

TC05-058



# Stockholm Strandburg Telephone Co.

210 N. Main St.  
PO Box 20  
Stockholm, South Dakota 57264-0020  
Phone 605-676-2311

RECEIVED

JUN 09 2005

SOUTH DAKOTA PUBLIC  
UTILITIES COMMISSION

June 7 2005

South Dakota PUC  
500 East Capitol Avenue  
Pierre South Dakota 57501 5070

Rolayne Ailts Wiest

Stockholm-Strandburg Telephone Co has provided Lifeline/Linkup assistance to customers since the beginning of the program.

All new customers get a lifeline/link up assistance application with first bill.  
Every year in the month of November every customer gets a life/line linkup assistance application.  
December and January of each year life/line and link/up assistance application are sent to customer who are on program for re-certification.  
Post notices in area community centers and libraries.  
Special messages February and May 2005 were included in every customer bill.  
Will advertise in area newspapers.

Sincerely  
*Marjorie Nowick*  
Marjorie Nowick

*Sorry about  
for getting about  
sending information.  
Mary Nowick*

2004

LIFELINE & LINK-UP ASSISTANCE APPLICATION  
(Please Print)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone Number (if existing service) \_\_\_\_\_

Number you can be reached or receive message \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS (CHECK APPROPRIATE LINES)

1. I am applying for: \_\_\_\_\_ Lifeline monthly telephone service discount  
\_\_\_\_\_ Link-up telephone connection charge discount

NOTE: Telephone service MUST be in applicants name.

2. I am currently participating in the following program(s) Check all that apply  
\_\_\_\_\_ Medicaid(e.g. Title XIX/medical, State Supplemental Assistance)  
\_\_\_\_\_ Food Stamps  
\_\_\_\_\_ Supplemental Security Income (SSI)  
\_\_\_\_\_ Federal Public Housing Assistance  
\_\_\_\_\_ Low-Income Home Energy Assistance

I agree to notify Stockholm Strandburg Telephone Co. when I no longer participate in any of the above qualifying Public Assistance Programs.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-up assistance on my primary residential line.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

YOU ARE RESPONSIBLE FOR THE PAYMENT OF ALL CHARGES ON YOUR BILL.  
\*\* FAILURE TO PAY THESE CHARGES MAY RESULT IN COLLECTION ACTION  
AS WELL AS TERMINATION OF THE UNPAID SERVICE.

2005

LIFELINE & LINK-UP ASSISTANCE APPLICATION  
(Please Print)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone Number (if existing service) \_\_\_\_\_

Number you can be reached or receive message \_\_\_\_\_

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\_\_\_\_\_ Food Stamps  
\_\_\_\_\_ Supplemental Security Income (SSI)  
\_\_\_\_\_ Federal Public Housing Assistance  
\_\_\_\_\_ Low-Income Home Energy Assistance

I agree to notify Stockholm Strandburg Telephone Co. when I no longer participate in any of the above qualifying Public Assistance Programs.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-up assistance on my primary residential line.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

2005

SELF-CERTIFICATION FOR LIFELINE/LINK-UP APPLICANTS  
QUALIFYING UNDER INCOME-BASED CRITERION

I, \_\_\_\_\_, certify under penalty of perjury that I qualify for Lifeline/Link-Up assistance based on my household income that is at or below 135% of the Federal Poverty Guidelines. I further certify under the penalty of perjury that there are \_\_\_\_\_ members in my household and that the supporting income documentation presented to Stockholm Strandburg Telephone Co. accurately represents the annual income of all members of my household.

Acceptable documentation of income eligibility includes the prior year's state, federal, or tribal tax return, a Social Security statement of benefits, a retirement/pension statement of benefits, and Unemployment / Workmen's Compensation statement of benefits, federal or tribal notice letter of participation in General Assistance, a divorce decree, child support, or other official document.

2004 Estimated Income Requirement for Household at or below 135% of the Federal Poverty Guidelines

SIZE OF FAMILY UNIT	135% OF THE FEDERAL POVERTY GUIDELINES
1	\$12,569
2	\$16,862
3	\$21,741
4	\$25,448
5	\$29,741
6	\$34,034
7	\$38,327
8	\$42,620
For each add'l person, add	\$ 4,293

SOURCE: Federal Register 2/13/2004 (Vol 69 #30)

*2005*

## LIFELINE &amp; LINK-UP ASSISTANCE APPLICATION

Lifeline provides eligible subscribers with a credit of \$8.25 each month on the basic service portion of the telephone bill.

Link-Up provides eligible subscribers with reduced connection charges.

Print Name \_\_\_\_\_  
(Last) (First) (Middle)

Print Address \_\_\_\_\_  
(Street)

Print \_\_\_\_\_  
(City) (State) (Zip code)

Note; Telephone Service must be in the applicants name.

## PLEASE ANSWER THE FOLLOWING QUESTIONS (CHECK APPROPRIATE LINES)

1. I am applying for;  Lifeline monthly telephone service discount  
 Link-Up telephone connection charge discount
2. I am currently participating in the following program(s)  
 Medicaid(e. g. Title XIX/medical, State Supplemental Assistance)  
 Food Stamps  
 Supplemental Security Income (SSI)  
 Federal Public Housing Assistance  
 Low-Income Home Energy Assistance  
 Temporary Assistance for Needy Families (TANF)  
 National School Lunch (NSL) free lunch program
3.  My household income is at or below 135% of the Federal Poverty Guidelines. (Documentation Required)

I CERTIFY UNDER PENALTY OF PERJURY THE ABOVE INFORMATION IS TRUE. I have read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-Up assistance on my primary residential line. I also agree to notify Stockholm Strandburg Telephone Co. when I no longer participate in any of the above qualifying Public Assistance Programs or my Household income is no longer at or below 135% of the Federal Poverty Guidelines.

Telephone number you can be reached or receive message \_\_\_\_\_

Telephone Number (if existing Service) \_\_\_\_\_

Your Signature

Social Security Number

2005

## LIFELINE &amp; LINK-UP ASSISTANCE APPLICATION

Lifeline provides eligible subscribers with a credit of \$8.25 each month on the basic service portion of the telephone bill.

Link-Up provides eligible subscribers with reduced connection charges.

Print Name \_\_\_\_\_  
(Last) (First) (Middle)

Print Address \_\_\_\_\_  
(Street)

Print \_\_\_\_\_  
(City) (State) (Zip code)

Telephone Number you can be reached or receive message \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS (CHECK APPROPRIATE LINES)

1. I am applying for;  Lifeline monthly telephone service discount  
 Link-Up telephone connection charge discount
2. I am currently participating in the following program(s)  
 Medicaid(e. g. Title XIX/medical, State Supplemental Assistance)  
 Food Stamps  
 Supplemental Security Income (SSI)  
 Federal Public Housing Assistance  
 Low-Income Home Energy Assistance  
 Temporary Assistance for Needy Families (TANF)  
 National School Lunch (NSL) free lunch program
3.  My household income is at or below 135% of the Federal Poverty Guidelines. (Documentation Required)

I CERTIFY UNDER PENALTY OF PERJURY THE ABOVE INFORMATION IS TRUE. I have read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-Up assistance on my primary residential line. I also agree to notify Stockholm Strandburg Telephone Co. when I no longer participate in any of the above qualifying Public Assistance Programs or my Household income is no longer at or below 135% of the Federal Poverty Guidelines.

Note; Telephone Service must be in the applicants name.

Telephone Number (if existing Service) \_\_\_\_\_

Your Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

2004

LIFELINE & LINK-UP ASSISTANCE APPLICATION  
(Please Print)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone Number (if existing service) \_\_\_\_\_

Number you can be reached or receive message \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS (CHECK APPROPRIATE LINES)

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\_\_\_\_\_ Link-up telephone connection charge discount

NOTE: Telephone service MUST be in applicants name.

2. I am currently participating in the following program(s) Check all that apply  
\_\_\_\_\_ Medicaid(e.g. Title XIX/medical, State Supplemental Assistance)  
\_\_\_\_\_ Food Stamps  
\_\_\_\_\_ Supplemental Security Income (SSI)  
\_\_\_\_\_ Federal Public Housing Assistance  
\_\_\_\_\_ Low-Income Home Energy Assistance

I agree to notify Stockholm Strandburg Telephone Co. when I no longer participate in any of the above qualifying Public Assistance Programs.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-up assistance on my primary residential line.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date



You should not be billed for Pay-Per-Call services not offered in compliance with Federal laws and regulations. The enclosed consumer rights are provided under the Federal Telephone Disclosure and Dispute Resolution Act. If you orally communicate an allegation of a billing error via the toll free number on the 900 bill page, it will be considered sufficient notification of a billing error.

For 900 billing disputes or inquires, a number will appear with the call detail on your phone bill. You have 60 days from the date of the bill to dispute a 900 billing error. You have the right to withhold payment of the disputed 900 charges during the billing error review. No collection activity for disputed 900 charges will occur while the charges are under investigation. After investigation, if it is determined that the 900 charges are legitimate, the long distance carrier or the information provider may proceed with outside collections against your account for non-payment of these charges. Your local and long distance services cannot be disconnected for non-payment of 900 charges. Failure to pay legitimate 900 charges may result in involuntary blocking of access to 900 services. Voluntary blocking of access to 900 service is available upon request from you local exchange carrier.

Stockholm Strandburg Telephone Company blocks all 900 calling unless you request in writing that you wish to be able to make 900 calls.

2005

SELF-CERTIFICATION FOR LIFELINE/LINK-UP APPLICANTS  
QUALIFYING UNDER INCOME-BASED CRITERION

I, \_\_\_\_\_, certify under penalty of perjury that I qualify for Lifeline/Link-Up assistance based on my household income that is at or below 135% of the Federal Poverty Guidelines. I further certify under the penalty of perjury that there are \_\_\_\_\_ members in my household and that the supporting income documentation presented to Stockholm Strandburg Telephone Co. accurately represents the annual income of all members of my household.

Acceptable documentation of income eligibility includes the prior year's state, federal, or tribal tax return, a Social Security statement of benefits, a retirement/pension statement of benefits, and Unemployment / Workmen's Compensation statement of benefits, federal or tribal notice letter of participation in General Assistance, a divorce decree, child support, or other official document.

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8	\$42,620
For each add'l person, add	\$ 4,293

SOURCE: Federal Register 2/13/2004 (Vol 69 #30)

**NOTICE**

**TO ALL STOCKHOLM-STRANDBURG TELEPHONE COMPANY CUSTOMERS**

Recent changes brought about by the federal Telecommunications Act of 1996 have resulted in the introduction of new low-income assistance programs in South Dakota. Details regarding the Lifeline and Link Up program are included below.

**WHO IS ELIGIBLE?**

Subscribers must participate in at least one of the following public assistance programs to be eligible:

- Medicaid
- Supplemental Security Income (SSI)
- Food Stamps
- Federal Housing Assistance
- Low Income Home Energy Assistance Program
- Or,
- My household income is at or below 135 percent of the Federal Poverty Guidelines. (documentation required)
- Temp Assist. for Needy Families (TANF) Program
- National School Lunch(NSL) free lunch program

**WHAT DO THE PROGRAMS PROVIDE?**

Lifeline provides eligible subscribers with a credit of \$8.25 each month on the basic service portion of the telephone bill. The credit applies on the main home telephone line listed in the name of the eligible telephone company subscribers. Lifeline subscribers also may receive blocking of long distance calling on their telephone line at no charge

Link Up provides eligible subscribers with reduced connection charges for their basic home telephone service. This reduction is 50 per cent of applicable charges or \$30.00, whichever is less. Link Up also provides for deferred payment of connection charges without interest. It does not cover the cost of wiring inside the home and is limited to one time per home address per subscriber.

**HOW DO I APPLY?**

If you meet the eligibility requirements, completely fill out and sign the application form provided below and mail it to: Stockholm-Strandburg Telephone Company; PO Box 20; Stockholm SD 57264.

**COULD I BECOME INELIGIBLE?**

When you are no longer eligible to participate in any of the above assistance programs, you are no longer eligible for Lifeline or Link Up. You are obligated by law to notify Stockholm-Strandburg Telephone Company and advise the company that you are no longer eligible for Lifeline or Link Up.

**FOR MORE INFORMATION**

If you have any questions about Lifeline or Link Up, the application form or your telephone Service, contact Stockholm-Strandburg Telephone Company at (605) 676-2311 or 611 for Reville and South Shore customers.

**LIFELINE/LINK UP ASSISTANCE APPLICATION**

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street Apt No. City State Zip Code

Number where you can be reached or receive messages ( ) \_\_\_\_\_

Please answer the following questions (check appropriate lines)

- I am applying for:  Lifeline monthly telephone service discount
- Link Up telephone connection charge discount

NOTE: Telephone Service MUST be in applicant's name

I am currently participating in the following program(s): Check all that apply

- Food Stamps
- Federal Public Housing Assistance
- Supplemental Security Income
- Or
- My household income is at or below 135 percent of the Federal Poverty Guidelines (documentation Required)
- Low Income Housing Energy Assistance
- Temp Assist for Needy Families(TANF)
- National School Lunch(NSL) free lunch program

I agree to notify Stockholm-Strandburg Telephone Company when I no longer participate in any of the above qualifying public assistance programs.

I CERTIFY UNDER PENALTY OF PERJURY THE ABOVE INFORMATION IS TRUE. I have read the information on this application and understand I must meet the above qualifications to receive either program on my primary residential line.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date