SWEETWATER SPRINGS WATER DISTRICT

TO: Board of Directors **AGENDA NO. V-A**

FROM: Steve Mack, General Manager

Meeting Date: June 4, 2015

SUBJECT: MEDICAL DISABILITY WATER RATES

RECOMMENDED ACTION: Receive a presentation by Staff on progress on looking at accommodations for medically disabled District customer water rates.

FISCAL IMPACT: small

DISCUSSION:

The Board has heard a presentation by Mr. Richard Skaff requesting that the Board have water rates that accommodate medically disabled District customers who need greater amounts of water because of their medical disability. At the October 2014 meeting the Board received a presentation by District legal counsel Robin Donoghue who stated her opinion that the Board has no responsibility under Federal law to provide for such rates. In October General Manager Steve Mack met with Mr. Skaff and Director Gaylord Schaap to discuss this matter to see if some accommodation might be possible and the results of that discussion and following investigations were brought back to the Board for discussion in January. At that meeting the Board directed staff to move forward with a medical disability water rate proposal.

Staff have come up with an approach for a medical disability water rate. Following are the key features of the proposal:

- Applicants will use the attached application which is based on the application used by Marin Municipal Water District.
- Applicant's physician will fill out page 2 of the application.
- Applicant will meet with General Manager to determine amount of extra Tier 1 water allowed for the disability.
- Credit will be calculated once per year (January bills for Monte Rio cycle, February bills for Guerneville cycle) to determine credit (amount over Tier 1 use within disability credit amount). This will happen regardless of when the customer applies for the credit.

Key features of the Medically disabled water rate as proposed:

- Applicant must have a single family residential account in his/her name.
- Physician must verify to need for extra water.
- Annual application.
- District sets the amount of extra Tier 1 water upon review of the application.

Questions still remaining:

- Any Proposition 218 issues? Does this need noticing like other water rates? What about cost of service issues raised by the San Juan Capistrano decision?
- Should there be an upper limit to the amount? 50% of Tier 1?
- Does the medically disabled needing extra water have to be the account holder? What about spouse, child, non-related person living in house of customer?
- Verification of information? Do we care about income tax status (5th bullet on first page)?
- Do we need an annual application? This is a holdover from the MMWD form and may not be followed by them.

SWEETWATER SPRINGS WATER DISTRICT
MEDICALLY DISABLED WATER RATE

QUALIFYING CRITERIA

To qualify for the Sweetwater Springs Water District Medically Disabled Water Rate Program, you must:

- Establish your disability through doctor verification (form attached)
- Install low-volume showerheads, ULF toilets and faucet washers in your home (these items may be available to the applicant at no cost);
- Be a single family residential customer with a meter size no larger than 1";
- 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.

Please have your doctor complete the attached application and return it to Sweetwater Springs Water District, PO Box 48, Guerneville, CA 95446. Your application must include the signed certification from your doctor confirming your disability.

Please direct all questions regarding this program to the District Office at (707) 869-4000. The District will notify you in writing as to whether or not you qualify for this program. Please allow approximately three weeks for your application to be processed.

The District reserves the right to request additional information from an applicant at any time. While eligibility is generally for a one-year period, participation in the program can be revoked if a recipient of the Medically Disabled Water Rate discount program does not meet and continue to meet all qualifying criteria.

SWEETWATER SPRINGS WATER DISTRICT REQUIRES THAT THE APPLICANT'S PHYSICIAN, WHO IS LICENSED TO PRACTICE MEDICINE IN THE STATE OF CALIFORNIA, COMPLETE THIS FORM.

MEDICAL CONDITION:

I certify that the medical condition and water needs of _____,
(name of patient)

who is a full-time resident at _____, are as follows:
(address of patient)

(**One of the boxes below must be checked**
Condition is:
[ ] Permanent.
[ ] Temporary. If temporary, anticipated recovery date: _____

In the space below please provide a written description of the applicant's *medical condition* that requires the use an amount of water greater than the amount provided in District's tier #1 amount (8 units (a unit is 100 cubic feet), approximately 750 gallons) per 2 months). If you need more space, please provide the information on a separate page.

_____Doctor's name (please print or type)

_____Doctor's State License #

_____Doctor's signature

_____Office address

_____City, state, zip

_____Office Telephone Number

Application for Calendar Year 20___

The Medically Disabled Water Rate discount will result in _____ additional Units (Hundred cubic feet) being billed at the Tier One base rate per two-month billing cycle. Discount will be applied as a credit on the January (Monte Rio Cycle) or February (Guerneville Cycle) water bills for the preceding year.

SSWD Customer #:	Date:
Customer Name:	Phone: ( )
Address: Street City Zip	

- **If you would like to provide more detail, please provide your signed statement on a separate page.**

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