SOUTH DAKOTA PUBLIC UTILITIES COMMISSION LIFELINE/LIN UP ADVERTISING/OUTREACH ANNUAL REPORT JUNE 1, 2008

Company:	Ft. Randall Telephone Company				
Address:	227 South Main Street				
	Clara City MN 56222-0800				
Telephone num	ber: (320) 847-2211				
Company conta	ct: Bruce Hanson				
Study Area Cod	le: 1660				
Lifeline/Link Up Advertising/Outreach Activities					
X Adv	Advertise in media of general distribution.*				
X Let	Letter to existing and new customers regarding the availability of Lifeline/Link Up.* (See attached Attachment "A".)				
Co	Company's Lifeline/Link Up information in directory.				
	Company's Lifeline/Link Up information available on Company website. ()				
Co	Company's information posted on USAC website.				
bot	Other (describe): At the time of installation, the customer receives both an application and information regarding eligibility (see Attachment "B").				
* Required					



Phone Discounts for Low-Income Users

As a Fort Randall Telephone customer, you may qualify for one of three programs that provide assistance to you in paying your telephone bill. This federally funded program will provide a credit each month on your phone bill. Some limitations apply; please contact our office (605) 384-3993

This Ad was placed in the Wagner newpaper.

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Phone Discounts for Low-Income Users

As a South Dakota consumer, you may qualify for one of the three programs that provide assistance with paying your telephone bill. Data shows that many South Dakota consumers are not aware of their eligibility for these programs.

Lifeline:

This is a federally funded program that will provide a credit of up to \$9.13 each month on your phone bill. To be eligible, you must be enrolled in one of the following programs:

- Medicaid (Medical Assistance)
- Food Support (food stamps)
- Minnesota Family Investment Program (MFIP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Free Lunch Program
- Individuals that do not qualify under the above criteria but live on a federally recognized reservation may qualify if the applicant receives benefits from one of the following programs: Bureau of Indian Affairs General Assistance;
- Tribally administered Temporary Assistance for Needy Families; Head Start (only those
 meeting its income qualifying standard); or the National School Lunch Program's free lunch
 program. Tribal Lifeline credit value goes down to \$1.00 a month.

If you are not of the above programs, but your income is at or below 135% of the Federal. Poverty Guidelines, you may also apply for and receive the discount. You will need to attach proof of your income to your application.

Link -Up:

This national program will pay up to 50% of your local telephone service connection and installation charges, up to a maximum of \$30.

Eligibility requirements are the same as for Lifeline list above.

Telephone Equipment Distribution (TED) Provides equipment for those who have hearing loss, speech, and/or mobility impairments that limit their use of a standard telephone.

To be eligible, you must:

- Have phone service or applied for phone service; and
- Meet income auidelines.
- Contact the Department of Human Services for more information or an application

Persons in Family Unit	48 Contiguous State a	ind D.C.
1	\$13,784	
2	\$18,482	
3	\$23,180	
4	\$27,878	
5	\$32,576	
6	\$37,274	
7	\$41,972	
8	\$46,670	
For Each Additional Pers	\$4,698	

Contact Fort Randall Telephone Company for more information or an application (605) 384-3993

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LIFELINE AND LINK-UP ASSISTANCE APPLICATON

(Please Print)

Name:						
	(Last)	(First)		(Middle)		
Addre	ss:					
	(Street)	(City)	(State)	(Zip)		
Telepk	ione Number (if exis	ting service):				
Telepho	one Number where you c	an be reached or rece.	ived messages: (6	05)		
Please	answer the followin	g questions (check	appropriate li	nes):		
1.	I am applying for: Lifeline monthly telephone service discount					
		LinkUp to	zlephone connecti	on charge discount		
	Note:	Telephone Service M	UST be in applica	int's name		
2.	I am currently part	icipating in the fo	llowing progra	m(s):		
	Check all that apply	; ;				
		Medicaid (Title XI	X/Medical, State	Supplemental Assistance	:	
		Food Stamps				
		Supplemental S	ecurity Income	(SSI)		
	•	Federal Public	Housing Assist	ance		
		Low-Income Ho	ome Energy As	sistance		
	I agree to notify Fort 1 above qualifying public	Rundall Telephone Co assistance programs.	ompany when I ne	longer participate in a	ny of the	
	I certify under penalty this application and un Link-Up assistance on	derstand I must meet	the above qualifi	. I have read the inforn cations to receive Lifelii	nation on re and/or	
	Your Signature	Socia	Security Number	Date		

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Date

Helping People Communicate Since 1951 I am eligible to a Lifeline monthly telephone service discount receive: a Link-Up telephone connection charge discount Name (Last) (First) (Middle) Address (Street) (City) (State) (Zip) Telephone Number (for current customers) Telephone service must be in applicant's name Please answer the following questions (check appropriate lines): 1.

I live on "Tribal Land:" "Tribal Land" for purposes of these Assistance Programs includes BIA's definitions of "reservation." The term reservation means any federally recognized Indian Tribe's: Reservations Pueblo Colony and Indian Allotments Questions concerning this requirement should be directed to your local Bureau of Indian Affairs (BIA) office. 1. I am currently receiving assistance benefits from at least one of the following program(s): Check all that apply. Medicaid (e.g., Title XIX/Medical, State Head Start (meeting income qualifying Supplemental Assistance) standards) Food Stamps National School Lunch Program's free lunch ☐ Supplemental Security Income (SSI) program Bureau of Indian Affairs (BIA) general Federal Public Housing Assistance assistance program ☐ Low-Income Home Energy Assistance Temporary Assistance for Needy Families ("TANIF") I agree to notify my local telephone company when I am no longer participating in any of the above qualifying public assistance programs. 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 the above qualifications to receive Lifeline and/or Link-Up assistance on my primary residential phone line. Your signature