

**SOUTH DAKOTA PUBLIC UTILITIES COMMISSION  
LIFELINE/LINK UP ADVERTISING/OUTREACH  
ANNUAL REPORT  
June 1, 2017**

Company: Jefferson Telephone Company

Address: PO Box 128  
Jefferson, SD 57038

Telephone number: 712-271-5570

Company Contact: Nicole Kroll

Study Area Code: 39166

Lifeline/Tribal Link Up Advertising Outreach Activities:

- X   Advertising in media of general distribution. \* (See attached advertisements.)
- X   Letter to existing and new customers regarding the availability of Lifeline/Link Up. \* (See attached letter.)
- Company's Lifeline/Link Up information available in directory.
- X   Company's Lifeline/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



# LIFELINE ASSISTANCE APPLICATION

Please Print:

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Apt. No.

City: \_\_\_\_\_  
City State Zip Code

Date of Birth: \_\_\_\_\_

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.

## COPIES OF YOUR DOCUMENTATION IS REQUIRED!

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 participate in the Energy Assistance Program.
- Veterans Pensions/Survivors Pension
- My household income is at or below 135% of the Federal Poverty Guidelines. *(documentation required)*

Select the type that meets applicable need:

- Voice
- Voice & Broadband  
(broadband not at min. standard)
- Bundle - Voice & Broadband  
(meets min. standard)

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

If I currently receive a Lifeline discount from a different phone service provider, I consent to the transfer of my Lifeline benefit to Long Lines and understand that once the transfer is complete, I will lose my Lifeline program benefit with my current phone service provider.

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

## Lifeline Household Worksheet

*Only one Lifeline Program-supported service per household is allowed under Federal law.*

Your **household** is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Answer the questions below to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.


1. Does another adult (age 18 or emancipated minor) live with you AND have a Lifeline-discounted service or a "free" wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

\_\_\_\_\_ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

\_\_\_\_\_ **Yes.** Please answer question 2 below.

2. Do you share expenses for bills, good, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted service?

\_\_\_\_\_ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

\_\_\_\_\_ **Yes.**  Do NOT complete the rest of this form. You are **NOT ELIGIBLE** because someone in your household already has Lifeline.

**I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.**

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Signature

Date

*\*Federal law requires your provider to review and securely retain this documentation. Federal law also prevents your provider from sharing these documents with unauthorized persons.*

**Please check boxes below to verify you understand that:**

- 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;
- A household is not permitted to receive Lifeline benefits from multiple providers;
- Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program; and
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

**By initialing each line and signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:**

\_\_\_\_\_ I **certify** that I meet the income-based or program-based eligibility criteria for receiving Lifeline.

\_\_\_\_\_ I **certify** that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit).

\_\_\_\_\_ I **certify** that if I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, that I live on Tribal lands, as defined in federal law.

\_\_\_\_\_ I **certify** that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.

\_\_\_\_\_ I understand that my household will receive only one Lifeline service and, to the best of my knowledge, I **certify** that my household is not already receiving a Lifeline service.

\_\_\_\_\_ I **certify** that the information contained in this certification form is true and correct to the best of my knowledge,

\_\_\_\_\_ I **acknowledge** that providing false or fraudulent information to receive Lifeline benefits is punishable by law;

\_\_\_\_\_ 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Prompt return of this certification form to your local telecommunications or BIAS provider is necessary to ensure proper credits to your account. Certified Lifeline assistance subscribers will receive a re-certification form annually from their local telecommunications or BIAS provider and must return that form to their provider within 60 days to ensure the continuation of assistance benefits.**

***SERVICE PROVIDER USE ONLY***

Telephone # or Account # associated with Lifeline service: \_\_\_\_\_

Initiation Date: \_\_\_\_\_ De-enrollment Date: \_\_\_\_\_

Type of documentation Reviewed:  Award Letter  Voucher  Benefits card  Income Statement  Other \_\_\_\_\_

Identifying Information of Document Submitted: \_\_\_\_\_

Documentation Expiration date (if applicable): \_\_\_\_\_

Name on Documentation (if different from name of applicant): \_\_\_\_\_

Method documentation was provided:  In Person  Fax  Mail  Electronically

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_



# PUBLIC NOTICE

Long Lines is a telecommunications provider who provides basic and enhanced services within its service territory, including services supported by Federal Universal Service funds and eligible for Federal Lifeline assistance.

Basic residential service is available as a Lifeline service. Lifeline is a government benefit program which provides a monthly credit toward a qualified low-income subscriber's telephone bill. Only eligible low-income consumers may enroll in the Lifeline program. Consumers who meet eligibility criteria must also complete documentation necessary for enrollment. Lifeline assistance is non-transferable, and eligible subscribers may receive assistance from only one wireline or wireless telecommunications provider per household. Consumers who willfully make false statements in order to obtain Lifeline benefits can be punished by fine or imprisonment or can be barred from the program. If you have any questions regarding the company's services or you want to apply for Lifeline telephone assistance, application forms can be obtained from Long Lines at 501 4th St., Sergeant Bluff, IA. 712.271.4000. [LongLines.com](http://LongLines.com)



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## Roberts, Megan

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**From:** Paul Bergmann <pbergmann@longlines.biz>  
**Sent:** June 29, 2017 2:33 PM  
**To:** Roberts, Megan  
**Subject:** FW: LifeLine Advertising  
**Attachments:** LeadCor\_Lifeline.pdf; NSiouxTimes\_Lifeline.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

[Here you go.](#)

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**From:** Timothy Poppen  
**Sent:** Thursday, February 02, 2017 8:28 AM  
**To:** Paul Bergmann <pbergmann@longlines.biz>  
**Subject:** LifeLine Advertising

Paul,

Attached are the ads that ran in the North Sioux City Times and the Union County Lead-Courier the week of Sept 15, 2016.

TP