



LifeLine Program Application

Rappahannock Electric Cooperative
Attn: Lifeline Coordinator
PO Box 7388, Fredericksburg, VA 22404-7388
Fax # 540-891-5943

Date of Request					
Name of REC account holder (as shown on bill)					
Address					
City		State		Zip	
Daytime Phone			Evening Phone		
REC Account Number					
E-mail Address (if available)					
Name of Patient			Patient Age		
Member's Relationship to Patient					
Physician Name			Physician Phone		
To Be Completed By Physician					
Patient's Diagnosis					
Please indicate the prescribed <u>electrically- powered</u> medical equipment for this patient (select all that apply):					
<input type="checkbox"/> Mechanical Ventilator		<input type="checkbox"/> Infant Apnea Monitor			
<input type="checkbox"/> IV Pump / Feeding Tube		<input type="checkbox"/> Oxygen (Continuous / Periodic)			
<input type="checkbox"/> Home Dialysis Machine		<input type="checkbox"/> CPAP Machine			
<input type="checkbox"/> Air-Fluidized or Low Air-Loss Mattress		<input type="checkbox"/> Other Device (Specify):			
Is the situation considered life threatening without electric service?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No			
What is the estimated duration of the life threatening condition? (Specify):					
Physician Signature				Date	