

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	391666
<015> Study Area Name	JEFFERSON TEL CO -SD
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Brent Olson
<035> Contact Telephone Number: Number of the person identified in data line <030>	712-271-5501
<039> Contact Email Address: Email of the person identified in data line <030>	brent.olson@longlines.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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			(check box when complete)	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0		<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)	<i>(attach descriptive document)</i>			
<320> Unfulfilled Service Requests (broadband)				
<330> Detail on Attempts (broadband)	<i>(attach descriptive document)</i>			
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0			
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)				
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 391666sd0510	<i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 391666sd0610	<i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>			
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>			
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>			
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>			
<1010> <input type="checkbox"/>	<i>(attach descriptive document)</i>			
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>			
<1110>	<i>(complete attached worksheet)</i>			
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>			<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>			
<2005>	<i>(complete attached worksheet)</i>			

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	
<3005>	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<110> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)	<input type="radio"/>	<input checked="" type="radio"/>	
	(yes / no)	<input type="radio"/>	<input type="radio"/>	

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets			
<114> Report how much universal service (USF) support was received			
<115> How (USF) was used to improve service quality			
<116> How (USF) was used to improve service coverage			
<117> How (USF) was used to improve service capacity			
<118> Provide an explanation of network improvement targets not met in the prior calendar year.			

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	brent.olson@longlines.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans 391666sd1210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP _____

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

<1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	<input type="checkbox"/>
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(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

<p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>
<p>(3011) contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>		
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>
<p>(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}</p>		<p><input checked="" type="checkbox"/> (Yes/No)</p>
<p>(3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>		<p><input type="checkbox"/> (Yes/No)</p>
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>		<p><input type="checkbox"/></p>
<p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p>	<p>Name of Attached Document Listing Required Information</p>	<p>391666sd3026</p>
<p>(3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :</p>		<p><input checked="" type="checkbox"/> (Yes/No)</p>
<p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p>		<p><input checked="" type="checkbox"/></p>
<p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input checked="" type="checkbox"/></p>
<p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>		<p><input checked="" type="checkbox"/></p>
<p>(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p>		<p><input type="checkbox"/></p>
<p>(3023) Underlying information subjected to a review by an independent certified public accountant</p>		<p><input type="checkbox"/></p>
<p>(3024) Underlying information subjected to an officer certification.</p>		<p><input type="checkbox"/></p>
<p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I certify that (Name of Agent) <u>Kiesling Associates LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent:	Kiesling Associates LLP
Name of Reporting Carrier:	JEFFERSON TEL CO -SD
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/07/2013
Printed name of Authorized Officer:	Paul Bergmann
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	712-271-4000
Study Area Code of Reporting Carrier:	391666 Filing Due Date for this form: 10/15/2013
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>	
Name of Reporting Carrier:	JEFFERSON TEL CO -SD
Name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/07/2013
Printed name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	515-223-0159
Study Area Code of Reporting Carrier:	391666 Filing Due Date for this form: 10/15/2013
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Attachments

FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

South Dakota Administrative Rules § 20:10:32:43.04 states an ETC is required to demonstrate the ability to satisfy consumer protection and service quality standards. An applicant requesting designation as an eligible telecommunications carrier shall demonstrate that it will satisfy applicable consumer protection and service quality standards. Jefferson Telephone Company LLC certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

South Dakota Administrative Rules § 20:10:32:43.03 requires demonstration of ability to remain functional in emergency situations. An applicant requesting designation as an eligible telecommunications carrier shall demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged transport facilities, and is capable of managing traffic spikes resulting from emergency situations. Jefferson Telephone Company LLC certifies that it has complied with these requirements and will continue to comply with these requirements.

**SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
LIFELINE/TRIBAL LINK UP ADVERTISING/OUTREACH
ANNUAL REPORT
JULY 1, 2013**

Company: Jefferson Telephone Company__

Address: PO Box 128_____

Jefferson, SD 57038_____

Telephone number: 712-271-5570_____

Company contact: Brenda Blackman_____

Study Area Code: 391666_____

Lifeline/Tribal Link Up Advertising/Outreach Activities:

X_____ Advertise in media of general distribution.* (See attached advertisement(s).)

_____ Letter to existing and new customers regarding the availability of Lifeline/ Tribal Link Up.* (See attached letter.)

_____ Company's Lifeline/Tribal Link Up information in directory.

X_____ Company's Lifeline/Tribal Link Up information available on Company website. (www.longlines.com)

_____ Company's information posted on USAC website.

_____ Other (describe): _____

NOTE: Jefferson Telephone is a subsidiary of Long Lines LLC, so all notifications regarding Lifeline refer to Long Lines customers._____

*Required



Subject: Lifeline Credit Applications

Dear Long Lines Customer,

Please find the enclosed application & return envelope for Lifeline Telephone Assistance for the Year 2013. Your applicable information needs to be updated on an annual basis. Please complete, sign, and return to our office. The name and address on your application needs to match the name and address of your Long Lines billing statement.

Please NOTE, you only have to participate in one of the listed programs in order to be eligible for the credit. **But**, if you mark, **Yes**, to "Is your income at or below 135 percent of the Federal Poverty Guidelines?" then you must provide documentation of proof of this. Any other program that you mark does not need documentation proof.

Please inform Long Lines if ever this information changes or you no longer participate in any of the qualifying program(s).

This information needs to be returned to Long Lines as soon as possible in order for you to continue participation in this credit program. If you should have any questions, please call our office at (712) 271-4000 or (866) 537-5900.

Sincerely,

Long Lines

Phone • Internet • Cable TV • Wireless

501 Fourth Street • Sergeant Bluff, IA 51054 • Phone 712.271.4000 • Fax 712.271.2727
www.LongLines.com

PUBLIC NOTICE

Long Lines participates in the state-funded Lifeline and Link Up programs. These programs assist low-income individuals with discounts on telephone connection fees as well as discounts on their monthly phone bill.

For questions about
program eligibility or
participation, contact



1.866.537.5900.



LIFELINE ASSISTANCE APPLICATION

Please Print:

Name: _____
Last First M.I.

Address: _____
Street Apt. No.

City: _____
City State Zip Code

Social Security Number: _____

Telephone Number (if existing service): _____

Please include
(Area code + 7 digit number)

Can be Reached Number (if new service): _____

*Telephone service MUST be in applicant's name.

I qualify for Lifeline assistance because (check all that apply):

- I participate in Medicaid.
- I participate in the Food Stamps program.
- I receive Supplemental Security Income (SSI).
- I receive Federal Public Housing Assistance.
- I receive Low Income Housing Energy Assistance.
- I participate in the Temporary Aid to Needy Families (TANF) program.
- I participate in the National School Lunch (NSL) free lunch program.
- My household income is at or below 135% of the Federal Poverty Guidelines.
(documentation required)

I agree to notify Long Lines when I no longer qualify for Lifeline based on the above criteria.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I understand that I must meet at least one of the above qualifications to receive Lifeline assistance on my primary residential telephone line.

Signature _____

Date _____

Please mail completed forms to:
Long Lines, PO Box 67, Sergeant Bluff, IA 51054
or drop off at any Long Lines Retail Store

Wireless**Phones****Plans**[Family](#)
[Individual](#)
[Freedom](#)
[Prepaid](#)
[Messaging](#)
[International](#)**Downloads**[Ringtones](#)
[24 Hour Web](#)**Coverage**[Nationwide](#)
[Personal](#)**Stores**[Long Lines Stores](#)
[Wireless Retailers](#)**Support**[Lifeline](#)

Lifeline Program

Every person in America should have access to quality, affordable telecommunications service. This principle of "Universal Service" has been the goal of the telecommunications industry for decades. In 1934, the federal government codified the goal and reaffirmed it in 1996 by establishing policies for the "preservation and advancement of Universal Service."

To achieve the Universal Service goal, carriers have access to a fund that is generated by contributions from the telecommunications providers in the United States. Telecommunications companies draw from the fund to provide programs that support telecommunications services nationwide. Lifeline support provides discounts to eligible low-income consumers to help them establish and maintain telephone service.

What type of discount is available?

Lifeline assistance lowers the cost of basic monthly telephone service, either landline or prepaid wireless service. Eligible consumers can receive up to \$10 per month in discounts. Additional state support may be available.

Eligible residents of Indian reservations or tribal lands can receive up to an additional \$25 in Lifeline support, but must pay at least \$1 for basic monthly service.

How do I know whether I am eligible?

Eligibility for Lifeline varies by state. Individuals who reside in states that have their own discount programs qualify for federal Lifeline if they meet the eligibility criteria established by their state. In states that do not provide state support, an individual is eligible if he or she participates in one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (Food stamps or SNAP)
- Supplemental Security Income (SSI)
- Federal Public House Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- National School Lunch Program's Free Lunch Program
- Bureau of Indian Affairs General Assistance
- Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- Head Start (if income eligibility criteria are met)
- State assistance programs, if applicable.

In addition, a consumer may be eligible if his or her household income is at or below 135% of the federal poverty guidelines.

2012 Estimated Income Requirements for a Household at or Below 135% of the Federal Poverty Guidelines

Family Size	48 Contiguous States & Washington, D.C.
1	\$15,080
2	\$20,426
3	\$25,426
4	\$31,118
5	\$36,404
6	\$41,810
7	\$47,156
8	\$52,502
For each additional person, add:	\$5,346

Residents of Indian reservations or tribal lands qualify if they participate in any of the programs listed above, have a household income that is at or below 135% of the federal poverty guidelines, or participate in one of these programs:

- Bureau of Indian Affairs (BIA) general assistance
- Head Start (income eligible)
- Tribal TANF

How do I apply to receive Lifeline?

Contact Long Lines at 712.271.4000. Visit the Universal Service Administrative Company's (USAC) website www.lifelinesupport.org or call USAC toll free at 1-888-641-8722 with questions about Lifeline.

Download Application