

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

Company: Jefferson Telephone Company\_\_

Address: PO Box 128\_\_\_\_\_  
Jefferson, SD 57038\_\_\_\_\_  
\_\_\_\_\_

Telephone number: 712-271-5570\_\_\_\_\_

Company contact: Nicole Kroll\_\_\_\_\_

Study Area Code: 391666\_\_\_\_\_

Lifeline/Tribal Link Up Advertising/Outreach Activities:

- Advertise in media of general distribution.\* (See attached advertisement(s).)
- Letter to existing and new customers regarding the availability of Lifeline/ Tribal Link Up.\* (See attached letter.)
- Company's Lifeline/Tribal Link Up information in directory.
- Company's Lifeline/Tribal Link Up information available on Company website. ([www.longlines.com](http://www.longlines.com))
- Company's information posted on USAC website.
- Other (describe): \_\_\_\_\_

NOTE: Jefferson Telephone is a subsidiary of Long Lines LLC, so all notifications regarding Lifeline refer to Long Lines customers.

\*Required



# LIFELINE ASSISTANCE APPLICATION

Please Print:

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

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

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

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

Social Security Number: \_\_\_\_\_

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

Please include  
(Area code + 7 digit number)

Can be Reached Number (if new service): \_\_\_\_\_

\*Telephone service MUST be in applicant's name.

I qualify for Lifeline assistance because (check all that apply):

- I participate in Medicaid.
- I participate in the Food Stamps program.
- I receive Supplemental Security Income (SSI).
- I receive Federal Public Housing Assistance.
- I receive Low Income Housing Energy Assistance.
- I participate in the Temporary Aid to Needy Families (TANF) program.
- I participate in the National School Lunch (NSL) free lunch program.
- My household income is at or below 135% of the Federal Poverty Guidelines.  
(documentation required)

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

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

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I understand that I must meet at least one of the above qualifications to receive Lifeline assistance on my primary residential telephone line.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail completed forms to:  
Long Lines, PO Box 67, Sergeant Bluff, IA 51054  
or drop off at any Long Lines Retail Store



501 4<sup>th</sup> Street  
Sergeant Bluff, IA 51054  
712.271.4000 • Fax 712.271.2727  
www.LongLines.com

### Lifeline Household Worksheet

Lifeline Program support is a federal benefit that provides a monthly discount on home phone (i.e., landline phone) or cell phone service. **Only one Lifeline Program-supported service per household** is allowed under Federal law. Answer the questions on the following page to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit.

**Providing false information on this form may result in losing your Lifeline Program-supported service and possible criminal penalties.**

Your household is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form, pre-populated with his/her name, address and telephone number.

If you **DO NOT** share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you **MUST STILL** sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.

If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone service, your household is receiving more than one Lifeline Program benefit. If so, you **MUST** take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, **AND ONLY THAT PERSON** will fill out the form **IN FULL** and return it to his or her telephone service provider within 30 of days of the date of this communication. The telephone number listed on this form will be the number which will retain the Lifeline Program benefit.

**If the PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED a household worksheet to their service provider, then NO FURTHER ACTION IS NECESSARY. (The person named below does not need to sign and send this form to their ETC).**

**After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will NO LONGER have a Lifeline Program benefit.**

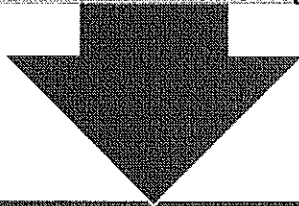
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. City State Zip

1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted phone service? (check no. if you do not have a husband, wife, or domestic partner)

No. Please answer question 2 below.

Yes. Please discuss which of ONE you (either you, your husband, wife, or domestic partner) will keep the Lifeline Program benefit. If **YOU** are the person who will keep the Lifeline Program benefit, check **OPTION B at the bottom and sign this Form.** If you are not keeping your Lifeline Program benefit, **DO NOT sign this form.**



2. Does another adult (age 18 or older, or emancipated minor) live with AND have a Lifeline Program-discounted phone service? (for example, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparents, grandchild, etc.), a roommate of another person)

No. You are **ELIGIBLE** for the Lifeline Program because no one in your household has a Lifeline Program benefit. Please check **OPTION A below and SIGN THIS FORM.**

YES. Please answer question 3 below.



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

No. You are **ELIGIBLE** for the Lifeline Program because no one in your household has a Lifeline Program benefit. Please check **OPTION C below and SIGN THIS FORM.**

Yes. Please discuss which of ONE you will keep the Lifeline Program benefit. If **YOU** are the person who will keep the Lifeline Program benefit, check **OPTION B at the bottom and sign this form.** If you are not keeping your Lifeline Program benefit, **DO NOT sign this form.**

Please check the box below for the one that applies to you:

OPTION A. [  ] No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.

OPTION B. [  ] There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form, I will be the only member of this household to continue to receive a Lifeline Program benefit.

OPTION C. [  ] There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me, therefore since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

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



## PUBLIC NOTICE

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

Basic residential service is available as a Lifeline service. Lifeline is a government benefit program which provides a monthly credit toward a qualified low-income subscriber's telephone bill. Only eligible low-income consumers may enroll in the Lifeline program. Consumers who meet eligibility criteria must also complete documentation necessary for enrollment. Lifeline assistance is non-transferable, and eligible subscribers may receive assistance from only one wireline or wireless telecommunications provider per household. Consumers who willfully make false statements in order to obtain Lifeline benefits can be punished by fine or imprisonment or can be barred from the program. If you have any questions regarding the company's services or you want to apply for Lifeline telephone assistance, application forms can be obtained from Long Lines at 501 4th St., Sergeant Bluff, IA. 1.866.901.5664. LongLines.com



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