SWEETWATER SPRINGS WATER DISTRICT

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

FROM: Steve Mack, General Manager

Meeting Date: August 6, 2015

SUBJECT: RESOLUTION 15-14, ESTABLISHING A MEDICAL DISABILITY WATER RATE PROGRAM AND CHARGES PER POLICY AND PROCEDURE SECTION 3070.60

RECOMMENDED ACTION: Approve Resolution 15-14 which established a medical disability water rate program and charges for District customers who meet the listed conditions and are certified by a licensed physician.

FISCAL IMPACT: small

DISCUSSION:

At the June 2015 Board Meeting, the Board directed staff to move forward with a water rate for customers who have a medical disability that requires additional water. The program proposed by staff has the following characteristics:

- Applicants must use the attached application which is based on the application used by Marin Municipal Water District.
- Applicant's physician must fill out and sign page 2 of the application.
- Applicant must meet with General Manager to determine amount of extra Tier 1 water allowed for the disability (up to 4 units maximum).
- 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.
- Applicant must have a single family residential account in his/her name, spouse's name, or family member's name.

District Policies and Procedures Section 3070.60 Assistance Programs, provide that : "the District may establish a program or programs of assistance for ...disabled...consumers of the District" and allows the criteria for eligibility and other terms of the program be set by resolution by the Board of Directors. Resolution 15-14 sets out the program and criteria and has the program form attached.

The application does not require annual renewals but does reserve the District's right to require reapplication and/or audit of a customer's application.

Resolution No. 15-14

A Resolution of the Board of Directors of the Sweetwater Springs Water District Establishing a Medical Disability Water Program and Charges Pursuant to Current Water Rates Per Policy and Procedures Section 3070.60

WHEREAS, pursuant to Water Code Section 31007, the District Board of Directors is authorized to establish rates and charges sufficient to pay for operating expenses, provide for repairs and depreciation of works and pay for the principal and interest on debt; and

WHEREAS, pursuant to Policies and Procedures Section 3070.60, Assistance Programs, the District may establish a program of assistance for disabled consumers, and wishes to do so; and

WHEREAS, the Board has heard testimony for the need for such a program for its medically disabled customers; and

WHEREAS, the Board directed staff to investigate this program and staff have found a similar program at the Marin Municipal Water District (MMWD); and

WHEREAS, District staff has based its recommended program on the MMWD program and the proposed form on the MMWD form.

NOW, THEREFORE BE IT RESOLVED that the Board of Directors of the Sweetwater Springs Water District approves a medical disability water rate assistance program based on the following elements:

Section 1. The applicant must submit a completed District form attached as Exhibit “A”.

Section 2. This program is a pilot program and is subject to change and/or elimiination. The General Manager will report on this program as part of the annual review.

Section 3. The Disability Water Rate allows for additional water billed at the Tier 1 rate. The additional allowance is capped at 4 units (4 hundred cubic feet) but the General Manager may allow more if warranted upon Doctor's guidance.

Section 4. The Board hereby finds that this Resolution establishes water rate charges for the purpose of meeting operating expenses and is exempt from the California Environmental Quality Act ("CEQA") pursuant to Public Resources Code Section 21080(b)(8) and CEQA Guidelines Section 15273.

Section 5. The Board hereby declares that if any provision, sentence, clause, section or part of this Resolution is found to be illegal or invalid, such finding shall affect only such provision, sentence, clause, section or part, and shall not affect or impair any of the remaining parts.

Section 6. This Resolution shall take effect immediately upon its adoption.

I hereby certify that the foregoing is a full, true, and correct copy of a Resolution duly and regularly adopted and passed by the Board of Directors of the SWEETWATER SPRINGS WATER DISTRICT, Sonoma County, California, at a meeting held on August 6, 2015, by the following vote.

Director	**Aye**	**No**
Sukey Robb-Wilder	_____	_____
Tim Lipinski	_____	_____
Richard Holmer	_____	_____
Gaylord Schaap	_____	_____
Victoria Wikle	_____	_____

_____
Gaylord Schaap
President of the Board of Directors

_____
Attest: Julie A. Kenny
Clerk of the Board of Directors

Exhibit A:

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"; and
- Have the water service in your name or state the name of the account holder and your relationship (apartment complexes or mobile home parks with a master meter do not qualify.

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 does not require an annual application, 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 described below:
(address of patient)

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 or 6,000 gallons per 2 months (a unit is 100 cubic feet, approximately 750 gallons)). If you need more space, please provide the information on a separate page.

If condition is temporary, anticipated recovery date: _____

_____Date

_____Doctor's name (please print or type)

_____Doctor's State License #

_____Doctor's signature

_____Office address

_____City, state, zip

_____Office Telephone Number

EXHIBIT A: SWEETWATER SPRINGS WATER DISTRICT
MEDICALLY DISABLED WATER RATE APPLICATION

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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