

Here is our letter informing you of our implantation of the new requirements for lifeline/linkup.

New Eligibility Requirement:

The member will be asked to fill out our enclosed Lifeline and Link-Up Assistance Application form. We will ask for verification of one of the assistance programs the member currently qualifies for; we will ask for a copy of the member's latest tax return or paycheck stub. The member will also be required to self certify the number of individuals in the household.

Verification Procedure:

Annually, West River Cooperative Telephone Company will verify directly with the State (as soon as a program is available) that the subscriber is still a participant in a qualifying program based on a statistical sample of our Lifeline Link-up customers. If the State has not created a program for this procedure, we will ask the member to bring in verification of income and once again self certify the number of members in their household.

Outreach Efforts:

We will give our best effort to reach possible consumers that do not currently have telephone service. Our plan is to have leaflets with application forms placed at the clinics, nursing homes, community health offices, headstart programs, senior citizen centers, and assisted living centers within our service area along with placing advertisements on a quarterly basis in the local papers and radio stations. We also send out the leaflets in all new member packets. Future members are notified of the program when they call, we mention the program when new subscribers call in for phone service. Once a year we will send out the leaflets as bill stuffers also.

Enclosed please find our leaflets, application forms, and verification notice. Please let me know if there is anything else you require.

Thank you,

Tori K. Kling Manager Office Services/Internal Operations

Enclosures

TK:pk

LIFELINE/LINK UP ASSISTANCE APPLICATION

(Please Print)

Name:							
	Last	First	MI				
Address							
	Street		Apt #				
City:	011	State	Zip Code				
	City	State					
Social Sec	curity Number:		_				
	Number (if you have exi						
Telephone	e Number where you can	be reached or receive	messages: _				
1. I am applying for : Lifeline (monthly telephone service discount) Link Up (telephone connection charge discount)							
Note: Telephone service MUST be in applicant's name.							
	urrently receiving assistar that apply):	nce benefits from at lea	st one of the	following programs			
Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance). Food Stamps Program							
	_Supplemental Security I						
	Federal Public Housing	• •					
	_Low Income Home Ene						
Temporary Assistance for Needy Families (TANF) Program National School Lunch (NSL) free lunch program.							

3. Or,

___My household income is at or below 135% of the Federal Poverty Guidelines (documentation required)

I agree to notify the telephone company when I no longer qualify based on the above criteria.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I have read the information on this application and understand that I must meet at least one of the above qualifications to receive Lifeline/Link Up assistance on my primary residential telephone line.

Signature

Date

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 penalty of perjury that there are _____ members in my household and that

the supporting income documentation presented to my telecommunications provider accurately

represents the annual income of all members of my household.

Signature:

Date:

CARRIER CERTIFICATION REGARDING INCOME DOCUMENTATION

I, ______, an officer of West River Cooperative Telephone Company, hereby certify under penalty of perjury that West River Cooperative Telephone Company has established procedures to review income documentation of subscribers that are applying for Lifeline and/or Link Up assistance, and further certify, to the best of my knowledge, information and belief, that through these procedures the carrier has been presented with documentation of household income from those subscribers who have qualified for Lifeline and/or Link Up based on the income-based criterion (that their household incoe be at or below 135% of the Federal Poverty Guidelines).

Signature: _____

Date: _____

CARRIER CERTIFICATION REGARDING VERIFICATION PROCEDURES

I, _______, an officer of West River Cooperative Telephone Company, hereby certify under penalty of perjury that West River Cooperative Telephone Company has established income verification procedures, and further certify, to the best of my knowledge, information and belief, that through these procedures the carrier has in reviewing the continued eligibility of a statistically valid sample of its Lifeline subscribers been presented with documentation of household income from those subscribers who have qualified for Lifeline and/or Link Up based on the income-based criterion (that their household income be at or below 135% of the Federal Poverty Guidelines).

Signature:

Date: _____

What is Link Up & Lifeline?

Link Up:

- Saves up to 50% of the services, or \$30, up basic local telephone whichever is less initial charges to hook
- the balance and waive May defer payment on
- interest.
- deposit. service without a You may qualify for

Lifeline:

Bison-SD57

PO Box

Provides reduced your telephone bill. monthly charges on local telephone service Applies only to basic

live. in the home where you

Programs Link Up & Lifeline

For the states of South Dakota, North Dakota, and Montana

Important Information

WEST RIVER COOPERATIVE TELEPHONE COMPANY 605-244-5213 or 811

installation charges for basic telephone Receive reduced monthly and service.

Details Inside!

Link Up & Lifeline Can Help...

What do the programs provide?

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

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

Note:

If you have been disconnected for non-payment of telephone bills, these programs are available to you if you bring your local bill current. You may be required to pay a reconnect fee. Who is eligible?

Telephone service must be in the applicant's name, and he/she must qualify under one of the four major economic assistance programs:

- Food Stamps
- Federal Housing Assistance
- Low Income Home Energy Assistance
- Medicaid
- Supplemental Security Income (SSI)

How do I obtain these telephone services?

If you meet the eligibility requirements, completely fill out and sign the application form provided in this brochure and mail it to: West River Cooperative Tele. Co. P.O. Box 39 801 Coleman Ave. Bison, SD 57620

Could I become ineligible?

When you no longer participate in any of the qualifying public assistance programs, you are no longer eligible for Lifeline or Link Up. You are obligated by law to notify your telephone company that you are no longer eligible for Lifeline and Link Up.

I	Lifelir	ne & Link	Up Assistance App	lication			
1	Name						
		(Last)	(First)	(M.I.)			
	Address	5					
		(Street)		(Apt #)			
		(City)	(State)	(Zip)			
Ĩ	Phone N	Number:					
I	A 9410		mber where you can be i	eached)			
s∎ 	Please answer the following questions (check all						
	that ap						
	1. I am applying for:						
	Lifeline-monthly telephone service discount						
I	Link Up-telephone connection charge discount						
ſ	2. I am currently participating in the						
-	following program(s):						
-	Medicaid (e.g. title XIX/Medical, State						
	Supplemental Assistance)						
L	Food Stamps						
I	Supplemental Security Income (SSI)						
I	Federal Public Housing Assistance Low-Income Home Energy Assistance						
T	National School Lunch Free Lunch 3.						
ī	My household income is at or below 135% of the						
	Federal Poverty Guidelines (documentation Required)						
Ľ.	I agree to notify West River Cooperative						
	Telephone Co. when I no longer participate in						
I	any of the above qualifying public assistance						
I	progra	-					
Ì	I certify under penalty of perjury the above						
I	information is true. I have read the information						
Î	on this application and understand I must meet						
-	the above qualifications to receive Lifeline and/or						
1	Link Up assistance on my primary residential line						

Signed:____

Social Security #	
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Date: