

# South Dakota Lifeline Assistance Application

(Please Print or Type)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ 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)  
\_\_\_\_\_ Toll Limitation Service (free toll blocking or toll control)

I currently participate in one or more of the following programs: (Check all that apply.)

- \_\_\_\_\_ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)  
\_\_\_\_\_ Food Stamps  
\_\_\_\_\_ Supplemental Security Income (SSI)  
\_\_\_\_\_ Federal Public Housing Assistance Program (Section 8)  
\_\_\_\_\_ Low-Income Energy Assistance Program (LIEAP)  
\_\_\_\_\_ Temporary Assistance to Needy Families Program (TANF)  
\_\_\_\_\_ National School Lunch Program's Free Lunch Program  
\_\_\_\_\_ **OR** My household income is at or below 135% of the Federal Poverty Guidelines.  
*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). You must provide proof of your household income to verify your eligibility.*

## 2012 Health and Human Services Poverty Guidelines

Number in Residence	135% Guideline (Annual)	Number in Residence	135% Guideline (Annual)
1	\$15,080	5	\$36,464
2	\$20,426	6	\$41,810
3	\$25,772	7	\$47,156
4	\$31,118	8	\$52,502

For each additional person after 8, add \$5,346 to the annual guideline.

Source: Federal Register, Vol. 77 No. 17, January 26, 2012, pp. 4034-4035 (Applicable to 48 contiguous states and the District of Columbia only.)

I agree to notify the telephone company when I no longer qualify for this program based on the above criteria.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I have read the information on this application and understand that I must meet at least one of the above qualifications to receive Lifeline or Toll Limitation Service assistance on my primary residential telephone line.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Provide the completed application and appropriate proof of household income to your local phone company.*

For more information about Lifeline, see [www.PUC.SD.gov/Lifeline](http://www.PUC.SD.gov/Lifeline)