

MEDICALLY DISABLED WATER RATE PROGRAM

HOW TO QUALIFY AND APPLY

Under MMWD's Medically Disabled Water Rate Program, the bimonthly meter service charge and watershed management fee are waived, and customers receive an additional twelve CCFs of water billed at the tier one rate. (One CCF, or hundred cubic feet, is 748 gallons.) MMWD Code 6.01.100 Water rate for people with medical disabilities.

To qualify, you must:

- ✓ Establish your disability requiring use of additional amounts of water through doctor verification (form attached);
- ✓ Install water-efficient showerheads, toilets, and faucet aerators in your home that meet MMWD code (free showerheads and aerators are available from MMWD);
- ✓ Be a single-family residential customer;
- ✓ Have the water service in your name (apartment complexes or mobile home parks with a master meter do not qualify); and
- ✓ Not be claimed as a dependent on another person's income tax return.

To apply, please fill out the attached application form and return it to:

**Marin Municipal Water District
Customer Service Department
220 Nellen Avenue
Corte Madera, CA 94925**

Your application must include certification from your doctor as to your disability.

If you have any questions about the program, please contact our Customer Service Department at **415-945-1400**. We will notify you in writing as to whether or not you qualify for this program. Please allow three weeks for your application to be processed.

Please note: The district reserves the right to request additional information at any time. While eligibility is normally for a one-year period, participation in the program can be revoked if a consumer does not meet all qualifying criteria as set forth in the district code.

MMWD Code Section 6.01.100: ". . . The district may perform a water audit on any property of a consumer receiving the medically disabled water rate to assure that the consumer is in compliance with this section and other provisions in this Code pertaining to water conservation."



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APPLICATION FORM

Application for calendar year 20____

Customer #:		Date:
Name:		Phone:
Address:	City:	Zip:

Please attach:

- ☐ Certification of Doctor of Medicine or Osteopathy Licensed to Practice Medicine in the State of California

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ **Date:** _____

Please notify MMWD if the person qualifying for the Medically Disabled Water Rate Program moves to another service address.

MMWD Code 6.01.100 Water rate for people with medical disabilities.



MEDICALLY DISABLED WATER RATE PROGRAM
CERTIFICATION OF DOCTOR OF MEDICINE OR OSTEOPATHY
Licensed to Practice Medicine in the State of California

I certify that the medical condition and needs of _____,
(name of patient)
who is a full-time resident of the customer's household, are as follows:

All questions below must be completed:

1. Condition is: ☐ Permanent ☐ Temporary

If temporary, anticipated recovery date: _____

2. Patient is on a life-supporting device: ☐ Yes ☐ No

A life-supporting device is a medical device used to sustain life or relied upon for mobility. The term "life-supporting device" includes, but is not limited to, respirators, hemodialysis machines, suction machines, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers. Devices used for therapy rather than for life support generally do not qualify.

3. Does the patient's condition require the use of additional water? ☐ Yes ☐ No

Doctor's name (please print or type) _____

Doctor's signature _____

Office address _____

City, state, zip _____

Telephone _____

If you would like to provide more detail, please attach your signed statement.