



## Infant and Hardship Protection Documentation

This is an important notice. Please have it translated.

Đây là một thông báo quan trọng.  
Xin vui lòng dịch thông báo này.

Este é um aviso importante. Quiera mandá-lo traduzir.  
Este es un aviso importante. Sirvase mandarlo traducir.

Это очень важное сообщение.  
Пожалуйста, попросите чтобы  
вам его перевели.

此为重要通知。请加以翻译。

Questa è un'informazione importante. Si prega di tradurla.

إن هذا إخطار مهم. يُرجى ترجمته.

Dear Customer:

It is our understanding that there is a person residing in your household who is under the age of two (2) years. Your account may be eligible for protection against possible termination if you also have a financial hardship.

**Infant and Hardship Protection:** The Rhode Island Public Utilities Commission's regulations provide specific protections to infant and hardship customers. A residential customer qualifies for this protection when the public utility has evidence that a customer is living in a residence where there is domiciled a person under the age of two (2) years and there is a financial hardship.

To qualify for the "infant and hardship" protection, you must provide a copy of the birth certificate or other verifiable (i.e. hospital or physician) documentation to validate the person domiciled is under the age of two (2) years AND the financial hardship form (attached) along with valid proof of financial hardship for all adult members in the household (i.e. tax returns or 3 months paystubs, SSDI/SSI award letter within the past year). **Once approved, Rhode Island Energy will not terminate service to infant and hardship protected customers while the protection is still valid and active on the account.**

**Please return the completed information to the address listed on this letter. We will notify you in writing whether your completed information was either accepted or rejected. Failure to pay current bills or make an arrangement on past-due balances will subject you to collections activity.**

**Mail:** Rhode Island Energy  
Accounts Maintenance & Operations  
PO Box 960  
Northborough, MA 01532-0960

**Fax:** 1-866-460-8549

We appreciate the opportunity to service your account. If you have any questions regarding the infant and hardship protection please contact our Customer Service Contact Center at 1-800-870-1664 (gas) and 1-855-RIE-1101 (electric), available Monday-Friday between the hours of 7:00 AM – 5:00 PM.

To discuss a payment arrangement, please contact Credit and Collections Department at 1-855-RIE-1103 (Gas) and 1-855-RIE-1104 (electric), Monday through Friday between the hours of 7:00 AM – 9:00 PM, or Saturday from 7:00 AM – 5:00 PM.

Sincerely,

Rhode Island Energy  
Credit and Collections Department



# Infant and Hardship Protection Documentation

## Financial Hardship Statement

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

City/Town: \_\_\_\_\_

**NOTE:** If you are claiming Financial Hardship under the Rules and Regulations Governing the Termination of Residential Electric, Gas and Water Utility Services, please answer the following questions and return this form to the address shown on your bill within seven (7) days for an initial application and within forty (40) days if this is a renewal.

**DO NOT ENCLOSE THIS STATEMENT WITH YOUR BILL PAYMENT.**

### Income Information

**Source of Gross Income:** (for family or group)    Work    ( ) Yes ( ) No    Amount \_\_\_\_\_    Week \_\_\_\_\_    Month \_\_\_\_\_

SSI    ( ) Yes ( ) No    Amount \_\_\_\_\_    Per Month

**Welfare:**    AFDC    ( ) Yes ( ) No    Amount \_\_\_\_\_    Per Semi-Month

GPA    ( ) Yes ( ) No    Amount \_\_\_\_\_    Per Week

**Other:** (Specify)    ( ) Yes ( ) No    Amount \_\_\_\_\_    Per Two Weeks

Total number in household: \_\_\_\_\_

Number in household aged 62 or over: \_\_\_\_\_

Number in household handicapped: \_\_\_\_\_

I, the undersigned, do hereby certify that the information provided is complete and the truth, to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### FOR OFFICE USE ONLY:

Date Received \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

Company Representative \_\_\_\_\_

Resubmittal Date \_\_\_\_\_ Resubmittal Waived \_\_\_\_\_

Company Representative \_\_\_\_\_