

Stockholm Strandburg Telephone Co.

210 N. Main St. PO Box 20 Stockholm, South Dakota 57264-0020 Phone 605-676-2311

RECEIVED

TC05-058

JUN U \$ 2005

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

June 7 2005

South Dakota PUC 500 East Capitol Aventine Pierre South Dakota 57501 5070

Rolayne Ailts Wiest

Stockholm-Strandburg Telephone Co has provided Lifeline/Linkup assistance to customers since the beginning of the program.

All new customers get a lifeline/link up assistance application with first bill. Every year in the month of November every customer gets a life/line linkup assistance application. December and January of each year life/line and link/up assistance application are sent to customer who are on program for re-certification. Post notices in area community centers and libraries. Special messages February and May 2005 were included in every customer bill. Will advertise in area newpapers.

Sincerely Marjanie Noiver

Marjorie Nowick

Sorry about for getting about serting information.

Mary normik

76-2396 1007435	SPECIAL MESSAGES	DEC04	PG 4/4
<u> </u>		2004	
LIFELINE	& LINK-UP ASSISTANCE APPL: (Please Print)	ICATION	
Name(Last)	(First)	(Middle)	
Address(Street)			
(66100.6)			
(City)	(State) (Zi	p)	. <u></u>
felephone Number (if e	xisting service)		
Number you can be reac	hed or recieve message		
PLEASE ANSWER THE FOLL	OWING QUESTIONS (CHECK AP	PROPRIATE LINE:	5)
1. I am appling for:	Lifeline monthly t Link-up telephone	elephone servi connection cha:	ce discount rge discoun
NOTE: Telephone se	ervice MUST be in applican	ts name.	
	ticipating in the followi	ng program(s) (Check all
that apply Medicaid(e.q	g. Title XIX/medical, Stat	e Supplemental	Assistance
Food Stamps Supplemental	Sercurity Income (SSI)		
Federal Pup Low-Income H	lic Housing Assistance Home Energy Assistace		
I agree to notify Stor participate in any of	skholm Strandburg Telephon the above qualifying Publ	e Co. when I n ic Assistance	o longer Programs.
read the information (ty of perjury the above in on this application and un to receive Lifeline and/or ine.	derstand I mus	t meet the
Your Signature	Social Se	curity Number	H
Date	·		
Į			

· .

** FAILURE TO PAY THEES	R THE PAYMENT OF ALL CHAN SE CHARGES MAY RESULT IN ION OF THE UNPAID SERVICI	COLLECTION ACTION	
	· · · ·		

575-2396 1007425 SPECIAL MESSNERS JAND3 P5 3/3		······································			1
LIFELINE & LINK-UP ASSISTANCE AFFLICATION (Please Frint) Name		676-2396 1007435 S	PECIAL MESSAGES	JAN05 PG 3/3	
(Flease Frint) Name				2005	
(Flease Frint) Name		· ·			
(Last) (First) (Middle) Address (Street)				TION	
(Last) (First) (Middle) Address (Street)		Nапе			
(Street) (City) (State) Telephone Number (if existing service) Number you can be reached or recieve message PLEASE ANSWER THE FOLLOWING QUESTIONS (CHECK APPROPRIATE LINES) 1. I am appling for: Lifeline monthly telephone service discount NOTE: Telephone service MUST be in applicants name. 2. I am currently participating in the following program(s) Check all that apply Medicaid(e.g. Title XIX/medical, State Supplemental Assistance) Food Stamps Supplemental Sercurity Income (SSI) Pederal Puplic Housing Assistance I agree to notify Stockholm Strandburg Telephone Co. when I no longer participate in any of the above qualifying Public Assistance Programs. I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-up assistance on my primary residential line. Your Signature Social Security Number			(First)	(Middle)	
(City) (State) (Zip) Telephone Number (if existing service)					
Telephone Number (if existing service) Number you can be reached or recieve message PLEASE ANSWER THE FOLLOWING QUESTIONS (CHECK APPROPRIATE LINES) 1. I am appling for: Lifeline monthly telephone service discount Link-up telephone connection charge discount NOTE: Telephone service MUST be in applicants name. 2. I am currently participating in the following program(s) Check all that apply Medicaid(e.g. Title XIX/medical, State Supplemental Assistance) Food Stamps Supplemental Sercurity Income (SSI) Federal Fuplic Housing Assistance I agrees to notify Stockholm Strandburg Telephone Co. when I no longer participate in any of the above qualifying Public Assistance Programs. I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-up assistance on my primary residential line. Your Signsture Social Security Number		(Street)			
Number you can be reached or recieve message		(City)	(State) (Zip)		
PLEASE ANSWER THE FOLLOWING QUESTIONS (CHECK APPROPRIATE LINES) 1. I am appling for: Lifeline monthly telephone service discount NOTE: Telephone service MUST be in applicants name. , 2. I am currently participating in the following program(s) Check all that apply	•	Telephone Number (if existin	g service)		
 I am appling for:Lifeline monthly telephone service discount Link-up telephone connection charge discount NOTE: Telephone service MUST be in applicants name. I am currently participating in the following program(s) Check all that applyMedicaid(e.g. Title XIX/medical, State Supplemental Assistance)Food StampsSupplemental Sercurity Income (SSI)Federal Fuplic Housing AssistanceLow-Income Home Energy AssistanceLow-Income Home Energy Assistance I agree to notify Stockholm Strandburg Telephone Co. when I no longer participate in any of the above qualifying Public Assistance Programs. I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-up assistance on my primary residential line		Number you can be reached or	recieve message		
Link-up telephone connection charge discount NOTE: Telephone service MUST be in applicants name. 2. I am currently participating in the following program(s) Check all that apply Medicaid(e.g. Title XIX/medical, State Supplemental Assistance) Food Stamps Supplemental Sercurity Income (SSI) Federal Fuplic Housing Assistance Low-Income Home Energy Assistace I agree to notify Stockholm Strandburg Telephone Co. when I no longer participate in any of the above qualifying Public Assistance Programs. I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-up assistance on my primary residential line. Your Signature Social Security Number	i	PLEASE ANSWER THE FOLLOWING	QUESTIONS (CHECK APPRO	PRIATE LINES)	
2. I am currently participating in the following program(s) Check all that apply Medicaid(e.g. Title XIX/medical, State Supplemental Assistance) Food Stamps Supplemental Sercurity Income (SSI) Federal Fuplic Housing Assistance Low-Income Home Energy Assistace Low-Income Home Energy Assistace I agree to notify Stockholm Strandburg Telephone Co. when I no longer participate in any of the above qualifying Public Assistance Programs. I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-up assistance on my primary residential line	•				
that apply Medicaid(e.g. Title XIX/medical, State Supplemental Assistance) Food Stamps Supplemental Sercurity Income (SSI) Federal Fuplic Housing Assistance Federal Fuplic Housing Assistance Low-Income Home Energy Assistace Low-Income Home Energy Assistace I agree to notify Stockholm Strandburg Telephone Co. when I no longer participate in any of the above qualifying Public Assistance Programs. I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-up assistance on my primary residential line. Your Signature Social Security Number		NOTE: Telephone service	MUST be in applicants	name.	ر ا
participate in any of the above qualifying Public Assistance Programs. I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-up assistance on my primary residential line. Your Signature Social Security Number		that apply Medicaid(e.g. Titl Food Stamps Supplemental Sercu Federal Puplic Hou	e XIX/medical, State S writy Income (SSI) using Assistance		
read the information on this application and understand I must meet the above qualifications to receive Lifeline and/or Link-up assistance on my primary residential line. Your Signature Social Security Number		I agree to notify Stockholm participate in any of the ab	Strandburg Telephone C pove qualifying Public	o. when I no longer Assistance Programs.	
		read the information on this above qualifications to rece	application and under	stand I must meet the	
Date		Your Signature	Social Secur	ity Number	
		Date	<u>.</u>		
				······································	· م ل

.

.

76-2310 0100366	SPECIAL	L MESSAGES	FEB05	PG 8/8
<u> </u>	······	······································	2005	
	TRATTICE PLOY DOD		-	
•	ERTIFICATION FOR			
		certify under pe	nalty of per	iury that T
	· · · ·			
ualify for Lifel	ine/Link-Up assi	stance based on	my household	income that
s at or below 13	5% of the Federa	l Poverty Guidel	ines. I furt	ner certify
nder the penalty	of perjurythat	there are	members in m	y household
	porting income do			
	-	-		
itrandburg Teleph	ione Co. accurate	ly represents th	e annual inc	ome of all
embers of my hou	ischold.			
	······································			
tate, federal, c enifits, a reire Jorkmen's Compens .etter of particu	entation of incom or tribal tax ret ement/pension sta sation statement ipation in Genera r official docume	urn, a Social Se tement of benifi of benifits, fed l Assistance, a	curity states ts, and Unem leral or trib	nent of ployment / al notice
tate, federal, contrast, a reire Norkmen's Compens Letter of particul Support, or other 2004 Es	or tribal tax ret ement/pension sta sation statement ipation in Genera	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H	curity state ts, and Unem leral or trib devorce decr lousehold at	nent of ployment / al notice
state, federal, control benifits, a reire Norkmen's Compens Letter of particul support, or other 2004 Es or be	or tribal tax ret ement/pension sta sation statement upation in Genera r official docume stimated Income R low 135% of the F	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty	curity state ts, and Unem eral or trib devorce decr cousehold at Guidelines	nent of ployment / al notice
tate, federal, contrast, a reire forkmen's Compens etter of particular support, or other 2004 Es or be	or tribal tax ret ement/pension sta sation statement lpation in Genera r official docume stimated Income R low 135% of the F + + + + + + + +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty	curity states ts, and Unem leral or trib devorce decr lousehold at Guidelines + + + +	nent of ployment / al notice
state, federal, contraints, a reire Morkmen's Compens letter of particul support, or other 2004 Es or be + + + +	or tribal tax ret ement/pension sta sation statement lipation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H cderal Proverty + + + + + + + 135% OF THE FEDE POVERTY GUIDELI	curity states ts, and Unem eral or trib devorce decr cousehold at Guidelines + + + + RAL + NES +	nent of ployment / al notice
tate, federal, c enifits, a reire orkmen's Compens etter of partici- upport, or other 2004 Es or be + + + + +	or tribal tax ret ement/pension sta sation statement ipation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H cderal Proverty + + + + + + + 135% OF THE FEDE POVERTY GUIDELI	curity states ts, and Unem eral or trib devorce decr cousehold at Guidelines + + + + CRAL + NES + - + + +	nent of ployment / al notice
<pre>tate, federal, c enifits, a reire orkmen's Compens etter of partici- upport, or other 2004 Es or be + + + + + + +</pre>	or tribal tax ret ament/pension sta sation statement ipation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + + + +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty + + + + + + + + 135% OF THE FEDE POVERTY GUIDELI + + + + + + + +	curity states ts, and Unem leral or trib devorce decr lousehold at Guidelines + + + + RAL + NES + - + + + +	nent of ployment / al notice
tate, federal, contrast, a reire containts, a reire corkmen's Compens to particular support, or other 2004 Es or be + + + + + + + + +	or tribal tax ret ement/pension sta sation statement ipation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + + + 1 +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty + + + + + + + + 135% OF THE FEDE POVERTY GUIDELI + + + + + + + + \$12,569	curity states ts, and Unem leral or trib devorce decr cousehold at Guidelines + + + + NES + - + + + + +	nent of ployment / al notice
tate, federal, c enifits, a reire orkmen's Compens etter of particu upport, or other 2004 Es or be + + + + + + + + + +	or tribal tax ret ement/pension sta sation statement ipation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + + + 1 + 2 +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty + + + + + + + 135% OF THE FEDE POVERTY GUIDELI + + + + + + + + \$12,559 \$16,862	curity states ts, and Unem leral or trib devorce decr cousehold at Guidelines + + + + RAL + NES + - + + + + + +	nent of ployment / al notice
<pre>tate, federal, c enifits, a reire orkmen's Compens etter of partici- upport, or other 2004 Es or be + + - + + + + + + + + + + + + + + + + +</pre>	or tribal tax ret ement/pension sta sation statement ipation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + + + 1 + 2 + 3 +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty + + + + + + + 135% OF THE FEDE POVERTY GUIDELI + + + + + + + + \$12,559 \$16,862 \$21,741	curity states ts, and Unem leral or trib devorce decr lousehold at Guidelines + + + + RAL + NES + + + + + + + + +	nent of ployment / al notice
tate, federal, c enifits, a reire lorkmen's Compens etter of particl support, or other 2004 Es or be + + - + + + + + + + + + + + +	or tribal tax ret ement/pension sta sation statement lpation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + + + 1 + 2 + 3 + 4 +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty + + + + + + + 135% OF THE FEDE POVERTY GUIDELI + + + + + + + + \$12,559 \$16,862 \$21,741 \$25,448	curity states ts, and Unem leral or trib devorce decr cousehold at Guidelines + + + + RAL + NES + - + + + + + +	nent of ployment / al notice
tate, federal, or enifits, a reire forkmen's Compens etter of partici- upport, or other 2004 Es or be + + + + + + + + + + + + + + + + + + +	or tribal tax ret ement/pension sta sation statement lpation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + + + 1 + 2 + 3 + 4 + 5 +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty + + + + + + + 135% OF THE FEDE POVERTY GUIDELI + + + + + + + + \$12,569 \$16,862 \$21,741 \$25,448 \$29,741	curity states ts, and Unem leral or trib devorce decr cousehold at Guidelines + + + + RAL + NES + - + + + + + + + + + +	nent of ployment / al notice
tate, federal, c enifits, a reire orkmen's Compens etter of partici- upport, or other 2004 Es or be + + - + + + + + + + + + + + +	or tribal tax ret ement/pension sta sation statement lpation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + + 1 + 2 + 3 + 4 + 5 +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty + + + + + + + + 135% OF THE FEDE POVERTY GUIDELI + + + + + + + + \$12,569 \$16,862 \$21,741 \$25,448 \$29,741 \$34,034	curity states ts, and Unem leral or trib devorce decr cousehold at Guidelines + + + + RAL + NES + + + + + + + + + + + + + + + + + + +	nent of ployment / al notice
<pre>tate, federal, c enifits, a reire orkmen's Compens etter of partici- upport, or other 2004 Es or be + + + + + + + + + + + + + + + + + + +</pre>	or tribal tax ret ement/pension sta sation statement ipation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + + + 1 + 2 + 3 + 4 + 5 + 6 +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty + + + + + + + + 135% OF THE FEDE POVERTY GUIDELI + + + + + + + + \$12,569 \$16,862 \$21,741 \$25,448 \$29,741 \$34,034 \$38,327	curity states ts, and Unem leral or trib devorce decr lousehold at Guidelines + + + + SRAL + NES + + + + + + + + + + + + + + + + + +	nent of ployment / al notice
tate, federal, contrast, a reire enifits, a reire lorkmen's Compens etter of particular support, or other 2004 Es or be + + - + + + + + + + + + + + + +	or tribal tax ret ement/pension sta sation statement upation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + + + 1 + 2 + 3 + 4 + 5 + 6 + 7 + 8 +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty + + + + + + + + 135% OF THE FEDE POVERTY GUIDELI + + + + + + + + \$12,569 \$16,862 \$21,741 \$25,448 \$29,741 \$34,034	curity states ts, and Unem leral or trib devorce decr cousehold at Guidelines + + + + NES + + + + + + + + + + + + + + + + + + +	nent of ployment / al notice
tate, federal, contrast, a reire penifits, a reire Norkmen's Compens etter of particular support, or other 2004 Es or be + + - + + + + + + + + + + + + +	or tribal tax ret ement/pension sta sation statement ipation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + + + 1 + 2 + 3 + 4 + 5 + 6 + 7 +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty + + + + + + + + 135% OF THE FEDE POVERTY GUIDELI + + + + + + + + \$12,569 \$16,862 \$21,741 \$25,448 \$29,741 \$34,034 \$38,327	curity states ts, and Unem leral or trib devorce decr cousehold at Guidelines + + + + NES + + + + + + + + + + + + + + + + + + +	nent of ployment / al notice
tate, federal, contrast, a reire penifits, a reire Norkmen's Compens etter of particly support, or other 2004 Es or be + + - + + + + + + + + + + + + +	or tribal tax ret ement/pension sta sation statement lpation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + + + 1 + 2 + 3 + 4 + 5 + 6 + 7 + 8 + or each add'1 +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty + + + + + + + + 135% OF THE FEDE POVERTY GUIDELI + + + + + + + + \$12,569 \$16,862 \$21,741 \$25,448 \$29,741 \$34,034 \$38,327 \$42,620	curity states ts, and Unem leral or trib devorce decr cousehold at Guidelines + + + + RAL + NES + + + + + + + + + + + + + + + + + + +	nent of ployment / al notice
tate, federal, co penifits, a reire forkmen's Compens support, or other 2004 Es or be + + - + + + + + + + + + + + + + + + + +	or tribal tax ret ement/pension sta sation statement ipation in Genera r official docume stimated Income R low 135% of the F + + + + + + + + + SIZE OF + FAMILY UNIT + + + + + + + + + + 1 + 2 + 3 + 4 + 5 + 6 + 7 + 8 + or each add'1 + erson, add +	urn, a Social Se tement of benifi of benifits, fed l Assistance, a nt. equirement for H ederal Proverty + + + + + + + + 135% OF THE FEDE POVERTY GUIDELI + + + + + + + + \$12,569 \$16,862 \$21,741 \$25,448 \$29,741 \$34,034 \$38,327 \$42,620 \$4,293 + + + + + + + 4	curity states ts, and Unem leral or trib devorce decr cousehold at Guidelines + + + + NES + + + + + + + + + + + + + + + + + + +	nent of ployment / al notice

.

676-2310 0100366	SPECIAL MESSAGES	MAY05	PG 4/6
		2005	
	E & LINK-UP ASSISTANCE APPL	TCATION	
	a c bink of uppidimen with	10/11/00	
on the basic sevio	ligible subscribers with a ce portion of the telephone gible subscribers with redu	bill.	
	-		
Print Name	(First)		<u>.</u>
(Last)	(First)	(Middl	e)
Print Address			
	(Street)		
Print			
Print(City)	(State)	(Zip code)	
	ice must be in the applican	ts name	
Hore, rerebucue perv.	Tee were be the one abbitcan	ss nume.	
PLEASE ANSWER THE FOR	LLOWING QUESTIONS (CHECK AP	PROPRIATE LINE	S)
1. I am appling for	r;Lifeline monthly tel	ephone service	discount
I. I am appring no.	Link-Up telephone co	nnection charg	e discount
	participating in the follow		
Food Stamps	g. Title XIX/medical, Stat	e Supprementar	ASSIStance}
Supplementa	1 Security Income (SSI)		
Federal Pub	lic Housing Assistance		
Low-Income	Home Energy Assistance		
	ssistance for Needy Familie		
National Sc.	hool Lunch (NSL) free lunch	program	
	d income is at or below 135 (Documentation Required)	% of the Feder	al Poverty
	LTY OF PERJURY THE ABOVE IN on this application and un		
	to recieve Lifeline and/or		
	line. I also agree to notif		
	no longer participate in a		
	ograms or my Household inco	me is no longe:	r at or belo
135% of the Federal	Foverty Guidelines.	<i>b</i>	
Telephone number you	can be reached or recieve	message	
Talenhone Number (if	existing Service)	i i	
Terebuoue Mammat (TT	existing bervice/		· · · · · · · · · · · · · · · · · · ·
		4.5	
Vaun Cimatura		int Constant Services	
Your Signature	Soc	ial Security N	umper
1		•	

.

. .

:

	676-2310 0100366 SPECIAL MESSAGES FEB05 PG 7/8
	2005
	LIFELINE & LINK-UP ASSISTANCE APPLICATION
•.	Lifeline proviides eligible subscribers with a credit of \$8.25 each month on the basic sevice portion of the telephone bill. Link-Up provides eligible subscribers with reduced connection charges.
	Print Name
	(Last) (First) (Middle)
	Print Address
	(Street)
	Print
	(City) (State) (Zip code)
. .	Telephone Number you can be reached or recieve message
	PLEASE ANSWER THE FOLLOWING QUESTIONS (CHECK APPROPRIATE LINES)
	1. I am appling for;Lifeline monthly telephone service discount Link-Up telephone connection charge discount
· • .	2. I am currently participating in the following program(s) Medicaid(e. g. Title XIX/medical, State Supplemental Assistance) Food Stamps
	Supplemental Security Income (SSI)
	Federal Public Housing Assistance Low-Income Home Energy Assistance
	Temporary Assistance for Needy Families (TANF)
	National School Lunch (NSL) free lunch program
· .	3 My household income is at or below 135% of the Federal Poverty Guidelines. (Documentation Required)
1	I CERTIFY UNDER PENALTY OF PERJURY THE ABOVE INFORMATION IS TRUE. I have
	read the information on this application and understand I must meet the
•	above qualifications to recieve Lifeline and/or Link-Up assistance on my primary residential line. I also agree to notify Stockholm Strandburg
	Telephone Co. when I no longer participate in any of the above qualifying Public Assistance Programs or my Household income is no longer at or below
	135% of the Federal Poverty Guidelines.
	Note; Telephone Service must be in the applicants name.
	Telephone Number (if existing Service)
	Your Signature Social Security Number
	Date

.

76-2310 0100366	SPECIAL MESSAGES	NOV04	PG 4/4
· ·		2004	<u> </u>
LIFELI	NE & LINK-UP ASSISTANCE APPLI (Please Print)	CATION	
Name(Last)	(First)	(Middle)	
Address(Street)		
(City)	(State) (Zig)	
Celephone Number (i	f existing service)		
Number you can be r	eached or recieve message		
PLEASE ANSWER THE F	OLLOWING QUESTIONS (CHECK AP)	PROPRIATE LINE	S)
1. I am appling fo	r: Lifeline monthly to Link-up telephone of	elephone servi	ce discouni rge discou
NOTE: Telephone	service MUST be in applicant	ts name.	
that apply Medicaid(Food Stam Supplemen Federal F	participating in the following e.g. Title XIX/medical, Stat ps tal Sercurity Income (SSI) uplic Housing Assistance we Home Energy Assistace		
I agree to notify S participate in any	tockholm Strandburg Telephon of the above qualifying Publ	e Co. when I n ic Assistance	o longer Programs.
read the informatio	alty of perjury the above in on on this application and un is to receive Lifeline and/or . line.	derstand I mus	t meet the
Your Signature	Social Se	curity Number	****
Date			
· .			

÷

.

676-2310 0100366	SPECIAL MESSAGES	NOV04	PG 3/4
	· · · · · · · · · · · · · · · · · · ·		

You should not be billed for Pay-Per-Call services not offered in compliance with Federal laws and regulations. The enclosed consumer rights are provided under the Federal Telephone Disclosure and Dispute Resolution Act. If you orally communicate an allegation of a billing error via the toll free number on the 900 bill page, it will be considered sufficient notification of a billing error.

For 900 billing disputes or inquires, a number will appear with the call detail on your phone bill. You have 60 days from the date of the bill to dispute a 900 billing error. You have the right to withhold payment of the disputed 900 charges during the billing error review. No collection activity for disputed 900 charges will occur while the charges are under investigation. After investigation, if it is determined that the 900 charges are legitimate, the long distance carrier or the information provider may proceed with outside collections against your account for non-payment of these charges. Your local and long distance services cannot be disconnected for non-payment of 900 charges. Failure to pay legitimate 900 charges may result in involuntary blocking of access to 900 services. voluntary blocking of access to 900 service is available upon request from you local exchange carrier.

Stockholm Strandburg Telephone Company blocks all 900 calling unless you request in writing that you wish to be able to make 900 calls.

	· ·	
	676-2310 0100366 SPECIAL MESSAGES MAY05 PG 6/6	
	SELF-CERTIFICATION FOR LIFELINE/LINK-UP APPLICANTS QUALIFYING UNDER INCOME-BASED CRITERION	
	I,, certify under penalty of perjury that I	•
	qualify for Lifeline/Link-Up assistance based on my household income that	
	is at or below 135% of the Federal Poverty Guidelines. I further certify	
	under the penalty of perjurythat there are members in my household	
	and that the supporting income documentation presented to Stockholm	
	Strandburg Telephone Co. accurately represents the annual income of all	
	members of my household.	
•	benifits, a reirement/pension statement of benifits, and Unemployment / Workmen's Compensation statement of benifits, federal or tribal notice letter of participation in General Assistance, a devorce decree, child support, or other official document.	
	2004 Estimated Income Requirement for Household at or below 135% of the Federal Proverty Guidelines	. · · · .
·.	+ + + + + + + + + + + + + + + + + + +	
	. + + +	
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	
• • • •	+ 3 + \$21,741 +	
	+ 4 + \$25,448 + + 5 + \$29,741 +	
	+ 6 + \$34,034 +	
	+ 7 + \$38,327 + + 8 + \$42,620 · +	
	+ For each add'l + +	
	+ person, add + \$ 4,293 +	
	+ + + + + + + + + + + + + + + + + + + +	
	+ + + + + + + + + + + + + + + + + + +	
·		
·		

NOTICE

TO ALL STOCKHOLM-STRANDBURG TELEPHONE COMPANY CUSTOMERS

Recent changes brought about by the federal Telecommunications Act of 1996 have resulted in the introduction of new low-income assistance programs in South Dakota. Details regarding the Lifeline and Link Up program are included below. WHO IS ELIGBILE?

Subscribers must participate in at least one of the following public assistance programs to be eligible:

- Medicaid
- Supplemental Security Income (SSI)
- Food Stamps
- Federal Housing Assistance
- Low Income Home Energy Assistance Program
- Or,
- My household income is at or below 135 percent of the Federal Poverty Guidelines. (documentation required)

WHAT DO THE PROGRAMS PROVIDE?

Lifeline provides eligible subscribers with a credit of \$8.25 each month on the basic service portion of the telephone bill. The credit applies on the main home telephone line listed in the name of the eligible telephone company subscribers. Lifeline subscribers also may receive blocking of long distance calling on their telephone line at no charge

Link Up provides eligible subscribers with reduced connection charges for their basic home telephone service. This reduction is 50 per cent of applicable charges or \$30.00, whichever is less. Link Up also provides for deferred payment of connection charges without interest. It does not cover the cost of wiring inside the home and is limited to one time per home address per subscriber. HOW DO I APPLY?

If you meet the eligibility requirements, <u>completely fill out and sign</u> the application form provided below and mail it to: Stockholm-Strandburg Telephone Company; PO Box 20; Stockholm SD 57264.

COULD I BECOME INELIGIBLE?

When you are no longer eligible to participate in any of the above assistance programs, you are no longer eligible for Lifeline or Link Up. You are obligated by law to notify Stockholm-Strandburg Telephone Company and advise the company that you are no longer eligible for Lifeline or Link Up.

FOR MORE INFORMATION

If you have any questions about Lifeline or Link Up, the application form or your telephone Service, contact Stockholm-Strandburg Telephone Company at (605) 676-2311 or 611 for Revillo and South Shore customers.

LIFELINE/LINK UP ASSISTANCE APPLICATION

Name					
Last	First		MI		
Address					
Street	Apt No.	City	State	Zip Code	
Number where you can be	e reached or receive me	ssages ()			
	ing questions (check app Lifeline monthly tele Link Up telephone co Telephone Service M	ephone service d onnection charge	e discount		
	•	gram(s): Check a	all that apply	Low Income Housing Energy Temp Assist for Needy Famil: National School Lunch(NSL)	ies(TANF)
	d income is at or below	135 percent of	the Federal Pov	erty Guidelines (documentation Re	quierd)

I agree to notify Stockholm-Strandburg Telephone Company when I no longer participate in any of the above qualifying public assistance programs.

I CERTIFY UNDER PENALTY OF PERJURY THE ABOVE INFORMATION IS TRUE. I have read the information on this application and understand I must meet the above qualifications to receive either program on my primary residential line.

Temp Assist. for Needy Families (TANF) Program National School Lunch(NSL) free lunch program