



Medical Utility Waiver Program Enrollment Form

Policy Effective Date: 1 March 2013

Today's Date: _____

Service Member Name: _____ Rank: _____

Current Street Address: _____

Daytime Telephone Number(s): _____

E-Mail Address: _____

Request Made on Behalf of (family member name): _____

Relationship: _____

I am requesting a electricity billing waiver for the following reason(s):

Request must be accompanied by the following documents:

1. Signed Medical Utility Waiver Program Enrollment Form
2. Concurrence from EFMP as documented below. Please contact Ms. Marlo Keller at 703-805-4418 for assistance in requesting EFMP concurrence.

I understand that if approved, the waiver for my electricity billing will take effect as of the first date of the next billing cycle and that I am responsible for all electric charges incurred before that date.

Service Member Signature

Date

EFMP/RCLO/Office Use Only

EFMP Recommendation (please sign below): Concur Does Not Concur Date: _____

Community Director (CD) Recommendation: Approved Not Approved Date: _____

RCLO Recommendation: Approved Not Approved Date: _____

Date of Resolution: _____ Date of Service Member Notification: _____

EFMP Signature: _____ Print Name: _____

CD Signature: _____ Print Name: _____

RCLO Signature: _____ Print Name: _____