Brightspeed Data Services
717 McGilvery Street
Fayetteville, NC 28301

Dear Customer:

Critical Care is a program that provides priority restoral of service to customers who are at a substantial risk of death or grave impairment to health if the household is out of service for any length of time.

To apply for service, complete the attached application and have your doctor review and sign it. Return the application to the address on the form. Upon receipt and approval of your application we will add this service to your account and send you a confirmation letter.

If you have any questions concerning this service, please feel free to call us at 833-692-7773.

Sincerely,
Center for Customers with Disabilities

Critical Care

The following professionals are acceptable certifying authorities on the Application for Critical Care form:

- Nurse
- Ophthalmologist
- Optometrist
- Physician
- Professional hospital staff member
- Professional librarian – MN only
- Psychologist
- Social workers (state and local)
- Staff of agency/center for the blind
- Therapist
- Welfare case workers (state and local)

Application for Critical Care

Applicant (Disabled Person)	**Person to Whom Exempt Telephone Number is Billed (If other than Applicant)**
Last Name First Name MI	Last Name First Name MI
Address	**I certify that the Applicant is a fulltime resident Member of my household. If the Applicant ceases to reside fulltime in my household, I will promptly advise Brightspeed.**
City State Zip	**Signature of the person billed for exempt telephone number:**
Telephone Number(s) to be Exempt (include area code)	
Applicant agrees to promptly advise (or cause to be advised) Brightspeed if the disability described here ceases to exist. **Signature of Applicant (or person authorized to act on behalf of the Applicant):**	

SECTION BELOW TO BE COMPLETED ONLY BY THE CERTIFYING AUTHORITY

The **Certifying Authority** must be a reputable professional whose knowledge and competence under the specific circumstances is generally accepted and acknowledged and/or an authorized employee acting for and on behalf of a special school, institution, or other recognized entity whose knowledge and competence under the specific circumstance is generally accepted and acknowledged.

The above Applicant is: ☐ Critical Care – Urgent restoral of service in event of an outage.

___ : I certify that the Applicant has the above disability that requires priority restoral of service.

Signature of Certifying Authority	**Date**
Printed Name	**Telephone Number**
Title	**Agency**

The facts in this application may be reviewed periodically by Brightspeed.

Return completed application to:

Brightspeed
717 McGilvery Street
Fayetteville, NC 28301
TTY & Voice: 833-692-7773