygen therapy.

In order to accommodate the needs of all of its citizens, the following shall be the policy of the City of Jackson, Missouri:

1. Individual customers may apply to be registered with the City of Jackson, Missouri, as a special medical needs customer on the application supplied by the City of Jackson, Missouri.

2. All customers are to evaluate their own need for emergency city services including electricity and all customers shall be responsible for providing their own backup generation system or other backup systems as needed. Customers will be informed on the application that inclusion on the special medical needs list will not guarantee uninterrupted electrical service or other city services.

3. Individual customers who register as a special medical needs customer must renew their application every ninety (90) days because the City of Jackson, Missouri, has no other way to update residency lists or to know when individuals have died, moved away or been admitted to hospital or nursing facilities so that they are no longer at the residence. Individual customers who do not renew their application will be removed from the special medical needs list without further notice.

4. Individual customers shall be informed on the application supplied by the City of Jackson, Missouri, that for purposes of the special medical needs list they are waiving their HIPAA protection and privacy as it relates to the information on the special medical needs list because this list will be distributed to various city departments and various emergency service providers.

5. In planned outage situations, individual customers will be contacted in the manner that is most efficient for the City of Jackson, Missouri, with the method of contact being by telephone or by door knock canvass. The City of Jackson, Missouri, will not be responsible for individuals who are not available for the initial contact and the City of Jackson, Missouri, will not maintain repeated contact in order to inform all affected customers on the list. In other words, just because the City of Jackson, Missouri, is unable to contact every affected customer on the list does not mean that the City of Jackson, Missouri, will postpone a project. It is the responsibility of the individual customer to be available for notification.

6. The special medical needs list will be kept in a central location in City Hall with copies of the list to be distributed as often as the City Administrator's designee deems necessary to, at a minimum, the city electrical power generation plant, the city police department and the city fire department.

7. The customers continue to be responsible for the payment of all utility bills when due. No waiver of that requirement may be granted.

8. All customers shall furnish medical authorizations with their applications or renewals and all authorizations must be generated by a licensed physician or nurse practitioner.

Policy effective date: 3-30-2011

**SPECIAL MEDICAL NEEDS LIST APPLICATION**

Name and Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

Telephone Number of Applicant: \_\_\_\_\_

Name and Address of Authorized Representative Under a Healthcare Durable Power of Attorney (if applicable): \_\_\_\_\_  
\_\_\_\_\_

NOTE: All applications and renewals must be submitted in person by either the applicant or the applicant's authorized representative under a Healthcare Durable Power of Attorney. All authorized representatives under a Healthcare Durable Power of Attorney must provide a copy of the Healthcare Durable Power of Attorney with this application so that the City of Jackson, Missouri, is able to confirm that the HIPAA waiver set forth in this application is authorized.

1. I hereby request to be placed on the special medical needs list for the City of Jackson, Missouri. I acknowledge that this special medical needs list is not a guarantee that the City of Jackson, Missouri, will maintain constant and uninterrupted electrical service and other city services to my residence.

2. I have a medical need for being placed on the special medical needs list and that medical need is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

3. I am being treated by the following physicians (including their addresses and telephone numbers) for the medical condition that requires that I be placed on the special medical needs list and the required medical authorization is attached to this application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. I acknowledge and agree that it is my responsibility to reapply for this service no less than every ninety (90) days. I further acknowledge and agree that it is important to both the City of Jackson, Missouri, and its citizens that the City of Jackson, Missouri, maintain an updated list of individuals on the special medical needs list. I further acknowledge and agree that my failure to update my application to be placed on the special medical needs list will constitute notice to the City of Jackson, Missouri, that either I no longer need to be on the special medical needs list or I am no longer at the residence listed on my application. I further

acknowledge and agree that I will receive no notice of the expiration of my application and I fully accept all responsibility and liability for removing my name and other information from the updated special medical needs list.

5. I acknowledge and agree that from time to time the City of Jackson, Missouri, may experience unplanned interruption in the electrical service and other city services of the City of Jackson, Missouri. It is my responsibility to supply any emergency equipment that I may require such as electrical generators to assure uninterrupted service.

6. I acknowledge and agree that in planned outage situations the City of Jackson, Missouri, will try to contact me in the manner most efficient to the City of Jackson, Missouri, with the method of contact being by telephone or by door knock canvass. I further acknowledge and agree that the City of Jackson, Missouri, will not be responsible for individuals who are not available for the initial contact and that projects will not be postponed. I accept responsibility to provide all emergency backup equipment to assure uninterrupted service.

7. I acknowledge and agree that information in this application will be distributed at least to the city electrical power generation plant, the city police department and the city fire department and may be distributed to other utility or emergency personnel whether or not these personnel are in the employ of the City of Jackson, Missouri. I further acknowledge that I have a right to privacy and a right not to disclose my medical condition and that by the signing of this application I fully waive any and all of my protections under the Health Insurance Portability and Accountability Act of 1996 (a/k/a HIPAA), 42 USC §1320d and 45 CFR 160-164 and other relevant laws as those protections relate to the information on this application and any attachments to this application.

8. I acknowledge and agree that it is my responsibility to keep all utility bills paid to the City of Jackson, Missouri. Nothing herein guarantees that I will be continued on utility service if I fail to pay my utility bills, and I specifically acknowledge that I have the same duties as other customers of utilities of the City of Jackson, Missouri.

9. I acknowledge and agree that I am only eligible for the special medical needs list if authorized by a licensed physician or nurse practitioner. I attach a copy of the medical authorization to this application.

10. I state that this is (check one):  
 a new application.  
 a renewal of a previous application.

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

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

\_\_\_\_\_  
By: (if applicable)

\_\_\_\_\_  
Printed Name