



CARE Enrollment Assistance

During COVID-19

April 2020





East Bay Community Energy (EBCE) is our local power supplier committed to providing Alameda County with clean electricity at lower rates. EBCE reinvests earnings back into the community to create local green energy jobs, local energy programs, and clean power projects.

HOW IT WORKS



Source
EBCE

buy and build cleaner
energy



Delivery
PG&E

deliver energy, repair lines,
handle billing



Customer
YOU

benefiting from cleaner energy,
local control

EBCE is providing community assistance during the COVID pandemic. More information can be found at ebce.org/covid.

We are here to help our community get through this. This presentation will focus on how you can access discounts on your electricity and gas bill through the CARE Program. More information is available at ebce.org/care.

What is CARE?



Qualified households receive discounts on their energy bills through the California Alternate Rates for Energy Program (CARE) Program. CARE eligibility is based on public assistance program participation or based on the number of individuals in your household and total gross household income. Participation in the program results in a monthly discount of nearly 35% on the electricity bill and a 20% discount on the natural gas bill.

CARE is available to EBCE customers, administered by PG&E, and funded by the California Public Utilities Commission.

Resources

- [EBCE.org/care](https://www.ebce.org/care)
- [PG&E Longer-Term Assistance Overview Page](#)
- [CARE Program Guidelines](#)
- [CARE FAQs](#)



Do I qualify?



CARE Qualifications

1. The PG&E bill must be in your name. (For sub-metered tenants, the energy bill from your landlord must be in your name.)
2. You must live at the address to which the discount applies.
3. Another person (besides your spouse) can't claim you as a dependent on an income tax return.
4. You must not share an energy meter with another home.
5. You must account for all sources of qualifying household income and meet the program income guidelines.
6. You must notify PG&E if your household no longer qualifies for the CARE discount.
7. After you enroll, we may select you for income verification. You must provide proof of qualifying household income to remain on the program, including IRS tax returns. You may also be required to participate in the Energy Savings Assistance Program.
8. Your monthly electric usage must not exceed six times the Tier 1 allowance. This is the lowest-priced rate tier within PG&E's standard Tiered Base Plan.
9. Qualification is based on the total income of everyone living in the home or participation in qualifying public assistance programs.
10. You must renew your eligibility every two years *(or every four years if you're on a fixed income)*.

During the COVID pandemic, PG&E will not be requesting income verification (7) or removing customers from the program due to high usage (8).



CARE Income Levels

Add all household members' incomes from all eligible sources for your total gross annual household income. The total combined gross annual household income must be at or below the amounts showing in the following table.

If you have recently lost your job, even if you are receiving unemployment benefits, you may qualify for a discount through CARE program.

**Before taxes based on current income sources. Table data applies to residential, single-family customers. Income Guidelines are valid through 05/31/20.*

TOTAL GROSS ANNUAL HOUSEHOLD INCOME*	
Number of People in Household	CARE
1-2	\$33,820 or less
3	\$42,660 or less
4	\$51,500 or less
5	\$60,340 or less
6	\$69,180 or less
7	\$78,020 or less
8	\$86,860 or less
Each additional person, add	\$8,840



Income Considerations

Household income includes all taxable and nontaxable revenues from all people living in the home. It includes, but is not limited to the following sources:

- Wages
- Salaries
- Interest and dividends
- Spousal and child support payments
- Public assistance payments
- Social Security and pensions
- Housing and military subsidies
- Rental income
- Self-employment income
- All employment-related, non-cash income

PLEASE NOTE: Your household income must meet the program income guidelines.

Government-issued stimulus checks do not count as income.

During the COVID pandemic, PG&E will not be verifying income but may do so in the future.



Qualifying Based on Public Assistance Program Participation

You may qualify for the CARE Program if you or someone in your household takes part in any of the following public assistance programs.

- Low Income Home Energy Assistance Program (LIHEAP)
- Women, Infants, and Children (WIC)
- CalFresh/SNAP (Food Stamps)
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible (Tribal Only)
- Supplemental Security Income (SSI)
- Medi-Cal for Families (Healthy Families A & B)
- National School Lunch Program (NSLP)
- Bureau of Indian Affairs General Assistance
- Medicaid/Medi-Cal (under age 65)
- Medicaid/Medi-Cal (age 65 and over)



How do I apply?



www.pge.com/care

Online applications	Mail-in application (PDF download)
English (automated) English (non-automated)	English English Large Print
Spanish (non-automated)	Spanish Spanish Large Print
Chinese (non-automated)	Chinese Chinese Large Print
Vietnamese (not available)	Vietnamese Vietnamese Large Print



The screenshot shows the PG&E website interface. At the top, there are navigation links for RESIDENTIAL, SMALL & MEDIUM BUSINESS, and LARGE BUSINESS. Below this is a dark blue navigation bar with links for YOUR ACCOUNT, CUSTOMER SERVICE, OUTAGES, RATE PLANS, SAVE ENERGY & MONEY, SOLAR & VEHICLES, and IN YOUR COMMUNITY. The main content area features a large image of a family looking at a tablet. Overlaid on the image is the text "Get discounts on your PG&E bill". Below the image, there is a dark blue banner with the text "Apply for a monthly discount through CARE or FERA." and a yellow button labeled "APPLY OR RENEW NOW". A green arrow points to the button from the right side of the image.

“Sign In” if you have a PG&E online account. This will require username and password.

“One-Time Access” provides options with and without account number. You can use your last name, zip code, and last 4 digits of your SSN.

CARE/FERA enrollment or renewal

Sign in to apply or renew online

For faster enrollment, we recommend signing in below. If you don't have the information requested, use our non-automated CARE/FERA application.

SIGN IN

ONE-TIME ACCESS



Residential



Business

ACCOUNT NUMBER

Enter a valid 11-digit account number (e.g., 1234567890-2)

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

OR

LAST NAME

Do not include apostrophes, hyphens or special characters.

ZIP CODE OF SERVICE ADDRESS

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

SIGN IN

Enroll in CARE/FERA

Language Preference

Choose One ▾

Preferred Communication Method

- Mail (billing address)
- Email (By entering your email address, you are authorizing PG&E to send you information from time to time regarding your PG&E utility service and PG&E programs and services that may be available to you.)
- Phone
- Text

Number of adults in household

▾

Number of children in household

▾

CARE/FERA Qualification Option (Choose One)

- Annual Household Income
COVID-19 NOTE: Household income is your income as of today (after loss of employment). Even if you are receiving unemployment benefits, you may still qualify.
- Public Assistance Program (e.g., Medicaid/Medi-Cal, Supplemental Security Income)

Is a Community Outreach Contractor helping you fill out this form?

YES NO

[< CARE/FERA Information](#)

Next

CARE/FERA Qualification Option (Choose One)

- Annual Household Income

\$ Choose One... ▾

- I am currently on a fixed income.

- Public Assistance Program (e.g., Medicaid/Medi-Cal, Supplemental Security Income)

Is a Community Outreach Contractor helping you fill out this form?

YES NO

[< CARE/FERA Information](#)

Next



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Enroll in CARE/FERA

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Choose One ▾

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Next

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- Annual Household Income
COVID-19 NOTE: Household income is your income as of today (after loss of employment). Even if you are receiving unemployment benefits, you may still qualify.
- Public Assistance Program (e.g., Medicaid/Medi-Cal, Supplemental Security Income)
Check all programs a full-time resident of your home participates in.
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Women, Infants, and Children (WIC)
 - CalFresh/SNAP (Food Stamps)
 - CalWORKs (TANF) or Tribal TANF
 - Head Start Income Eligible (Tribal Only)
 - Supplemental Security Income (SSI)
 - Medi-Cal for Families (Healthy Families A & B)
 - National School Lunch Program (NSLP)
 - Bureau of Indian Affairs General Assistance
 - Medicaid/Medi-Cal (under age 65)
 - Medicaid/Medi-Cal (age 65 and over)

Is a Community Outreach Contractor helping you fill out this form?

YES NO

EBC#

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Next



Declaration

*required field

I acknowledge that I have read and understood the contents of this application. I also agree to follow the terms and conditions of the CARE or the FERA program, including the following:

1. I am not claimed as a dependent on another person's income tax return other than my spouse.
2. I am not knowingly sharing an energy meter with another home.
3. I will notify PG&E if my household is no longer eligible for the CARE or FERA discount.
4. I understand I may be required to provide proof of household income.
5. I understand I may be required to participate in the Energy Savings Assistance Program.
6. I understand I may be removed from the CARE Program if my monthly electric usage exceeds six times the Tier 1 allowance.
7. I authorize PG&E to share my information with other utilities in order to facilitate enrollment in available energy management assistance and discount programs.
8. I will pay back the discount I have received if I provided false information to support my application for the CARE or the FERA program.

*I certify that the information I have provided in this application is true and correct.

[← Back](#)

[Submit](#)

Steps to Apply for CARE Program

FASTEST APPROACH

- 1 Go to [online application](#)
- 2 Fill out application and click submit

ALTERNATE APPROACH 1

- 1 Download and print [application](#)
- 2 Fill out application
- 3 Mail to: CARE/FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979

ALTERNATE APPROACH 2

- 1 Call PG&E at 866-743-2273





EAST BAY
COMMUNITY
ENERGY

Be safe, stay healthy. We are in this together.

ebce.org/care

1-833-699-EBCE (3223)

