

Energy Efficiency Community Workshop

Program Progress and Workshop Insights



Introduction



Where We Present

Churches
Community Centers
Partner Organizations
Senior Buildings



Workshop

Welcome and Intro
Materials/Handouts
Pre-test

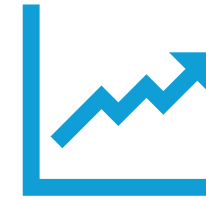
Presentation



**What Is Energy
Efficiency?**



**What Is Home
Weatherization**



Benefits

Savings

Improved Insulation

Health

Financial Benefits



**Switching To
LED Bulbs**



Sealing Drafts



**Adjusting
Thermostat
Settings**



**Unplugging
Unused
Electronics**



**Behavior
Changes = Real
Savings**

Health Benefits



Improved Indoor Air Quality

Reduces the risk of respiratory issues



Fewer Drafts And Moisture Issues

Reduces the risk of mold



More Stable Indoor Temperatures

Less exposure to extreme cold/heat



Afford Health and Basic Needs

Food and other essential needs

Resources



Request for Medical Certification

Medical Certification: A medical certificate from a doctor or local Board of Health can temporarily stop disconnection for 60 days if you haven't used a medical certificate in the past 12 months or you paid off an unpaid previous balance related to a last medical certificate. This medical certificate must contain: 1) Your ComEd account number, service address, and a good contact number; 2) Name of the person residing at your address; 3) A statement that disconnection of utility service will aggravate an existing medical emergency or create a medical emergency for the patient; 4) Name and contact information for the doctor or Board of Health; 5) You must contact ComEd within 14 days after service interruption.

Dear Physician, Physician Assistant, or Licensed Practitioner: All requested information on this form must be completed for this medical certification to be valid. Please note certification is only accepted by a licensed physician, physician assistant or licensed practitioner.

To Be Completed by Customer

Account Number

Customer Name	Best Contact Number		
Service Address	City	State	Zip
Name of Ill Person Residing at Your Address			

To Be Completed by Licensed Physician, Physician's Assistant, or Licensed Practitioner

Please Select Your Title: Physician Physician's Assistant Licensed Practitioner

Name	Office Phone Number		
Office Address	City	State	Zip

I certify that in my professional opinion, the above patient has a medical condition that would be aggravated by the absence of energy service.

Signature of Physician/Physician Assistant/Licensed Practitioner Date

FAX signed form to: 1-630-684-2692
or upload at ComEd.com/submitform

Once we have received the certification form, a ComEd representative will contact the customer to complete the payment arrangement on the energy bill.

Resources



Closing



Post-test



Pledge

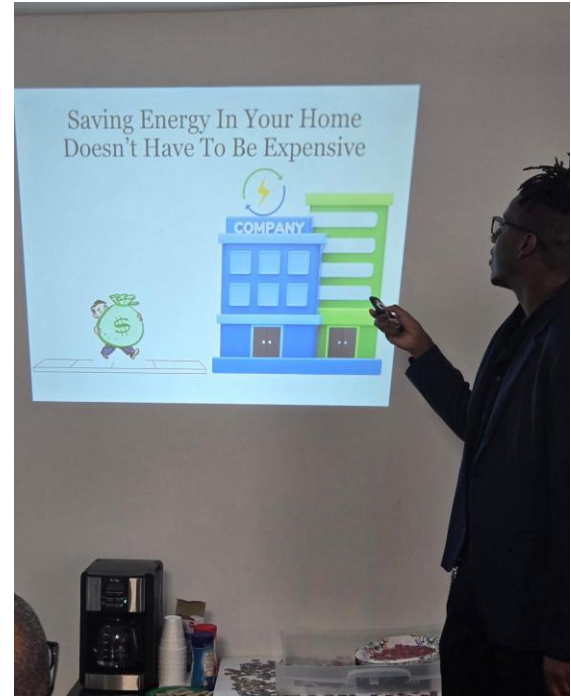
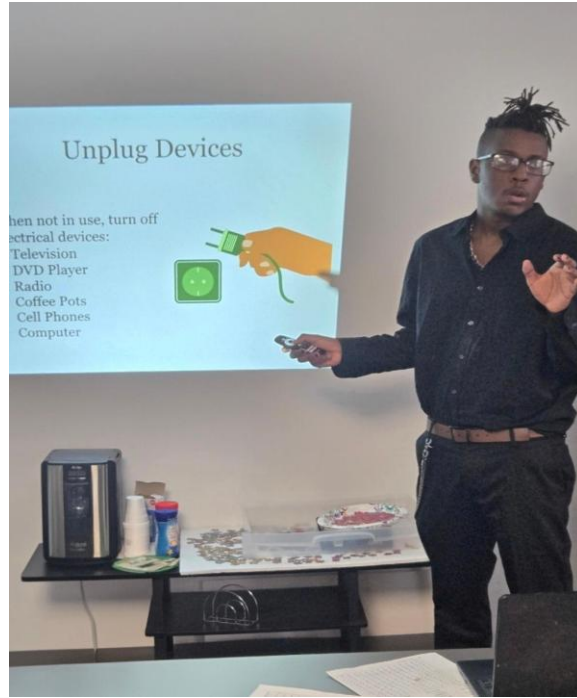


Follow-Up



Incentives/Prizes

Photos





Next Steps

Feedback

- Improve Workshop Content
- Adjust Communication Style
- Address Real Community Needs

Plan of Action

- Continue Expanding Workshops
- Strengthen Community Partnerships
- Increase Access To Resources



Thank you!



<https://www.communitycareoutreach.org/>

