

**SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
LIFELINE/LINK UP ADVERTISING/OUTREACH
ANNUAL REPORT
JUNE 1, 2016**

Company: Northern Valley Communications, L.L.C.

Address: 2211 8th Avenue NE, Suite 1101

Aberdeen, SD 57401

Telephone number: 605-725-1000

Company contact: Stacy Oliver

Study Area Code: 399017

Lifeline/Link Up Advertising/Outreach Activities:

- Advertise in media of general distribution.* (See attached advertisement(s).)
- Letter to existing and new customers regarding the availability of Lifeline/Link Up.* (See attached letter.)
- Company's Lifeline/Link Up information in directory.
- Company's Lifeline/Link Up information available on Company website. (www.jamesvalley.com)
- Company's information posted on USAC website.

Other (describe): _____

*Required

Aberdeen newspaper ad

Yes, You Can Afford Telephone Service, and NVC Can Show You How!

Federal and state lawmakers believe that every person in America should have access to quality, affordable telecommunications service. In fact, they've created a system to do just that.

If you participate in programs such as food stamps, Medicaid, the national school free-lunch program, Section 8 housing or supplemental security income or if your household income is below a certain threshold level, you may qualify for a discount on your telephone bill.

This "universal service" support includes:

Lifeline assistance that provides discounts for basic monthly telephone service. Toll Limitation Service that allows you to control your long distance charges.

For more information:

725-1000

1-888-919-8945



Redfield newspaper ad

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475-1000
1-888-919-8945



**Northern Valley Television Ad
November 2015 and June 2016**

The **Lifeline Program** is a federal program that provides a monthly discount on landline or wireless phone service to eligible low-income households.

If your household income is at or below 135% of the federal poverty guidelines OR you participate in federal/state assistance programs (SSI, SNAP, etc) you may qualify for the Lifeline Program.

For more info, please contact one of the following:



James Valley Telecommunications

235 E 1st Ave Groton 397-2323

NVC

1812 6th Ave SE Aberdeen 725-1000

1316 E 7th Ave Redfield 475-1000





Lifeline Assistance Application and Certification Form

Company Name: **Northern Valley Communications** SPIN: 143019465

(Please Print or Type)

Last Name: _____ First Name: _____ MI: _____

Residential Address *(Do not use a P.O. Box address):*

City: _____ State: _____ ZIP: _____

Is your residential address a permanent address? Yes _____ No _____

Billing Address *(If different from residential address):*

City: _____ State: _____ ZIP: _____

Social Security Number: _____ *(If you are a member of a Tribal nation and do not have a social security number, you may provide your Tribal identification number.)*

Date of Birth: _____

Telephone Number: _____ *(if existing service)*

Telephone number where you can be reached or receive messages:

Are you currently receiving Lifeline assistance through any other telephone provider?

Yes _____ No _____

I am applying for: _____ Lifeline (\$9.25/monthly service discount for Landline Phone)
_____ Toll Limitation Service (free toll blocking or toll control)

02/2016

Please check all that apply and provide documentation to prove eligibility.

I, one or more of my dependents, or my household currently participates in one or more of the following programs:

- _____ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)
_____ Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)
_____ Supplemental Security Income (SSI)
_____ Federal Public Housing Assistance (Section 8)
_____ Low-Income Energy Home Assistance Program (LIHEAP)
_____ Temporary Assistance for Needy Families (TANF)
_____ National School Lunch Program's Free Lunch Program
_____ OR My household income is at or below 135% of the Federal Poverty Guidelines. The number of individuals in my household is: _____.

If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below).

2016 Federal Poverty Guidelines – 135%

Household Size		Household Size	
1	\$16,038	5	\$38,394
2	\$21,627	6	\$43,983
3	\$27,216	7	\$49,586
4	\$32,805	8	\$55,202

For each additional person after 8, add \$5,616 to the annual guideline.

Source: Federal Register, Vol. 81, No. 15, January 25, 2016, pp. 4036-4037

Important Information

You will be required to provide documentation of eligibility. Lifeline is a federal government assistance benefit and 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 the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

I give NVC permission to release to the Universal Service Administration Company (USAC) or its agent any records required to confirm that my household receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies and I will have to select one service and I will be de-enrolled from the other.

Initial here _____

I certify, under penalty of perjury, that:

- (1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 54.409. I have provided documentation of eligibility if required to do so;
- (2) I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- (3) If I move to a new address, I will provide that new address to the telephone company within 30 days;
- (4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- (5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- (6) The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.
- (7) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. § 54.405(e)(4);

(8) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and

(9) The information contained in this application and certification form is true and correct to the best of my knowledge.

Signature

Date

Provide the completed application and certification form to your phone company. Your telephone company will contact you for any additional information needed to prove eligibility.

For more information about Lifeline, see www.PUC.SD.gov/Lifeline

Please return this application and all documentation to:

NVC

1812 6th Avenue SE Aberdeen, SD 57401 (Monday thru Friday 8am - 6pm) or

1316 E 7th Avenue Redfield, SD 57469 (Wednesday 10am - 4pm)

725-1000 Aberdeen; 475-1000 Redfield; 1-888-919-8945 Toll-Free

Office Use Only

Employee Signature

Date

Form(s) used to determine eligibility