

Lifeline Assistance Re-Certification Form

(Please Print or Type)

Last Name: _____ First Name: _____ Middle Initial: _____

Residential Address: _____ City: _____ State: _____ ZIP: _____

(Do not use a P.O. Box address.)

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

Billing Address: _____ City: _____ State: _____ ZIP: _____

(If different from residential address.)

Social Security Number (last four digits): _____ 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 certifying eligibility for:

_____ Lifeline (monthly telephone service discount) **Minimum of \$9.25**

_____ Tribal Link Up (telephone connection charge discount)

_____ Toll Limitation Service (free toll blocking or toll control-deposit waived)

I am applying as an individual living on "tribal lands": Yes _____ No _____

("Tribal lands" are defined as any federally-recognized Indian tribe's reservation, pueblo or colony; Indian Allotments; and areas that fall outside the boundaries of existing Tribal lands but have been designated by the Federal Communications Commission as Tribal lands for the purpose of receiving Tribal Lifeline and Tribal Link Up support.)

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

(Check all that apply.)

_____ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)

_____ Supplemental Security Income (SSI)

_____ Federal Public Housing Assistance (Section 8)

_____ Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)

_____ Veterans Pension or Survivors Pension

_____ Bureau of Indian Affairs General Assistance (Tribal Only)

_____ Tribally-Administered Temporary Assistance for Needy Families (TTANF – Tribal Only)

_____ Head Start (if income eligibility criteria are met – Tribal Only)

_____ Food Distribution Program on Indian Reservations (Tribal Only)

_____ **OR** My household income is at or below 135% of the Federal Poverty Guidelines. The number of individuals in my household is: _____.

If not currently participating in one or more of the programs listed above, I qualify for Tribal Lifeline and Tribal Link Up because my household income does not exceed 135% of the Federal Poverty Guidelines (see table below).

2017 Health and Human Services Poverty Guidelines

Number in Residence	135% Guideline (Annual)	Number in Residence	135% Guideline (Annual)
1	\$16,281	5	\$38,853
2	\$21,924	6	\$44,496
3	\$27,567	7	\$50,139
4	\$33,210	8	\$55,782

For each additional person after 8, add \$5,643 to the annual guideline.

Source: Federal Register, Vol. 82, No. 19, January 31, 2017, pp. 8831-8832

Signature needed on back side

Important Information

You will be required to provide documentation of eligibility.

Lifeline, Tribal Lifeline and Tribal Link Up are federal government assistance benefits and willfully making false statements to obtain the benefits can result in fines, imprisonment, de-enrollment, or being barred from the programs.

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 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 am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 47 C.F.R. & 54.400(e);
- (4) If I move to a new address, I will provide that new address to the telephone company within 30 days;
- (5) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- (6) The individual names on the documentation provided demonstrating program-based eligibility, if not me, is part of my household;
- (7) My household will receive only one Lifeline service and (including cell phone service), to the best of my knowledge, my household is not already receiving a Lifeline service;
- (8) 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);
- (9) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- (10) 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. Midstate Communications/Midstate Telecom will contact you for any additional information needed to prove eligibility.

For more information about Lifeline, see www.PUC.SD.gov/Lifeline or for more information about Tribal Lifeline and Tribal Link Up, see www.PUC.SD.gov/TribalLifeline

Lifeline Assistance Application and Certification Form

(Please print or type)

Company Name: **Midstate Communications & Midstate Telecom**

SPIN: **14007716 & 143030709**

Account Name: _____

Residential Address: _____ City: _____ State: _____ ZIP: _____

(Do not use a P.O. Box address.)

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

Billing Address: _____ City: _____ State: _____ ZIP: _____

(If different from physical address)

Social Security Number (last four digits): _____ 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 (monthly telephone service discount) **Minimum of \$9.25**
_____ Tribal Link Up (Tribal Only - telephone connection charge discount)

Select Type of applicable Lifeline Service (office staff may update as necessary)

_____ Voice Only _____ Bundle (both Voice & Broadband meet minimum standard)

Note: Customers receiving Lifeline assistance are required to remain with their service provider for a minimum period before they may transfer the benefit to another provider—a 60 day “port freeze” for voice services and a 12 month “port freeze” for broadband services.

I am applying as an individual living on “tribal lands”: _____ Yes _____ No

(“Tribal lands” are defined as any federally-recognized Indian tribe’s reservation, pueblo or colony; Indian Allotments; and areas that fall outside the boundaries of existing Tribal lands but have been designated by the Federal Communications Commission as Tribal lands for the purpose of receiving Tribal Lifeline & Tribal Link Up support.)

I, one or more of my dependents, or my household currently participates in one or more of the following programs: (Check all that apply.) **You will be required to provide documentation of eligibility.**

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_____ **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, Tribal Lifeline and Tribal Link Up if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below).

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