



Lifeline Assistance



Stay connected

We're Here To Help

For some people, especially the homebound, the telephone is a lifeline to the outside world. Low-income telephone subscribers can apply for aid to help with their phone bill through **Lifeline Assistance** program. If you have any questions, please call 1-800-888-1300 and we'll be happy to assist you.

Lifeline Assistance

Lifeline provides eligible subscribers home telephone service at a reduced monthly rate.

Lifeline subscribers may receive long distance blocking on their telephone line at no charge.

Telephone service must be in the eligible participant's name. *(Only ONE credit per household for all telecommunication services.)*

To Apply, complete form on other side, attach proof then mail to:
ATTN: Quality Assurance
Midcontinent Communications
P.O. Box 5010
Sioux Falls, SD 57117-9908

Important to Remember

- **Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.**
- Only one Lifeline service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses and is not permitted to receive Lifeline benefits from multiple providers.
- Violation of the one-per-household limitation will result in the subscriber's de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his/her benefit to any other person.



Lifeline Assistance Form

(please print)

Last Name _____ First Name _____ Middle _____

Street Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

(Fill in only if different than service address)

Is this a permanent or temporary residence for you? Permanent Temporary* Your date of birth: Month _____ Day _____ Year _____

Last four digits of your Social Security #: _____ Check the box that best describes where you live: I live on Tribal Land I do not live on Tribal Land

Telephone Number _____ Telephone Number _____ Telephone Company _____

(If an existing customer and service is in your name)

(Where you can be reached if you don't have our phone service)

Number of people living in your household: _____

*a temporary address will need to be verified every 90 days

Qualifications and Instructions:

People who are currently participating in at least one of the following or have an annual income at or below 135%** of the Federal Poverty Guideline can qualify for the Lifeline Assistance program. **Telephone service must be in the name of the eligible participant.** And, to the best of your knowledge, the household is not already receiving a Lifeline service. You may need to re-certify eligibility at any time – failure to re-certify will result in de-enrollment and termination of benefits.

1. I receive benefits from the following program(s):

(Check all that apply and attach proof)

- Medicaid/Medical Assistance
- Federal Public Housing (FPHA) or Section 8 Assistance
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Free Lunch Program
- Minnesota Family Investment Program (MFIP)
- Temporary Assistance for Needy Families (TANF)
- Tribally Administered Head Start (for those meeting income qualifying standard)
- Bureau of Indian Affairs General Assistance
- Tribally Administered Temporary Assistance for Needy Families (TTANF)

2. I do not receive benefits from any of the programs listed under Part 1, however my income is at or below 135% of Federal Poverty Guideline. (Please attach one of the documents below if you did not check any boxes in #1.)

- Last year's State, Federal or Tribal Tax Return
- A Federal or Tribal notice letter of participation in General Assistance Program
- Three consecutive months of most recent paycheck stub
- Veterans Administration Benefits Statement
- Unemployment/Workmen's Compensation Statement
- Child Support Document (if proves income)
- Current annual income statement from employer
- Social Security Benefits Statement
- Retirement/Pension Benefits Statement
- Divorce Decree (if proves income)
- Other _____

I agree to notify the telephone company within 30 days should any of the following become true: (1) if I no longer participate in any of the above qualifying programs (2) my income rises above 135% of the Federal Poverty Guideline (3) if my address changes, I will provide the new address. I have read the information on this application and understand I must meet one of the criteria above to receive telephone service discounts on my home telephone line. Failure to provide the required information and documentation will result in termination of Lifeline benefits. I further understand that my household may apply for only ONE credit for all telecommunication services. Midcontinent will provide my name, telephone number, and address to USAC (Universal Service Administrative Company) and/or its agents for the purpose of verifying that the subscriber does not receive more than one Lifeline benefit. I certify under penalty of perjury all preceeding information is true to the best of my knowledge.

Applicant Signature _____

Print Authorized Representative Name† _____

Date _____

Day Phone Number† _____ Date† _____

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1.800.888.1300 | midcocomm.com



*(Federal Poverty Guideline) x 1.35 = Qualifying Income Level. The percentage is subject to change. Services not available in all areas. Some restrictions may apply.

EXHIBIT J