

## PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102-3298



June 6, 2024

Jonathan Morse  
Sr. Manager Rates & Regulatory  
California-American Water Company  
520 Capitol Mall Ste. 630  
Sacramento, CA 95814

Dear Mr. Morse,

The Water Division of the California Public Utilities Commission has approved California-American Water Company's Advice Letter No. 1445, filed on May 3, 2024, regarding update to Customer Assistance Program Guidelines for all service areas.

Enclosed are copies of the following revised tariff sheets, effective June 1, 2024, for the utility's files:

<b>P.U.C.</b>	
<b>Sheet No.</b>	<b>Title of Sheet</b>
11027-W	Schedule No. CA-CAP, California American Water Customer Assistance Program, Sheet 9
11028-W	Customer Assistance Program Application Cover Letter and Form in English and Spanish, Sheet 1
11029-W	Table Of Contents, Sheet 10
11030-W	Table Of Contents, Sheet 2
11031-W	Table Of Contents, Sheet 1

Please contact Carmen Rocha at [MDC@cpuc.ca.gov](mailto:MDC@cpuc.ca.gov), if you have any questions.

Thank you.

Enclosures

**CALIFORNIA PUBLIC UTILITIES COMMISSION  
DIVISION OF WATER AND AUDITS**

**Advice Letter Cover Sheet**

**Utility Name:** California American Water

**Date Mailed to Service List:** May 3, 2024

**District:** All Service Areas

**CPUC Utility #:** U210W

**Protest Deadline (20<sup>th</sup> Day):** May 23, 2024

**Advice Letter #:** 1445

**Review Deadline (30<sup>th</sup> Day):** June 2, 2024

**Tier**     1     2     3     Compliance

**Requested Effective Date:** June 1, 2024

**Authorization**

**Description:** Update Customer Assistance Program Guidelines

**Rate Impact:** \$See AL  
See AL%

The protest or response deadline for this advice letter is 20 days from the date that this advice letter was mailed to the service list. Please see the "Response or Protest" section in the advice letter for more information.

**Utility Contact:** Chase Grady

**Utility Contact:** Jonathan Morse

**Phone:** (916) 568-4241

**Phone:** 916-568-4237

**Email:** [Chase.Grady@amwater.com](mailto:Chase.Grady@amwater.com)

**Email:** [Jonathan.Morse@amwater.com](mailto:Jonathan.Morse@amwater.com)

**DWA Contact:** Tariff Unit

**Phone:** (415) 703-1133

**Email:** [Water.Division@cpuc.ca.gov](mailto:Water.Division@cpuc.ca.gov)

**DWA USE ONLY**

DATE

STAFF

COMMENTS

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED

WITHDRAWN

REJECTED

**Signature:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

May 3, 2024

ADVICE LETTER NO. 1445

TO THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

California-American Water Company ("California American Water") (U210W) hereby submits for review this advice letter, including the following tariff sheets, attached hereto, which are applicable to all its districts:

**Purpose and Background:**

This advice letter is being made to update the Customer Assistance Program (CAP) income guidelines for the 2024-2025 year in compliance with Public Utilities Code Section 739.1. As stated in the Public Utilities Commission Energy Division's April 15, 2024 letter, income guidelines/limits should be updated as follows:

Household Size	CARE Program Income Guidelines (CAP Program)
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each Additional Person	\$10,760

**Request:**

California American Water requests that the CARE Program Income Guidelines (CAP Program) per household size presented above be approved and updated.

**Tier Designation:**

This advice letter is submitted pursuant to General Order No. 96-B and is designated as a Tier 1 filing.

**Effective Date:**

California American Water requests an effective date of June 1, 2024.

**Notice and Service List:**

In accordance with General Order 96-B, General Rule 4.3 and 7.2 and Water Industry Rule 4.1, a copy of this advice letter will be transmitted electronically to interested parties having requested such notification. ***Please note that this advice letter will only be distributed electronically.***

**Response or Protest<sup>1</sup>**

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<sup>1</sup> G.O. 96-B, General Rule 7.4.1

Anyone may respond to or protest this advice letter. When submitting a response or protest, **please include the utility name and advice letter number in the subject line.**

A **response** supports the filing and may contain information that proves useful to the Commission in evaluating the advice letter. A **protest** objects to the advice letter in whole or in part and must set forth the specific grounds on which it is based. These grounds<sup>2</sup> are:

1. The utility did not properly serve or give notice of the AL;
2. The relief requested in the AL would violate statute or Commission order, or is not authorized by statute or Commission order on which the utility relies;
3. The analysis, calculations, or data in the AL contain material error or omissions;
4. The relief requested in the AL is pending before the Commission in a formal proceeding; or
5. The relief requested in the AL requires consideration in a formal hearing, or is otherwise inappropriate for the AL process; or
6. The relief requested in the AL is unjust, unreasonable, or discriminatory (provided that such a protest may not be made where it would require relitigating a prior order of the Commission.)

A protest shall provide citations or proofs where available to allow staff to properly consider the protest.

A response must be made in writing or by electronic mail and must be received by the Water Division within 20 days of the date this advice letter is filed. The address for mailing or delivering a protest is:

Tariff Unit, Water Division, 3<sup>rd</sup> floor  
California Public Utilities Commission,  
505 Van Ness Avenue, San Francisco, CA 94102  
[water\\_division@cpuc.ca.gov](mailto:water_division@cpuc.ca.gov)

In the same date the response or protest is submitted to the Water Division, the respondent or protestant shall send a copy by mail (or e-mail) to us, addressed to:

**Email Address:**

[chase.grady@amwater.com](mailto:chase.grady@amwater.com)

**Mailing Address:**

520 Capital Mall, Suite 630

---

<sup>2</sup> G.O. 96-B, General Rule 7.4.2

Sacramento, CA 95814

[sarah.leeper@amwater.com](mailto:sarah.leeper@amwater.com)

555 Montgomery Street, Suite 816  
San Francisco, CA 94111

[ca.rates@amwater.com](mailto:ca.rates@amwater.com)

520 Capital Mall, Suite 630  
Sacramento, CA 95814

Cities and counties that need Board of Supervisors or Board of Commissioners approval to protest should inform the Water Division, within the 20-day protest period, so that a late filed protest can be entertained. The informing document should include an estimate of the date the proposed protest might be voted on.

If you have not received a reply to your protest within 10 business days, please contact Chase Grady at (916) 568-4241.

CALIFORNIA-AMERICAN WATER COMPANY

*/s/ Chase Grady*

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Chase Grady  
Associate Rates & Regulatory Analyst

<b>Cal P.U.C. Sheet No.</b>	<b>Title of Sheet</b>	<b>Cancelling Cal P.U.C. Sheet No.</b>
11027-W	Schedule No. CA-CAP California American Water CUSTOMER ASSISTANCE PROGRAM Sheet 9	10979-W
11028-W	Customer Assistance Program Application Cover Letter and Form in English and Spanish Sheet 1	10779-W
11029-W	TABLE OF CONTENTS Sheet 10	10780-W
11030-W	TABLE OF CONTENTS Sheet 2	11025-W
11031-W	TABLE OF CONTENTS Sheet 1	11026-W

Schedule No. CA-CAP  
California American Water  
CUSTOMER ASSISTANCE PROGRAM

SPECIAL CONDITIONS APPLICABLE TO CUSTOMER ASSISTANCE PROGRAM:  
General Items

1. **Customer Assistance Program (CAP):** As reflected in this tariff, qualifying customers receive a surcredit, as noted above, per month per qualifying residential customer. Customers must apply with the Company for acceptance into the Customer Assistance Program. Qualification criteria are outlined below. This program is also known as the H2O Help to Others Program. Effective June 1, 2024 to May 31, 2025.

(C)

a. **CAP Household:** A CAP Household is a household where the total gross income from all sources, including total income from all persons living full-time in the household, is less than shown on the table below based on the number of persons in the household. Total gross income shall include both taxable and non-taxable income. Persons who are claimed as a dependent on another person's income tax return are not eligible for this program. The California American Water bill must be in the customer's name.

Household Size	CARE Program Income Guidelines (CAP Program)
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each Additional Person	\$10,760

(C)

(C)

b. **Application and Eligibility Declaration:** An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this schedule. Renewal of a customer's eligibility declaration will be required every two years and may be required on an annual basis. Customers are only eligible to receive service under this rate schedule at one residential location at any one time, and the rate applies only to the customer's permanent primary residence. This schedule is not applicable where, in the opinion of the Company, either the accommodation or the occupancy is transitory. Customers may self-certify and may be requested to present documentation verifying participation in a customer assistance program.

(Continued)

(TO BE INSERTED BY UTILITY)	ISSUED BY	(TO BE INSERTED BY C.P.U.C.)
Advice 1445	S. W. OWENS	Date Filed 05/03/2024
Decision	SR. DIRECTOR - Rates & Regulatory	Effective 06/01/2024
		Resolution

**CALIFORNIA-AMERICAN WATER COMPANY**

655 W. Broadway, Suite 1410

San Diego, CA 92101

Cancelling

Revised  
Revised

Cal. P.U.C. Sheet No.  
Cal. P.U.C. Sheet No.

11028-W  
10779-W

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Customer Assistance Program Application Cover Letter and Form  
in English and Spanish

Sheet 1

(See Attached Form)

(Continued)

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(TO BE INSERTED BY UTILITY)	ISSUED BY	(TO BE INSERTED BY C.P.U.C.)
Advice 1445	S. W. OWENS	Date Filed <u>05/03/2024</u>
Decision	SR. DIRECTOR - Rates & Regulatory	Effective <u>06/01/2024</u>
		Resolution _____





CALIFORNIA  
AMERICAN WATER

WE KEEP LIFE FLOWING®

## ABOUT THE PROGRAM / INFORMACIÓN SOBRE EL PROGRAMA

California American Water's customer assistance program provides assistance to low-income families. / *El programa de asistencia al cliente de California American Water ofrece ayuda a familias de bajos ingresos.*

Eligible members are determined based on a household's gross yearly income (see the income guidelines chart) or participation in qualifying public assistance programs. If your household meets the necessary requirements, assistance will be provided in the form of a monthly discount on your water or sewer charges. / *Para determinar si los miembros califican, se utilizan los ingresos brutos anuales del hogar (ver la gráfica de requisitos de ingresos) o la participación en programas de asistencia pública. Si su hogar llena los requisitos necesarios, se le dará asistencia en forma de un descuento mensual en sus cargos de agua y alcantarillado.*

For assistance, call 888-237-1333, or visit [californiaamwater.com](http://californiaamwater.com). See application on the reverse side. / *Para obtener ayuda, llame al 888-237-1333, o ingrese a [californiaamwater.com](http://californiaamwater.com). Consulte la solicitud al reverso.*

For details on how we treat the information you have provided to us on the form on the reverse, and your privacy rights and how to exercise them, including how to exercise a "do not sell" opt-out, visit our website [www.amwater.com/corp/privacy-policy](http://www.amwater.com/corp/privacy-policy) or contact us at 1-844-297-5952. / Para obtener detalles sobre cómo tratamos la información que nos ha proporcionado en el formulario al dorso, y sus derechos de privacidad y cómo ejercerlos, incluido cómo ejercer la opción de "no vender", visite nuestro sitio web [www.amwater.com/corp/privacy-policy](http://www.amwater.com/corp/privacy-policy) o comuníquese con nosotros al 1-844-297-5952.

# CUSTOMER ASSISTANCE PROGRAM

## CUSTOMER ASSISTANCE PROGRAM / PROGRAMA DE ASISTENCIA AL CLIENTE

### TO QUALIFY FOR CUSTOMER ASSISTANCE / REQUISITOS PARA LA ASISTENCIA AL CLIENTE

- You must be an individually metered or flat-rate residential customer, or have residential sewer services with California American Water. / *Usted debe ser un cliente residencial con contador individual, o tener servicios residenciales de alcantarillado con California American Water.*
- The water bill must be in your name. / *La factura de agua debe estar a su nombre.*
- You may not be claimed as a dependent on another person's tax return. / *No puede figurar como dependiente en la declaración de impuestos de otra persona.*
- You must reapply if you change your personal residence. / *Debe volver a presentar la solicitud cada vez que cambie su lugar de residencia.*
- You must renew your application every two years, or sooner, if requested. / *Debe renovar su solicitud cada dos años, o antes, si se le solicita.*
- You or someone in your household must participate in a qualifying public assistance program (see list of qualifying programs in the application on the reverse) OR your total annual income cannot exceed that on the chart below. Total income means the total income of ALL persons living full-time in your home as reported on Federal Income Tax Form 1040. / *Usted o alguien en su hogar debe participar en un programa de asistencia pública que califique (ver por detrás del formulario de solicitud la lista de programas que califican) O el total de sus ingresos anuales no puede superar el de la gráfica que hay a continuación. El total de los ingresos significa los ingresos de TODAS las personas que viven de tiempo completo en su hogar, de acuerdo con lo que hayan reportado en el Formulario de Impuestos Federales 1040.*
- California American Water must be notified within 30 days if you become ineligible for the customer assistance program. / *Deberá notificar a California American Water dentro de los 30 días si deja de ser elegible para el programa de asistencia al cliente.*

### INCOME GUIDELINES / REQUISITOS DE INGRESOS

(Effective June 1, 2024 to May 31, 2025 /

Vigentes desde el 1 de junio de 2024 hasta el 31 de mayo de 2025)

Number of Persons in Household / Cantidad de personas en el grupo familiar	Total Combined Annual Income / Ingreso anual combinado total
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each Additional Person, Add / Cada Persona Adicional, Agregue	\$10,760







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Sheet 1

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(Continued)

(TO BE INSERTED BY UTILITY)	ISSUED BY	(TO BE INSERTED BY C.P.U.C.)
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		Resolution

**ALL DISTRICTS SERVICE LIST**  
**CALIFORNIA-AMERICAN WATER COMPANY**

**BY MAIL:**

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Rio Linda, CA 95673

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City Clerk  
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3701 Marconi Avenue, Suite 100  
Sacramento, CA 95821-5303

Valerie Ralph, Clerk of the Board  
County of Monterey  
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Salinas, CA 93902

**BY E-MAIL:**

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California Public Utilities Commission  
[dra\\_water\\_al@cpuc.ca.gov](mailto:dra_water_al@cpuc.ca.gov)

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Ms. Lisa Bilir  
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**ALL DISTRICTS SERVICE LIST**  
**CALIFORNIA-AMERICAN WATER COMPANY**

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