



City of Sierra Madre

# PARAMEDIC SUBSCRIPTION

# PROGRAM

## Modest-Income Household Application

Discounted fee of \$45 per year for qualifying household.

### SUBSCRIBER(S) INFORMATION

Subscriber Name \_\_\_\_\_ Total Combined Household Income \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Number of People in Household: Adults: \_\_\_\_\_ + Minors: \_\_\_\_\_ = Total: \_\_\_\_\_

Additional Subscriber Name(s) \_\_\_\_\_

### Documentation Checklist (Required):

Please attach proof of total gross household income. Acceptable documents include:

Most recent state or federal tax return for all household members

If no tax forms were filed, include one of the following for each household member:

Social Security benefit statement

Three months of bank statements

If enrolled in the City's **UUT Exemption Program**, include a recent utility bill showing exemption approval

### Paramedic Subscription Program Agreement

(Please read carefully and **sign**.)

I certify under penalty of perjury that I am a resident of the City of Sierra Madre and that the total gross household income for all members of my household falls within the "Very Low Income" category as defined by HUD. I understand that the \$45 annual membership fee provides secondary coverage for emergency medical treatment and/or ambulance services rendered within the City of Sierra Madre by the Sierra Madre Fire Department or its authorized emergency medical service provider. This membership protects myself and all enrolled permanent members of my household from paramedic and ambulance fees issued by the Fire Department. I agree to provide a list of the names of all household members I wish to enroll and understand that only residents of the City of Sierra Madre are eligible to participate. I acknowledge that membership is non-transferable, non-refundable, not retroactive, and valid for one year from the date of payment. I understand that to renew the subscription at the low-income discounted rate, I must submit current, required documentation each year for re-approval. I understand that the Fire Department reserves the right to bill any insurance coverage held by myself or any enrolled household member and that any payments received—whether by me, an enrolled household member, or the City—will be accepted as full payment for services rendered. I agree to promptly forward to the City of Sierra Madre any such payments received and authorize the release of medical and/or insurance information solely for the purpose of emergency medical billing. I also understand that the Sierra Madre Fire Department reserves the right to terminate my participation in the program if any terms of this agreement are violated or if the membership is misused, as determined by the Fire Chief or their designee.

Authorized Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Notification Signup**     NIXLE     Smart911     Genasys Protect



For additional information, please contact the Fire Dept. at 626-355-3611, email [subscription@sierramadrecalifornia.gov](mailto:subscription@sierramadrecalifornia.gov) or visit City Hall during regular business hours. Payments may be made in person at City Hall or mailed to: Sierra Madre Fire Department