



525 Western Av, PO Box 588
Brookings, SD 57006
(605) 692-6325



415 4th St, PO Box 588
Brookings, SD 57006
(605) 692-6211

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION LIFELINE/TRIBAL LINK UP ADVERTISING/OUTREACH ANNUAL REPORT JULY 1, 2018

Company: City of Brookings Municipal Utilities Telephone Department
d/b/a Swiftel Communications

Address: PO Box 588
525 Western Ave
Brookings, SD 57006

Telephone number: 605-692-6325

Company contact: Laura Julius

Study Area Code: 391650 & 399009

Lifeline/Tribal Link Up Advertising/Outreach Activities:

- ☒ Advertise in media of general distribution.* (Attachment A - advertisement(s))
- ☒ Notice to existing and new customers regarding the availability of Lifeline/ Tribal Link Up.* (Attachment B)
- ☒ Company's Lifeline/Tribal Link Up information in directory. (Attachment C)
- ☒ Company's Lifeline/Tribal Link Up information available on Company website at (http://swiftel.net/?page_id=464).
- ☒ Company's information posted on USAC website. (Attachment D)
- ☒ Other (describe): Posters and brochures place in offices and other public places where customers who qualify are likely to see them. (Attachment E)

*Required

Signed


Laura Julius
Finance & Accounting Manager
Swiftel Communications

Date

6/27/2018

March 9, 2018

*Recertification
cover letter*

<Name>
<Address>
<City ST ZIP>

RE: Lifeline Discount on Swiftel Communications Account #<acct>

Dear <Name>:

You currently receive a monthly discount on your Swiftel Communications bill. To continue the discount, we are required by the FCC to recertify your qualification for the discount.

Please complete the enclosed Application Form and the Household Worksheet. You can return these forms in the envelope provided by mail, deliver them to us through personal visit to our office or place in our 24-hour Drop Box.

These forms need to be received by our office by <day>, <MMM DD, 2018>. Please call me at 605-692-6325 with any questions.

Thank you,

Jane Siekmann
Billing & Collection Supervisor
Swiftel Communications/Brookings Utilities
605-692-6325
jsiekmann@swiftel-bmu.com

Encl.

Lifeline Program Application Form



1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

We need documents to support your qualification

To support your qualifications for the Lifeline discount, Swiftel needs a copy of an official document from one of the government qualifying programs, or to prove your annual income. Please submit copies of your official documents with this application; include the documents in option 1 or option 2 below:

1. If you qualify through a government program: copies of your state ID card and an official document from the programs you are qualifying through (your SNAP card, Medicaid card, etc.)
2. If you qualify through your income: copies of your state ID card and pay stubs for 3 consecutive months (or other accepted documents).

Visit lifelinesupport.org to see the full list of accepted documents.

Apply

To apply for a Lifeline benefit, fill out every section of this form, initial every agreement statement, and sign the last page.

To apply, bring or mail this form to your phone or internet company.

Lifeline Program Application Form



**Universal Service
Administrative Co.**

2. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

What is your phone number (if you have one)?

What is your date of birth?

Month

Day

Year

What is your email address
(if you have one)?

What are the last 4 numbers of your Social Security Number (SSN)?

If you do not have a SSN, what is your Tribal Identification Number?

What is the best way to reach you?

☐ email

☐ phone

☐ text message

☐ mail

"Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Street Number and Name

City

State

Apt., Unit, etc.

Zip Code

Is this a temporary address? ☐ Yes ☐ No

Check if you live on Tribal Lands* ☐

What is your mailing address? (Only fill this out if it is not the same as your home address.)

Street Number and Name

City

State

Apt., Unit, etc.

Zip Code



2. Your Information (continued)

Only fill this section out if you are applying through a child or dependent.

☐ Check if you are qualifying through a child or dependent in your household.
If so, answer the following questions:

What is their full legal name?

--	--	--	--

First

--	--	--	--

Middle (optional)

--	--	--	--

Suffix (optional)

--	--	--	--

Last

☐ Check if they live on Tribal Lands*

What are the last 4 numbers of their Social Security Number (SSN)?

--	--	--	--

If they do not have a SSN, what is their Tribal Identification Number?

--

What is their date of birth?

--	--	--	--

Month Day Year

Lifeline Program Application Form



3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:

Check all programs that you or someone in your household have:

- ☐ Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Federal Public Housing Assistance (FPHA)
- ☐ Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

- ☐ Bureau of Indian Affairs (BIA) General Assistance
- ☐ Tribal Temporary Assistance for Needy Families (Tribal TANF)
- ☐ Food Distribution Program on Indian Reservations (FDPIR)
- ☐ Tribal Head Start (only households that meet the income qualifying standard)

Or

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ If more than 8, add this amount for each extra person:

Is your income the same or less than the amount listed for your state and household size?

(only check yes or no next to your household size)

All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii		
\$16,389	\$20,493	\$18,846	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$22,221	\$27,783	\$25,555.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$28,053	\$35,073	\$32,265	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$33,885	\$42,363	\$38,974.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$39,717	\$49,653	\$45,684	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$45,549	\$56,943	\$52,393.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$51,381	\$64,233	\$59,103	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$57,213	\$71,523	\$65,812.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Add \$5,832	Add \$7,290	Add \$6,709.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No

135% of the 2018 Federal Poverty Guidelines

*The Federal Poverty Guidelines are typically updated at the end of January.

Lifeline Program Application Form



Universal Service
Administrative Co.

4. Agreement

I agree, under
penalty of perjury,
to the following
statements:

*You must initial next to
each statement.*

Initial

I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

Initial

I agree that if I move I will give my service provider my new address within 30 days.

Initial

I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

Initial

I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

Initial

I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

Initial

All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

Initial

I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

Initial

My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

Initial

I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Signature

Today's Date

5. Agent Information

*Answer only if a sales
person submits this form.*

What is the agent's full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Last

Middle (optional)

Suffix

What is the agent's USAC ID number?

What is the agent's date of birth?

Month

Day

Year

Lifeline Program Application Form



Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PER, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

Lifeline Program

2018 Recertification Form



1.

About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

Recertify

To recertify for a Lifeline benefit, fill out every section of this form, initial every agreement statement, and sign the last page.

To recertify, bring or mail this form to your phone or internet company.

Please include supporting documentation of the reason you qualify.

Return completed forms to: Swiftel Communications, PO Box 588, Brookings SD 57006-0588

Lifeline Program

2018 Recertification Form



2. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

What is your phone number (if you have one)?

What is your date of birth?

Month

Day

Year

What is your email address (if you have one)?

What are the last 4 numbers of your Social Security Number (SSN)?

If you do not have a SSN, what is your Tribal Identification Number?

What is the best way to reach you?

☐ email

☐ phone

☐ text message

☐ mail

*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code

Is this a temporary address? ☐ Yes ☐ No

Check if you live on Tribal Lands* ☐

What is your mailing address? (Only fill this out if it is not the same as your home address.)

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code

Lifeline Program

2018 Recertification Form



3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:

Check all programs that you or someone in your household have:

- ☐ Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Federal Public Housing Assistance (FPHA)
- ☐ Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

- ☐ Bureau of Indian Affairs (BIA) General Assistance
- ☐ Tribal Temporary Assistance for Needy Families (Tribal TANF)
- ☐ Food Distribution Program on Indian Reservations (FDPIR)
- ☐ Tribal Head Start (only households that meet the income qualifying standard)

Or

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ If more than 8, add this amount for each extra person:

Is your income the same or less than the amount listed for your state and household size?

(only check yes or no next to your household size)

All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii		
\$16,389	\$20,493	\$18,846	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$22,221	\$27,783	\$25,555.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$28,053	\$35,073	\$32,265	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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\$57,213	\$71,523	\$65,812.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Add \$5,832	Add \$7,290	Add \$6,709.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No

135% of the 2018 Federal Poverty Guidelines

*The Federal Poverty Guidelines are typically updated at the end of January.

Lifeline Program

2018 Recertification Form



4. Agreement

I agree, under penalty of perjury, to the following statements:

You must initial next to each statement.

- Initial I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).
- Initial I agree that if I move I will give my service provider my new address within 30 days.
- Initial I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:
- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
 - 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).
- Initial I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.
- Initial I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.
- Initial All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.
- Initial I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.
- Initial My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.
- Initial I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Signature

Today's Date

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5. Agent Information

Answer only if a sales person submits this form.

What is the agent's full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First	Last	Middle (optional)	Suffix

What is the agent's USAC ID number?

What is the agent's date of birth?

Month	Day	Year

Lifeline Program

2018 Recertification Form



Notice

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We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the form, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PER, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine your eligibility for Lifeline services. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

Return completed forms to: Swiftel Communications, PO Box 588, Brookings SD 57006-0588

Lifeline Program

Household Worksheet



Universal Service
Administrative Co.

About Lifeline

Lifeline is a benefit that lowers the monthly cost of phone or internet service (not both). You are only allowed to get one Lifeline benefit per household, not per person.

What this worksheet is for

Use this worksheet if someone else at your address gets Lifeline. The answers to these questions will help you find out if there is more than one household at your address.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Examples of one household:

- A married couple who live together are one household. They must share one Lifeline benefit.
- A parent/guardian and child who live together are one household. They must share one Lifeline benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one Lifeline benefit.

Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one Lifeline benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one Lifeline benefit each, 30 total.

Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

Income

Households share income. 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.

Return completed forms to: Swiftel Communications, PO Box 588, Brookings SD 57006-0588

Lifeline Program

Household Worksheet



Universal Service
Administrative Co.

What is your full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code

Can you apply?

Follow this decision tree to confirm if you qualify for the Lifeline Program.

1. Do you live with another adult?

Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

☐ Yes

If yes, answer question 2

☐ No

2. Do they get Lifeline?

☐ Yes

If yes, answer question 3

☐ No

You can apply for Lifeline. You live in a household that does not get Lifeline yet. Please initial line **B** on page 3, and sign and date the worksheet.

☐ Check this box

3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

☐ Yes

☐ No

You do not qualify for Lifeline because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

☐ Check this box

You can apply for Lifeline. You live at an address with more than one household and your household does not get Lifeline yet. Please initial lines **A** and **B** on page 3, and sign and date the worksheet.

☐ Check this box

Lifeline Program Household Worksheet



Universal Service
Administrative Co.

Agreement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your Lifeline Program Application Form.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

A I live at an address with more than one household.

B I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.

Signature

Today's Date

Notice

NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. If more than one person at the same address is applying for Lifeline service, all applicants must submit a Household Worksheet. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR § 54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, 0.25 hours. Our estimate includes the time to read and complete the form and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PER, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine your eligibility for Lifeline services. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. § 254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR § 54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

Return completed forms to: Swiftel Communications, PO Box 588, Brookings SD 57006-0588

A

Wireline print ad

*Do you need help affording
telephone service?*

Swiftel
VOICE • VIDEO • DATA • SPRINT

is proud to offer
Lifeline services.

Call 692-6211, or stop by our
office at 415 Fourth St for details!



Wireless print ad – Brookings; other locations use same format with their phone number and address

*Do you need help affording
telephone service?*

Sprint

is proud to offer
Lifeline services.

Call 697-8818, or stop by our
office at 415 Fourth St for details!



BROOKINGS SD 57006-2741

Previous Balance \$217.72
May 10 EFT Payments -\$217.72
Balance Forward \$0.00

Service Summary

	Recurring Charges	One Time Charges	Long Distance	Taxes and Surcharges	Total
Fiber Trio	184.95	0.00	0.00	21.45	206.40
(605)697-	0.00	0.00	0.00	11.32	11.32
Subtotal	\$184.95	\$0.00	\$0.00	\$32.77	\$217.72

Charge Detail

Bundled Services

Description	Quantity	Amount
Recurring Charges May 21 to Jun 20		
Fiber Trio - Feature Presentation (Or) (605) 697-		\$184.95
Caller ID - Call Waiting		
Caller ID Name/Number		
Call Forwarding		
Call Waiting		
Fiber Res Line Access		
Per Call Block		
Three Way Calling		
SwiftelNet in bundle		
DVR Service		
Expanded Basic Video		
HBO		
HD Access		
HD Tier Channels		
Showtime/The Movie Channel		
Variety Tier Channels		
Video Stream Equip		
Video Stream Equip+		
Taxes and Surcharges		
Federal Tax		\$0.59
South Dakota State Tax		\$8.33
Brookings City Tax		\$3.70
Enhanced 911		\$1.25
SD Communication Impaired Fund		\$0.15
Video Franchise Surcharge		\$7.43
Total Taxes and Surcharges		\$21.45

SUBTOTAL FOR Fiber Trio - Feature Presentation (Or) \$206.40

(605) 697-

Description	Quantity	Amount
Taxes and Surcharges		
Federal Tax		\$0.20
South Dakota State Tax		\$0.29
Brookings City Tax		\$0.13
Federal USF Charge		\$1.20
End User Residential		\$6.50
Access Recovery Charge - Residential		\$3.00
Total Taxes and Surcharges		\$11.32

LONG DISTANCE PROVIDER

Intralata Pic: Swiftel Long Distance
Interlata Pic: Swiftel Long Distance

SUBTOTAL FOR (605) 697- \$11.32

Annual Lifeline Msg

Swiftel Communications is authorized to provide the Lifeline telephone assistance program that was developed in response to concerns about the affordability of telephone service for low-income citizens.

* The Lifeline program provides reduced monthly charges to telephone subscribers who qualify.

The person applying for assistance must have telephone service in their name, and must participate in at least one of the following public assistance programs:

- SNAP (formerly Food Stamps)
- Medicaid
- Federal Public Housing Assistance
- Supplemental Security Income (SSI)
- Veteran's Pensions, or Survivor's Pension

OR - Household income is at or below 135% of Federal Poverty Guidelines

WHAT DOES THE PROGRAM PROVIDE?

Lifeline provides eligible subscribers with a monthly credit of \$9.25 on their basic home telephone service charges.

If you meet eligibility requirements, you may pick up an application form at Swiftel Communications, 415 4th St, Brookings.

If you no longer participate in any of the qualifying programs, you are no longer eligible for Lifeline. You are obligated by law to notify Swiftel Communications of the change.

If you have questions about Lifeline, contact Swiftel Communications at 605-692-6211 for more information.

printed on all bills each May

B2

BROOKINGS SD 57006

Service Summary

	Recurring Charges	One Time Charges	Long Distance	Taxes and Surcharges	Total
(605)692-	18.00	101.62	0.00	27.66	147.28
Internet	33.95	15.33	0.00	3.21	52.49
Subtotal	\$51.95	\$116.95	\$0.00	\$30.87	\$199.77

Charge Detail

One Time Charges

Description	Quantity	Amount
(605) 692-1		
Install of Res Fiber Internet	1	\$75.00
Order Charge	1	\$12.00
Programming Charge	1	\$6.50
Taxes and Surcharges		
South Dakota State Tax		\$4.21
Brookings City Tax		\$1.87
Total Taxes and Surcharges		\$6.08
Total One Time Charges		\$99.58

(605) 692-

Description	Quantity	Amount
Recurring Charges Sep 21 to Oct 20		
Fiber Res Line Access w/FiberNet	1	\$18.00
Call Forwarding	1	\$0.00
Call Waiting	1	\$0.00
Three Way Calling	1	\$0.00
Total Recurring Charges		\$18.00
Partial Charges Sep 7 to Sep 20		
Fiber Res Line Access w/FiberNet		\$8.12
Call Forwarding		\$0.00
Call Waiting		\$0.00
Three Way Calling		\$0.00
Total Partial Charges		\$8.12
Taxes and Surcharges		
Federal Tax		\$1.07
South Dakota State Tax		\$1.60
Brookings City Tax		\$0.71
Enhanced 911		\$2.50
Federal USF Charge		\$1.61
SD Communication Impaired Fund		\$0.30
Access Recovery Charge - Residential		\$4.35
End User Residential		\$9.44
Total Taxes and Surcharges		\$21.58

LONG DISTANCE PROVIDER

Intralata Pic: NO PIC W/ Casual Dialing & Operator Acc
Interlata Pic: NO PIC W/ Casual Dialing & Operator Acc

SUBTOTAL FOR (605) 692-: \$47.70

Internet Charges

Description	Quantity	Amount
Recurring Charges Sep 21 to Oct 20		

Res 1YR FiberNet15	1	\$33.95
Total Recurring Charges		\$33.95
Partial Charges Sep 7 to Sep 20		
Res 1YR FiberNet15		\$15.33
Total Partial Charges		\$15.33
Taxes and Surcharges		
South Dakota State Tax		\$2.22
Brookings City Tax		\$0.99
Total Taxes and Surcharges		\$3.21
SUBTOTAL FOR INTERNET CHARGES		\$52.49

TO ALL SWIFTEL CUSTOMERS:

If you participate in any of the assistance programs listed below, you qualify for the lifeline discount on your Swiftel monthly bill.

-SNAP (formerly Food Stamps)

-Federal Housing Assistance

-Medicaid

-Supplemental Security Income (SSI)

-Veteran's Pension, or Survivor's Pension

Or, household Income-Based Eligibility if income is at or below 135% of the Federal Poverty Guidelines.

For more information, or to apply, contact Swiftel's customer service office at 415 4th St, 692-6211.

PRIVACY OF YOUR INFORMATION

Following Federal Rules, all Customer Proprietary Network Information (CPNI) contained in our records is kept private.

We are required to keep this personal information confidential. This includes information such as addresses of unpublished phone numbers, services provided to a customer, Social Security or Driver's License number, phone numbers called long distance, and many other pieces of information.

We do this by requesting customers establish a password for their account and answer security questions. When Swiftel is contacted about your account, the password or security questions is confirmed.

Swiftel also uses software that records when customer accounts are accessed, and when certain changes are made to your account.

If you don't know, or haven't set up a password yet, please call our Customer Service staff at 605-692-6211, option 1.

printed on first bill

Postcard sent to new wireless customers

Swiftel Communications/Sprint
P.O. Box 588
Brookings, SD 57006



Thank you for choosing Sprint!

As an eligible telecommunications carrier in South Dakota we are required to inform you of the availability of the following program:

LIFELINE

Lifeline is a public assistance program that provides a discount on wireless telephone service to qualified, low income consumers.

Under the Lifeline program, eligible subscribers receive a monthly discount.

People currently participating in at least one of the programs listed below qualify for Lifeline.

- Medicaid (e.g. Title XIX/Medical, State Supplemental Asst.)
- Supplemental Nutrition Assistance Program (SNAP)
- Supplement Security Income (SSI)
- Federal Public Housing Assistance
- Veteran's Pension, or Survivor's Pension

You may also qualify if you are at or below 135% of the Federal Poverty guidelines.

You will be asked to list the number of individuals in your household and must provide documentation of one of the following:

- A copy of a prior year's state, federal or tribal tax return
- Three consecutive months of income statements or paycheck stubs from your employer
- A Social Security statement of benefits
- A Veterans Administration statement of benefits
- A retirement/pension statement of benefits
- An Unemployment/Workmen's Compensation statement of benefits
- A Divorce decree or child support document

they have no further responsibility if you continue to make substantially the same allegation.

You cannot be charged for a billing review.

The amount still due on your billing account needs to be paid in full. Your local company, or the long-distance company providing the pay-per-call service, may take action to collect the amount outstanding if you continue to withhold payment once the billing review is done.

Failure to pay the amount outstanding may subject you to collection action, including being reported to a collection agency or credit bureau. If you continue to dispute any portion of your billing error claim, your telephone company will include it and identify the disputed amount to the collection agency or credit bureau. Your company will attempt to inform you if your account is turned over for collection and to what agency it will be sent. If the dispute is resolved, that fact will be reported to all who received notice that the account was delinquent.

If your billing entity, or the long-distance company involved, fail to follow the billing and collection procedures prescribed by Section 308.7 of the Federal Trade Commission rule implementing the TDDRA, they are obligated to forfeit any disputed amount, up to \$50 per transaction.

DISCLOSURE UNDER FCC RULE 64.1509(b)
The FCC requires the following disclosures to telephone subscribers:

Your local exchange and long-distance service cannot be disconnected or interrupted as a result of your failure to pay charges for interstate pay-per-call services, charges for interstate information services provided pursuant to a presubscription or compatible arrangement, or charges you have disputed for interstate tariffed collect information services.

You can obtain blocking of access to 900# services where it is technically feasible, at no charge, on a one-time basis.

You have a right not to be billed for pay-per-call services offered which are not in compliance with Federal laws and regulations established under Titles II or III of the TDDRA.

Your access to pay-per-call services may be involuntarily blocked for failure to pay legitimate pay-per-call charges.

Contact your local telephone company's business office with questions about pay-per-call charges or to request a 900# block.

LIFELINE/LINK-UP DISCOUNT INFORMATION
Swiftel Communications customers who qualify may be eligible for monthly telephone service discount.

Participation in one or more of the following assistance programs qualifies you for the Lifeline and/or Link-Up discount:

SNAP (Food Stamps), Federal Public Housing Assistance, SSI, Medicaid, Veteran's or Survivors Pension, or if your household income is at or below 135% of the Federal Poverty Guidelines.

Contact Swiftel Communications at 692-6211 for more details.

TELEPHONE SERVICES FOR HEARING & SPEECH IMPAIRED USA RELAY S.D. 711 or Toll Free 1-800-877-1113

Questions or Additional Information
Toll Free 1-800-642-6410

COMMUNICATION SERVICE FOR THE DEAF

If you require assistance using the telephone system due to a hearing or speech impairment, or need to communicate with someone who has such an impairment, contact Communication Service for the Deaf. They are equipped with TDDs (Telecommunication Devices for the Deaf) and provide service. For information on Voice Carry-Over and Hearing Carry-Over services, call 1-800-642-6410. To contact and use the USA Relay for call processing, call 711 or 1-800-877-1113.

Brookings Police and Fire (911) as well as the Brookings County Sheriff's Office (rural 911) are equipped to handle Emergency and Non-Emergency Calls with TDDs.

HOW TO HANDLE ANNOYANCE CALLS

It is against the law in the state of South Dakota to make an obscene, harassing or threatening telephone call. When you receive such a call, follow these suggestions:

1. When answering your telephone, say "hello" twice. If no answer, HANG UP.
2. Do not give information until you are absolutely certain you know who is speaking.
3. Instruct children not to give any information to strangers over the phone.
4. Hang up when you hear something off-color or obscene. Never reveal you are alone.
5. When annoyance calls persist, contact your local law enforcement agency.
6. Calls of a threatening nature should be reported to the local law enforcement agency immediately.
7. Customer-Originated Trace is another available service.

CUSTOMER ORIGINATED TRACE

When you are serious about prosecuting an offender, Call Trace lets you automatically trace an obscene or threatening phone call and delivers the number to local law enforcement. If the caller has violated South Dakota Codified Law 49-31-31 and you decide to prosecute, the police may use the trace as evidence.

Note: Every time you complete a call trace, you will be charged, whether or not you follow up with authorities. The traced number will be delivered ONLY to law enforcement.

1. Automatically available on every line at no charge, unless you use it.
2. If you receive a call that you would like to trace:
 - Hang up.
 - Dial *57 (Rotary 1157).
 - You will hear an announcement: You have accessed the Call Trace Feature. Cost for a successful trace is \$4.00.
 - To discontinue the trace, hang up.
3. To continue the trace, dial 1. You will hear an announcement telling you that your trace has been successful and to call local law enforcement for further assistance.

UNLAWFUL WIRETAPPING MAY BE SUBJECT TO PROSECUTION

Under federal and state laws, it is a crime for any person to wiretap or otherwise intercept a telephone call without the consent of one or both parties actually participating in the call. When proceeding under court orders, authorized law enforcement officers can take part in interception without the consent of either party. The penalty for illegal wiretapping is imprisonment and/or a fine.

USE OF TELEPHONE FOR DEBT COLLECTION PURPOSES

The Federal Communications Commission regulates the use of interstate telephone service for the collection of claimed debts. Disallowed practices include calling at odd hours of the day or night; repeated calls; calls to friends, neighbors, relatives, employers, and children; calls making a variety of threats; calls asserting falsely that credit ratings will be hurt; calls falsely stating that legal process is about to be served; calls demanding payments for amounts not owed; calls to places of employment, and calls misrepresenting the terms and conditions of existing or proposed contracts. Tariffs of the telephone companies forbid use of the telephone "for a call or calls" expected to frighten, abuse, torment, or harass another, or for calls that interfere unreasonably with the use of the service by one or more other customers, or for calls for "unlawful purpose". Upon violation of any of these conditions, the telephone company can, by written notice, discontinue service immediately. These tariff regulations are filed with this Commission pursuant to Section 203 of the Communications Act, 47 U.S.C. 203, and are binding on the telephone company and customer alike. (Rules & regulations referenced in this directory are subject to change. For the most current information, contact the FCC at 1-800-CALL-FCC or <http://www.fcc.gov>; OR SD PUC Office of Consumer Affairs, 1-800-332-1782 or <http://www.state.sd.us/puc>)

"Do Not Call" SIGN-UP

South Dakota consumers may sign up to stop most telemarketing calls. The sign-up is free and consumers have two ways to register their home telephone and personal cell phone numbers:

1. Call 1-888-382-1222 from the home or personal cell phone you wish to be registered; or
2. Register via Internet at www.donotcall.gov for wireline and/or wireless phones.

Consumers can register just once to be covered by both the national and state Do Not Call lists. South Dakotans can register complaints with the PUC at 1-800-332-1782.

Swiftel

swiftel.net
605-692-6211

https://data.usac.org/publicreports/CompaniesNearMe/Dc Companies Near Me - Lifeli...

File Edit View Favorites Tools Help

MSN.com - Hotmail, Outl... NLAD Support Accela

Print (Alt+R)

Find a Company

Enter Your Zip Code

57006 Search Clear Results

Example: 12345

Note: The search results may not show every company that is near you. A company may still offer Lifeline even if it is not on this list. Please ask the service provider if they offer Lifeline in your area.

Companies near 57006

The order of this list is random and may change next time you search. The results will still be the same.

Showing 3 of 3 companies

Print List Download List: CSV XLS PDF

Company Name	Phone	Type of Service ▲	State
→ Swiftel Communications	605-692-6211	Home Phone	SD ←
ITC Telecom	800-417-8667	Home Phone	SD
→ Swiftel Communications	605-692-6211	Mobile	SD ←

If you want to see more companies, [see the list of companies in SD.](#)

June 2018

RE: LIFELINE OUTREACH
 for wireline and wireless service areas

Types of public places we display posters and brochures promoting the Lifeline discount:

- Nursing homes
- Senior Living Centers
- SD Social Services offices
- Women's shelters
- Food Pantry
- Apartment Rental Offices
- Apartment Management Companies
- County Welfare offices
- Federal Housing offices
- others not listed here

LIFeline

ASSISTANCE PROGRAM

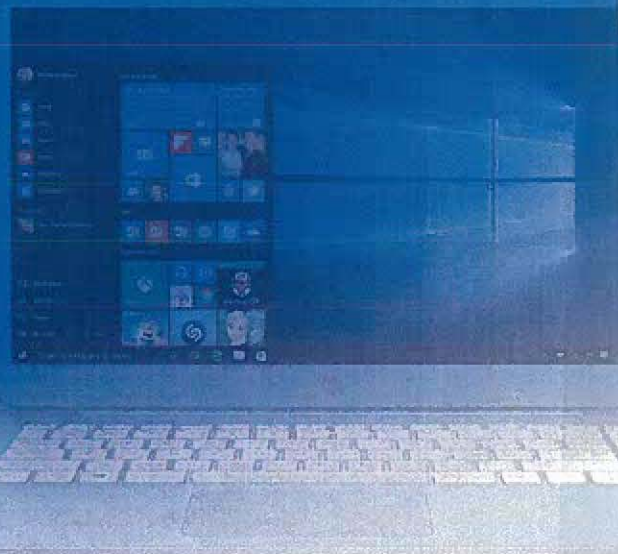
BASIC TELEPHONE or INTERNET SERVICE

Lifeline is a public assistance program offering a discount to qualified consumers on their telephone or Internet service. The discount is applied to their monthly bill.

You may qualify for **Lifeline** assistance if you meet certain income level requirements, or if you currently participate in certain public assistance programs. Eligibility requirements vary by state.

Lifeline assistance is available to one person per household.

Lifeline subscribers may also receive long distance blocking on their line free of charge.



Swiftel

For further information about Lifeline assistance or to receive an application form, please call or visit your local store.

605.692.6211

415 4th Street, Brookings

E

Wireline brochure

LIFeline

ASSISTANCE PROGRAM

**BASIC TELEPHONE or
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Swiftel

See other side for how to qualify

How to qualify for the Lifeline discount.

1. Participation, with supporting documentation, in at least one of the following programs -
 - Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
 - Supplemental Nutrition Assistance Program (SNAP)
 - Supplemental Security Income (SSI)
 - Federal Public Housing Assistance (FPHA)
 - Veteran's Pension or Survivors Benefit Programs
2. Qualify by household income level:
 - Income must be at or below 135% of the Federal Poverty Guidelines based on the number of individuals in your household.
 - You will need to provide documentation to support income eligibility. Documentation may be:
 - Prior year's state/federal/tribal tax return
 - Three consecutive months of income statements or paycheck stubs
 - Social Security statement of benefits
 - Veteran's Admin statement of benefits
 - Retirement/pension statement of benefits
 - Unemployment/Workmen's Compensation statement of benefits
 - A divorce decree, child support award, or other official court document with income information

For further information about**LIFeline**
ASSISTANCE PROGRAM**or to receive an application form, please call****Swiftel****605.692.6211**

415 4th Street, Brookings

wireless poster

E

LIFeline

ASSISTANCE PROGRAM

WIRELESS PHONE SERVICE

Lifeline is a public assistance program offering a discount to qualified consumers on their wireless telephone service. The discount is applied to their monthly bill.

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Lifeline assistance is available to one person per household.

For further information about Lifeline assistance or to receive an application form, please call or visit your local store.



BROOKINGS
415 4th St
605.697.8818

SIOUX FALLS
2422 Louise Av
605.367.6670
1524 S Sycamore
605.275.0222

SIOUX CITY
4115 Gordon Dr
712.266.8899

WATERTOWN
107 9th Av SE
605.886.0951

E

Wireless Brochure

LIFeline

ASSISTANCE PROGRAM

WIRELESS PHONE SERVICE

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See other side for how to qualify

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 - Unemployment/Workmen's Compensation statement of benefits
 - A divorce decree, child support award, or other official court document with income information

For further information about

LIFeline

ASSISTANCE PROGRAM

or to receive an application form, please call



605.697.8818
415 4th St, Brookings
605.367.6670
2422 Louise Av, Sioux Falls
605.275.0222
1524 S Sycamore, Sioux Falls
712.266.8899
4115 Gordon Dr, Sioux City
605.886.0951
107 9th Av SE, Watertown