
May 13, 2005

ADVICE 1893-E
(U 338-E)

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
ENERGY DIVISION

SUBJECT: Adjustment of Existing Income Limitations for California
Alternate Rates for Energy and Family Energy Rate Assistance
and Modification of Applicable Forms

In compliance with the California Public Utilities Commission (Commission) Energy Division's letters dated April 26, 2005 and April 28, 2005, Resolution E-3524, and Decision (D.) 04-02-057, Southern California Edison Company (SCE) hereby submits for filing the following revised tariff sheets and related forms which are listed on Attachment A and are attached hereto.

PURPOSE

This advice filing revises Schedule D-CARE, California Alternate Rates for Energy-Domestic Service and Schedule D-FERA, Family Electric Rate Assistance and associated forms to reflect an increase in the household annual income limitations applicable to the California Alternate Rates for Energy (CARE) and the Family Electric Rate Assistance (FERA) programs in compliance with the Energy Division's letters (Letters) dated April 26, 2005 and April 28, 2005, Resolution E-3524, and D.04-02-057. In the Letters, utilities were requested to file revised tariffs reflecting the revised income levels for CARE by May 13, 2005 and to use the same procedure for the annual income guidelines for FERA. The revised tariffs and forms are included in Attachment A.

BACKGROUND

The Commission authorized the Low Income Ratepayer Assistance (LIRA) program by D.89-07-062 which became effective September 1989. Schedule D-LI, Low Income Rate – Domestic Service, became effective pursuant to D.89-09-44 on November 1, 1989. The LIRA program name was changed to CARE effective January 1, 1995, in accordance with Senate Bill 491. Accordingly, the rate schedule was renamed to Schedule D-CARE.

In compliance with D.04-02-057, SCE established Schedule D-FERA and Forms 14-782 and 14-783.¹ The FERA program is a rate assistance program whereby lower to middle income large household participants will be charged Tier 2 electricity rates for their Tier 3 usage if the household consists of three (3) or more people and the family has a total combined income between 175% and 250% of the federal poverty threshold. The income threshold increases with each additional family member over three (3) people in a household. The FERA program was designed to assist those larger families whose income levels are just above the CARE income limits and thus are not eligible for CARE benefits.

Household income limitations are used to determine whether a person or household qualifies for discounts provided under Schedules D-CARE and D-FERA. The Commission, in Resolution E-3524, directed the Energy Division to communicate new eligibility income levels to the utilities on May 1 of each year. The Commission further required the Energy Division to direct the utilities to file revised tariffs effective June 1 of each year reflecting the new income levels. In addition, D.04-02-057 stated that the use of CARE procedures for annual income guidelines updates is also reasonable for the FERA program.

The Energy Division's April 26, 2005 and April 28, 2005 letters provided for an increase of 1.033 % from the current household annual income limitations. These new income limitation levels for the CARE and FERA programs were calculated by the Energy Division and are based upon data obtained from the "Review of the U.S. Economy." The statistics used to calculate the percentage increase is the final figure for the "Consumer Price Index All Urban Consumers" for the previous years. This advice filing updates Schedules D-CARE and D-FERA and all associated forms by incorporating the new household income limitation levels provided by the Energy Division.

In addition to the above modifications, SCE has modified the wording on the applicable CARE/FERA and CARE-related² form to more appropriately reflect the actual CARE discount. Notations referencing the "20%" CARE discount have been changed to "20% or more." Pursuant to the Settlement Agreement resolving all issues in Phase 2 of SCE's 2003 General Rate Case proceeding, the CARE discount for Commercial CARE customers (group living facilities and agricultural employee housing) is set at the effective discount for Domestic CARE customers of 25.3%.³ It is SCE's intent to use the joint CARE/FERA applications introduced in Advice 1792-E, modified in Advice 1797-E, and further updated for 2005/2006 herein. As a result, SCE is withdrawing Forms 14-338, 14-338-1, and 14-339 since these Forms contain CARE-only information and income guidelines.

No cost information is required for this advice filing.

¹ Advice 1792-E, dated April 26, 2004.

² Form 14-526 is a CARE-only form and does not detail any FERA information.

³ Advice 1886-E, filed April 11, 2005.

This advice filing will not increase any rate or charge, cause the withdrawal of service, or conflict with any other schedule or rule.

EFFECTIVE DATE

In accordance with the Energy Division's letters dated April 26, 2005 and April 28, 2005, Resolution E-3524, and D.04-02-057, this advice filing will become effective on June 1, 2005.

NOTICE

Anyone wishing to protest this advice filing may do so by letter via U.S. Mail, facsimile, or electronically, any of which must be received no later than 20 days after the date of this advice filing. Protests should be mailed to:

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, California 94102
E-mail: jir@cpuc.ca.gov and jnj@cpuc.ca.gov

Copies should also be mailed to the attention of the Director, Energy Division, Room 4004 (same address above).

In addition, protests and all other correspondence regarding this advice letter should also be sent by letter and transmitted via facsimile or electronically to the attention of:

Akbar Jazayeri
Director of Revenue and Tariffs
Southern California Edison Company
2244 Walnut Grove Avenue
Rosemead, California 91770
Facsimile: (626) 302-4829
E-mail: AdviceTariffManager@sce.com

Bruce Foster
Vice President of Regulatory Operations
c/o Karyn Gansecki
Southern California Edison Company
601 Van Ness Avenue, Suite 2040
San Francisco, California 94102
Facsimile: (415) 673-1116
E-mail: Karyn.Gansecki@sce.com

There are no restrictions on who may file a protest, but the protest shall set forth specifically the grounds upon which it is based and shall be submitted expeditiously.

In accordance with Section III, Paragraph G, of General Order No. 96-A, SCE is serving copies of this advice filing to the interested parties shown on the attached GO 96-A service list and R.01-08-27. Address change requests to the GO 96-A service list should be directed by electronic mail to AdviceTariffManager@sce.com or at (626) 302-4039. For changes to all other service lists, please contact the Commission's Process Office at (415) 703-2021 or by electronic mail at Process_Office@cpuc.ca.gov.

Further, in accordance with Public Utilities Code Section 491, notice to the public is hereby given by filing and keeping the advice filing at SCE's corporate headquarters. To view other SCE advice letters filed with the Commission, log on to SCE's web site at <http://www.sce.com/AboutSCE/Regulatory/adviceletters>.

For questions, please contact Pat Aldridge at (626) 302-4617 or by electronic mail at Pat.Aldridge@sce.com

Southern California Edison Company

Akbar Jazayeri

AJ:pa:mm
Enclosures

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No.: Southern California Edison Company (U 338-E)

Utility type:

ELC GAS
 PLC HEAT WATER

Contact Person: James Yee

Phone #: (626) 302-2509

E-mail: James.Yee@sce.com

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas
PLC = Pipeline HEAT = Heat WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 1893-E

Subject of AL: Adjustment of Existing Income Limitations for California Alternate Rates for Energy and Family Energy Rate Assistance and Modification of Applicable Forms

Keywords (choose from CPUC listing): Compliance, CARE, Forms

AL filing type: Monthly Quarterly Annual One-Time Other _____

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:
D. 04-02-057 and Resolution E-3524

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL: _____

Summarize differences between the AL and the prior withdrawn or rejected AL:

Resolution Required? Yes No

Requested effective date: 6/1/05 No. of tariff sheets: 11

Estimated system annual revenue effect (%): _____

Estimated system average rate effect (%): _____

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: Schedule D-CARE, D-FERA, Forms 14-526, 14-782, 14-782-1, 14-783, Forms 14-338 Withdrawn, 14-338-1 Withdrawn, 14-339 Withdrawn, Table of Contents

Service affected and changes proposed¹: _____

Pending advice letters that revise the same tariff sheets: _____

¹ Discuss in AL if more space is needed.

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Ave.,
San Francisco, CA 94102
jjr@cpuc.ca.gov and jnj@cpuc.ca.gov

Akbar Jazayeri
Director of Revenue and Tariffs
Southern California Edison Company
2244 Walnut Grove Avenue
Rosemead, California 91770
Facsimile: (626) 302-4829
E-mail: AdviceTariffManager@sce.com

Bruce Foster
Vice President of Regulatory Operations
c/o Karyn Gansecki
Southern California Edison Company
601 Van Ness Avenue, Suite 2040
San Francisco, California 94102
Facsimile: (415) 673-1116
E-mail: Karyn.Gansecki@sce.com

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 38768-E	Schedule D-CARE	Revised 36408-E
Revised 38769-E	Schedule D-FERA	Original 36378-E
Revised 38770-E	Form 14-526	Revised 36412-E
Revised 38771-E	Form 14-782	Revised 36413-E
Revised 38772-E	Form 14-782-1	Original 36414-E
Revised 38773-E	Form 14-783	Revised 36415-E
Revised 36409-E	Form 14-338	Revised 33623-E*
Revised 36410-E	Form 14-338-1	Revised 33624-E*
Revised 36411-E	Form 14-339	Revised 33625-E
Revised 38774-E	Table of Contents	Revised 38225-E
Revised 38775-E	Table of Contents	Revised 38657-E
Revised 38776-E	Table of Contents	Revised 38662-E
Revised 38777-E	Table of Contents	Revised 36772-E
Revised 38778-E	Table of Contents	Revised 38663-E

FACILITIES WITH SATELLITE LOCATIONS

If a qualifying facility has one or more satellite locations, these satellite locations will qualify for the discount providing they are covered by the qualifying facility's license, the qualifying facility's name is on the satellites' utility bills, and they meet all of the same criteria listed for the qualifying facility.

The qualifying facility must complete the following information for all qualified satellite facilities. Satellite facilities do not need to apply for the discount individually. List satellite facilities:

STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 ACCOUNT NO _____
 At least 70% of electricity used for residential purposes? Yes No
 100% of the residents individually meet the income criteria? Yes No
 Number of residents: _____
 For Homeless Shelters – Is facility open 180 days or more annually? Yes No
 – Does shelter have six beds or more? Yes No

STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 ACCOUNT NO _____
 At least 70% of electricity used for residential purposes? Yes No
 100% of the residents individually meet the income criteria? Yes No
 Number of residents: _____
 For Homeless Shelters – Is facility open 180 days or more annually? Yes No
 – Does shelter have six beds or more? Yes No

STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 ACCOUNT NO _____
 At least 70% of electricity used for residential purposes? Yes No
 100% of the residents individually meet the income criteria? Yes No
 Number of residents: _____
 For Homeless Shelters – Is facility open 180 days or more annually? Yes No
 – Does shelter have six beds or more? Yes No

STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 ACCOUNT NO _____
 At least 70% of electricity used for residential purposes? Yes No
 100% of the residents individually meet the income criteria? Yes No
 Number of residents: _____
 For Homeless Shelters – Is facility open 180 days or more annually? Yes No
 – Does shelter have six beds or more? Yes No

STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 ACCOUNT NO _____
 At least 70% of electricity used for residential purposes? Yes No
 100% of the residents individually meet the income criteria? Yes No
 Number of residents: _____
 For Homeless Shelters – Is facility open 180 days or more annually? Yes No
 – Does shelter have six beds or more? Yes No

STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 ACCOUNT NO _____
 At least 70% of electricity used for residential purposes? Yes No
 100% of the residents individually meet the income criteria? Yes No
 Number of residents: _____
 For Homeless Shelters – Is facility open 180 days or more annually? Yes No
 – Does shelter have six beds or more? Yes No

Attach list of additional locations if necessary. Please provide information in the same format as above.

I am responsible for the annual renewal of this facility's license from the appropriate licensing agency.

I certify under penalty of perjury under the laws of the State of California the information on this application is true and accurate.

I further certify the discount received will be used for the direct benefit of the residents of the facility.

I understand Edison reserves the right to verify the accuracy of this information and that the direct benefit was used for the benefit of the residents.

My signature gives consent for this information to be shared with other utilities or their agents, if applicable.

AUTHORIZED REPRESENTATIVE'S NAME (Please Print) _____
 AUTHORIZED REPRESENTATIVE'S TITLE (Please Print) _____
 AUTHORIZED REPRESENTATIVE'S SIGNATURE _____
 DATE _____
 TELEPHONE NUMBER _____



California Alternate Rates for Energy (CARE)

Application for Qualified Nonprofit Group Living Facilities

INSTRUCTIONS

1. READ ALL information and instructions.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for the 20% or more discount from CARE.
3. COMPLETE the entire application (please print or type).
4. Complete a separate application for each facility. If a qualifying facility has satellite facilities, please provide the information requested for each satellite location.
5. ATTACH all required documents. (Application is not considered complete without documents.)
6. MAIL TO: Southern California Edison Company
 California Alternate Rates for Energy
 P O BOX 6400
 RANCHO CUCAMONGA CA 91729-9824

Discount

Your facility may qualify for a 20% or more discount off of your Edison bill if the facility meets the following criteria. Please see applicable rate schedule for more information. The discount and eligibility criteria were established by the California Public Utilities Commission (CPUC).

FACILITY ELIGIBILITY CRITERIA

The facility MUST meet ALL of the following criteria:

- Corporation operating the facility must have tax exemption under IRS Code 501(c)(3).
- A minimum of 70% of the energy consumed at the facility must be for residential purposes.
- Facility will be required to recertify eligibility annually. As part of that process, facility will be required to estimate amount of discount received, and explain how the funds were used for direct benefit of the residents.



(continued)