

**SOUTH DAKOTA PUBLIC UTILITIES COMMISSION  
LIFELINE/LINK UP ADVERTISING/OUTREACH  
ANNUAL REPORT  
JUNE 1, 2015**

Company: James Valley Cooperative Telephone Company

Address: 235 E 1st Avenue

Groton, SD 57445

Telephone number: 605-397-2323

Company contact: Stacy Oliver

Study Area Code: 391664

Lifeline/Link Up Advertising/Outreach Activities:

  x   Advertise in media of general distribution.\* (See attached advertisement(s).)

  x   Letter to existing and new customers regarding the availability of Lifeline/Link Up.\* (See attached letter.)

  x   Company's Lifeline/Link Up information in directory.

  x   Company's Lifeline/Link Up information available on Company website. (www.jamesvalley.com)

  x   Company's information posted on USAC website.

       Other (describe): \_\_\_\_\_

\*Required

**Ad in James Valley area newspapers**

## **Yes, You Can Afford Telephone Service, and JVT Can Show You How!**

Federal and state lawmakers believe that every person in America should have access to quality, affordable telecommunications service. In fact, they've created a system to do just that.

If you participate in programs such as food stamps, Medicaid, the national school free-lunch program, Section 8 housing or supplemental security income or if your household income is below a certain threshold level, you may qualify for a discount on your telephone bill.

**This "universal service" support includes:**

Lifeline assistance that provides discounts for basic monthly telephone service. Toll Limitation Service that allows you to control your long distance charges.

**For more information:  
397-2323  
1-800-556-6525**

**JAMES  
VALLEY**  
\* TELECOMMUNICATIONS \*

**James Valley newsletter notice  
Mailed to all customers April 2015**

**Cell and Home Phone Assistance**

If you cannot afford cell phone service, and qualify for the program, Lifeline may be able to help you pay for part of your monthly cell phone costs.

Participants can save up to \$9.25 on their monthly cell phone bill for basic local service. The discount applies only to basic cell phone service listed in the name of the eligible participant.

Call Customer Service at 611 for more information.

If you cannot afford home phone service, and qualify for the program, Lifeline may be able to help you pay for part of your monthly home phone costs.

Participants can save up to \$9.25 on their monthly home phone bill for basic local service. The discount applies only to basic local phone service where eligible participant resides.

Call Customer Service at 611 for more information.



## Lifeline Assistance Application and Certification Form

Company Name: **James Valley Cooperative Telephone Company**  
SPIN: 143002236

*(Please Print or Type)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Residential Address *(Do not use a P.O. Box address):*

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is your residential address a permanent address? Yes \_\_\_\_\_ No \_\_\_\_\_

Billing Address *(If different from residential*

*address):* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ *(If you are a member of a Tribal nation and do not have a social security number, you may provide your Tribal identification number.)*

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

Telephone Number: \_\_\_\_\_ *(if existing service)*

Telephone number where you can be reached or receive messages: \_\_\_\_\_

Are you currently receiving Lifeline assistance through any other telephone provider? Yes \_\_\_\_\_ No \_\_\_\_\_

I am applying for: \_\_\_\_\_ Lifeline (\$9.25/monthly service discount for Landline Phone)  
\_\_\_\_\_ Toll Limitation Service (free toll blocking or toll control)

02/2015

**Please check all that apply and provide documentation to prove eligibility.**

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

- \_\_\_\_\_ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)
- \_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Federal Public Housing Assistance (Section 8)
- \_\_\_\_\_ Low-Income Energy Home Assistance Program (LIHEAP)
- \_\_\_\_\_ Temporary Assistance for Needy Families (TANF)
- \_\_\_\_\_ National School Lunch Program's Free Lunch Program
- \_\_\_\_\_ OR My household income is at or below 135% of the Federal Poverty Guidelines. The number of individuals in my household is: \_\_\_\_\_.

*If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below).*

2015 Federal Poverty Guidelines – 135%

Household Size	Household Size
1 \$15,889	5 \$38,353
2 \$21,505	6 \$43,969
3 \$27,121	7 \$49,585
4 \$32,737	8 \$55,201

For each additional person after 8, add \$5,616 to the annual guideline.

Source: Federal Register, Vol. 80, No. 14, January 22, 2015, pp. 3236-3237

## Important Information

You will be required to provide documentation of eligibility. Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.

Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

I give JVT permission to release to the Universal Service Administration Company (USAC) or its agent any records required to confirm that my household receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies and I will have to select one service and I will be de-enrolled from the other.

Initial here \_\_\_\_\_

### **I certify, under penalty of perjury, that:**

- (1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 54.409. I have provided documentation of eligibility if required to do so;
- (2) I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- (3) If I move to a new address, I will provide that new address to the telephone company within 30 days;
- (4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- (5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- (6) The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.

(7) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. § 54.405(e)(4);

(8) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and

(9) The information contained in this application and certification form is true and correct to the best of my knowledge.

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Signature

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Date

*Provide the completed application and certification form to your phone company. Your telephone company will contact you for any additional information needed to prove eligibility.*

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

**Please return this application and all documentation to:**

James Valley Telecommunications  
PO Box 260 - 235 E 1st Ave · Groton, SD 57445  
605-397-2323 or 1-800-556-6525

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**Office Use Only**

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Employee Signature

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Date

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Form(s) used to determine eligibility