Government of the Virgin Islands
Office of the Governor

Virgin Islands Energy Office

Virgin Islands Resiliency Gateway (VIRG)

Program Application

****To qualify for this program, you must be 60 years or older ****

SECTION 1: Applicant Information

Name:_____

Date of Birth: _____ (You must be 60 years or older to qualify)

District (Circle One): St. Croix St. Thomas St. John

Primary Phone Number: (____)_____ Secondary Phone Number: (___)_____

Physical Address:_____

Email Address:_____

Medical Necessity (You must have one or more of the following to qualify)

CPAP	BiPap	Continuous Feeding Tube	24-Hour Wound Vac
Peritoneal Dialysis		LVAD Heart Machine	Ventilator/Nebulizer
Motorized Wheelchair		Motorized Bed	Tracheostomy
Oxygen Concentrator		Medical Air Mattress/Blanket	Continuous BP/PulseOx Monitor
Other Continuously Powered Medical Device			Refrigerated Medicine

SECTION 2: Contact Information for Person Picking up Device on Behalf of Applicant (if applicable)

Name_____ Phone Number _____

SECTION 3: Certification

With my signature below I certify that I:

1. Have not received another battery device through another non-profit or government agency program
2. Do not have an automatic generator or solar PV and battery system installed at address in Section 1.
3. Have a medical device that requires backup power (see examples in Section 1.)
4. Live in the United States Virgin Islands full-time
5. Understand that the battery must be utilized at the physical address listed in Section 1 and may not be resold
6. Understand that batteries are only available as supplies last, I am not guaranteed a battery system by completing this application.
7. Acknowledge that this is a federally funded grant program and subject to fraud, waste and abuse monitoring
8. Understand that if the VIEO finds this application untruthful the VIEO reserves the right to recover the portable battery unit and solar panel

Signature:_____ Date:_____