



### 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.

### You may need to show other documents

You will need to show your phone or internet company an official document from one of the government qualifying programs or prove your annual income. Please provide 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 program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
- 2. If you qualify through your income: copies of your state ID card and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit lifelinesupport.org to see the full list of accepted documents.

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

### Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6.

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

enTouch Wireless PO Box 37 Hiawatha, IA 52233





### 2. Your Information

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

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### 2. Your Information (continued)

\*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.

Street Numbe	r and Name					<u> </u>						
Apt., Unit, etc		Ci	ty									
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### 2. Your Information (continued)

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

What is their full legal name?	
irst	
iddle (optional)	Suffix (optional)
ast	
What is their date of birth?	
Month Day Year	
What are the last 4 numbers of their Social Security Number (SSN)?	
they do not have a SSN, what is their Tribal Identification Number?	





### 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:

Supplei	mental Nutrition Assistance Program (SNAP) (Food Stamps)
Supplei	mental Security Income (SSI)
Medicai	id
Federal	Public Housing Assistance (FPHA)
Veteran	s Pension or Survivors Benefit Programs
ribal Specif	ic Programs
	Bureau of Indian Affairs (BIA) General Assistance
	Tribal Temporary Assistance for Needy Families (Tribal TANF)
	Food Distribution Program on Indian Reservations (FDPIR)

#### 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)	Is your income the state and househol (only check yes or no next to	d size?		ount listed fo	or your
	All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii		
1	\$16,862	\$21,060	\$19,413	Yes	No
_ 2	\$22,829	\$28,526	\$26,271	Yes	No
3	\$28,796	\$35,991	\$33,129	Yes	No
4	\$34,763	\$43,457	\$39,987	Yes	No
5	\$40,730	\$50,922	\$46,845	Yes	No
6	\$46,697	\$58,388	\$53,703	Yes	No
7	\$52,664	\$65,853	\$60,561	Yes	No
8	\$58,631	\$73,319	\$67,419	Yes	No
If more than 8, add this amount for each extra person:	Add \$5,967	Add \$7,466	Add \$6,858	Yes	No
135% of the 2019 Federal Poverty Guide *The Federal Poverty Guidelines are typic		nuary.			



I (or my dependent or other person in my household) currently get benefits from the government



# 4. Agreement

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

You must initial next to each statement.

Signati	ure Today's Date
	I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.
	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.
L. Miles	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.
	All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.
	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.
	know that my household can only get one Lifeline benefit and, to the best of my knowledge, my nousehold is not getting more than one Lifeline benefit.
	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).
	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
Initial	I agree that if I move I will give my service provider my new address within 30 days.
	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).

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.





### 5. Agent Information

Answer only if a sales person submits this form.

First																		
Middle (op	tional)													l	Suffix	(optio	onal)	
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#### 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-PERM, 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.

### enTouch Lifeline Program Application Form



### Agreement

initial all grey boxes to complete application		
Activation and usage requirement disclosures: This service is a prepaid service keep your account active, you must use your Lifeline service at least once during using your mobile broadband connection, purchasing additional minutes or date enTouch Wireless, or by responding to a direct contact from enTouch Wireless. If your service goes unused for 30 days, you will no longer be eligible for calls to enTouch Wireless's customer care center) subject to a 15-day cure period. Wireless to confirm that you want to continue receiving Lifeline service from enTouch.	ing any 30-day period by completing an outbit ta from enTouch Wireless, answering an in-be s confirming that you want to continue recei or Lifeline benefits and your service will be sus d during which you may use the service (as de	ound call, sending a text message, ound call from someone other than iving Lifeline service from enTouch pended (allowing only 911 calls and
Authorizations:  (init) I hereby authorize enTouch Wireless to access any records required to verify also authorize enTouch Wireless to release any records required for the administrative of the Universal Service Administrative enTouch Wireless, to be used in a Lifeline to consent will result in denial of service.	ration of the Lifeline program (name, telephone qualification for support, and dates of service	number, address, date of birth, last initiation and termination), including
(init) I understand I have the right to enroll in the Lifeline service using non-electr at any time prior to activation of my service. enTouch Wireless has advised me the from my wireless handset.		
(init) I hereby authorize enTouch Wireless to send text messages to my enTouch by enTouch Wireless will not decrement my available wireless minutes or texts. So other than enTouch Wireless.		
(init) I acknowledge that I am providing the information I have included in this a information for enrollment verification and waste, fraud and abuse mitigation penrollment information for enrollment verification and waste, fraud and abuse mitigation.	purposes. Additionally, I authorize CGM to re	
(init) If enTouch Wireless finds that I am already receiving a Lifeline discount benefitom that Lifeline provider to enTouch Wireless. I understand that once the transfer from which I am currently receiving a Lifeline discount. enTouch Wireless has explain with the same or different providers.  If you self-certified as a resident of Tribal Lands on Page 3 of this	r is complete, I will lose my Lifeline Program be ained to me and I understand that I may not hav	enefit with any other Lifeline provider ve multiple Lifeline Program benefits
Tribal Lands you reside on?		
Apply	Mail this form with copies of your identity and eligibility documents	
To apply for a Lifeline benefit, fill out every section of this form, initial every agreement statement, and sign all necessary pages.	enTouch Wireless PO Box 37 Hiawatha, IA 52233	
By my signature immediately below, I hereby certify, under penalty of perjury, that the information	on included in this certification form is true and	correct to the best of my knowledge.
Applicant's Signature	ļ.	Date
Last 4 of Social Security #		

<sup>\*</sup> 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 from 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.

### enTouch Lifeline Program **Application Form**



### **Available Plans**

\* Must apply and qualify for Lifeline to receive discount.

Policy. See Terms of Service at www. enTouchWireless.com/terms-of-service for additional information.

† The Tribal Lifeline Plan is only available to those residing on federally recognized tribal lands and qualify for Lifeline will receive the Tribal Lifeline

### \*\* Subject to the Acceptable Use

#### enTouch offers many options for Lifeline customers. After you are approved for Lifeline sevice from enTouch Wireless, you will automatically be enrolled in the Lifeline Plan or Tribal Lifeline Plan<sup>7</sup>. You may enhance your Lifeline plan at any time at www.entouchwireless.com or by calling 1.866.488.8719. Below is a chart of all available plans with prices reflecting your Lifeline Discount®. \$5 and \$10 Data Top-Ups are also available.

Retail Price	Lifeline Plan*	\$20 Plan	\$30 Plan	Tribal Lifeline* †	\$50 Plan
Lifeline Discount® Price*	FREE	\$10	\$20	FREE	\$40
Talk**	1000 Minutes	Unlimited**	Unlimited**	Unlimited**	Unlimited**
Text**	Unlimited**	Unlimited**	Unlimited**	Unlimited**	Unlimited**
3G / 4G Data**	100 MB	1/2 GIG	1 GIG	1.5 GIG	4 GIG
Internet**	Unlimited**	Unlimited**	Unlimited**	Unlimited**	Unlimited**
Days	30	30	30	30	30
Rollover	No	No	No	No	No

### **Apply for** Lifeline

#### **Mail This Application**

Once the FCC and enTouch Wireless portions of the application are completed and signed, please mail the completed application, copy of your government-issued photo ID, and copy of your eligibility documents to enTouch Wireless.

#### **Eligibility and Indentification Documents**

You will need to provide a copy of your government-issued valid photo ID and a copy of an official document from one of the government qualifying programs or prove your annual income. Include the documents in option 1 or option 2 below:

- 1. If you qualify through a government program: copies of your government-issued photo ID and an official document from the program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
- 2. If you qualify through your income: copies of your government-issued photo ID and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit lifelinesupport.org to see the full list of accepted documents.

### Next **Steps**

#### **Processing**

enTouch Wireless will notify you when your application has been approved.

#### Using Your Lifeline Plan

After you are approved for Lifeline sevice from enTouch Wireless, you will automatically be enrolled in a Lifeline Plan. If you would like to enhance your Lifeline plan, you can apply your Lifeline Discount® towards any of our plans. \$5 and \$10 Data Top-Ups are also available. Visit www.entouchwireless.com or call us at 1.866.488.8719 for more details.

#### Questions?

If you have questions or want to check the status of your application, you may contact us:

1. Online: www.entouchwireless.com

2. Phone: 1.866.488.8719

3. Email: Support@enTouchWireless.com





### 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.





### Your Information

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

<b>What is you</b> The name you ւ	ise on o	fficial d	ocum	nents,	like y	our!	Socia	al Sec	urity (	Card	or St	ate II	D. No	t a ni	ickna	me.					
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What is your Street Number : Apt., Unit, etc.			ress		e addi	ress	wher	e you	will g	get se	ervice	e. Do	not u	ise a	P.O. E	30x)					



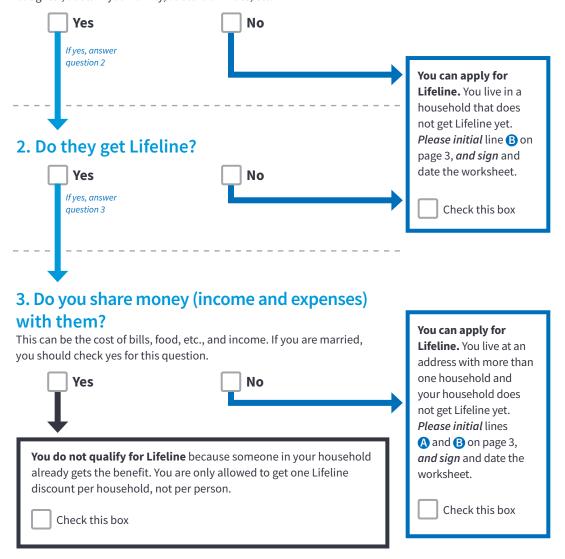


# Can you apply?

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.







### 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.

(FCC) rule and I will lose my Lifeline benefit if I break thi	
Signature	Today's Date

### Notice

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