

Lifeline Program Application Form



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 every section of this form, initial every agreement statement, and sign the last page.

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

enTouch Wireless
PO Box 37
Hiawatha, IA 52233

Lifeline Program Application Form



2. Your Information

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

What is your full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

--	--	--	--

First

--	--

Middle (optional) Suffix (optional)

--

Last

What is your phone number (if you have one)? **What is your date of birth?**

--	--	--	--	--	--	--	--	--

Month Day Year

What is your email address (if you have one)?

What are the last 4 numbers of your Social Security Number (SSN)?

If you do not have a SSN, what is your Tribal Identification Number?

--

What is the best way to reach you?

email
 phone
 text message
 mail

Lifeline Program Application Form



2. Your Information (continued)

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

Check if you are qualifying through a child or dependent in your household.
If so, answer the following questions:

What is their full legal name?

--	--	--	--

First

--	--

Middle (optional) Suffix (optional)

--

Last

What is their date of birth?

--	--	--

Month Day Year

What are the last 4 numbers of their Social Security Number (SSN)?

--	--	--	--

If they do not have a SSN, what is your Tribal Identification Number?

--	--	--	--

Lifeline Program Application Form



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:

Check all programs that you or someone in your household have:

- Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance (FPHA)
- Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

- Bureau of Indian Affairs (BIA) General Assistance
- Tribal Temporary Assistance for Needy Families (Tribal TANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- Tribal Head Start (only households that meet the income qualifying standard)

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 same or less than the amount listed for your state and household size? (only check yes or no next to your household size)				
	All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii	Yes	No
<input type="checkbox"/> 1	\$16,389	\$20,493	\$18,846	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2	\$22,221	\$27,783	\$25,555.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3	\$28,053	\$35,073	\$32,265	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4	\$33,885	\$42,363	\$38,974.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5	\$39,717	\$49,653	\$45,684	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6	\$45,549	\$56,943	\$52,393.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7	\$51,381	\$64,233	\$59,103	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8	\$57,213	\$71,523	\$65,812.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$5,832	Add \$7,290	Add \$6,709.50	<input type="checkbox"/>	<input type="checkbox"/>

135% of the 2018 Federal Poverty Guidelines
*The Federal Poverty Guidelines are typically updated at the end of January.

Lifeline Program Application Form



4. Agreement

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

You must initial next to each statement.

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

Initial I agree that if I move I will give my service provider my new address within 30 days.

Initial 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 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).

Initial I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

Initial 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.

Initial All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

Initial 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.

Initial 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.

Initial I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of 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.

Signature	Today's Date
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Lifeline Program Application Form



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 and you must personally activate it by dialing 611 from your Lifeline handset. *To keep your account active, you must use your Lifeline service at least once during any 30-day period by completing an outbound call, sending a text message, using your mobile broadband connection, purchasing additional minutes or data from enTouch Wireless, answering an in-bound call from someone other than enTouch Wireless, or by responding to a direct contact from enTouch Wireless confirming that you want to continue receiving Lifeline service from enTouch Wireless.* If your service goes unused for 30 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to enTouch Wireless's customer care center) subject to a 15-day cure period during which you may use the service (as described above) or contact enTouch Wireless to confirm that you want to continue receiving Lifeline service from enTouch Wireless.

Authorizations:

(init) I hereby authorize enTouch Wireless to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize enTouch Wireless to release any records required for the administration of the Lifeline program (name, telephone number, address, date of birth, last 4 digits of SSN or Tribal ID Number, amount of support being sought, means of qualification for support, and dates of service initiation and termination), including to the Universal Service Administrative enTouch Wireless, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

(init) I understand I have the right to enroll in the Lifeline service using non-electronic methods. I further understand that I have the right to withdraw this consent at any time prior to activation of my service. enTouch Wireless has advised me that I may request a paper copy of my contract and associated fees by calling 611 from my wireless handset.

(init) I hereby authorize enTouch Wireless to send text messages to my enTouch Wireless provided wireless number about my Lifeline benefit. Text messages sent by enTouch Wireless will not decrement my available wireless minutes or texts. Standard voice, data and text rates will apply to all messages to and from anyone other than enTouch Wireless.

(init) I acknowledge that I am providing the information I have included in this application to CGM, LLC and further authorize CGM, LLC to receive and use my information for enrollment verification and waste, fraud and abuse mitigation purposes. Additionally, I authorize CGM to receive and use my historic Lifeline enrollment information for enrollment verification and waste, fraud and abuse mitigation purposes.

(init) If enTouch Wireless finds that I am already receiving a Lifeline discount benefit from another provider, I agree that I want to transfer my Lifeline discount benefit from that Lifeline provider to enTouch Wireless. I understand that once the transfer is complete, I will lose my Lifeline Program benefit with any other Lifeline provider from which I am currently receiving a Lifeline discount. enTouch Wireless has explained to me and I understand that I may not have multiple Lifeline Program benefits with the same or different providers.

If you self-certified as a resident of Tribal Lands on Page 3 of this Lifeline Program Application Form, what is the name of the Tribal Lands you reside on?

Apply

To apply for a Lifeline benefit, fill out every section of this form, initial every agreement statement, and sign all necessary pages.

Mail this form with copies of your identity and eligibility documents to:

enTouch Wireless
PO Box 37
Hiawatha, IA 52233

By my signature immediately below, I hereby certify, under penalty of perjury, that the information included in this certification form is true and correct to the best of my knowledge.

Applicant's Signature **Date**

Social Security # - -

Authorization To Disclose Information form must be completed, (including full Social Security #) signed, and submitted with the Lifeline application.

* 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.

Available Plans

enTouch offers many options for Lifeline customers. After you are approved for Lifeline service from enTouch Wireless, you will automatically be enrolled in the Lifeline Plan or Tribal Lifeline Plan†. 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.

* Must apply and qualify for Lifeline to receive discount.

** Subject to the Acceptable Use 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 Plan.

Retail Price	Lifeline Plan*	\$20 Plan	\$30 Plan	Tribal Lifeline* †	\$50 Plan
Lifeline Discount® Price*	FREE	\$10	\$20	FREE	\$40
Talk**	750 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, Authorization to Disclose Information form, copy of your government-issued photo ID, and copy of your eligibility documents to enTouch Wireless. Both the application and Authorization to Disclose Information form must contain your **full social security number**.

Eligibility and Identification 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 service 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

**AUTHORIZATION TO DISCLOSE INFORMATION**

ND DEPARTMENT OF HUMAN SERVICES

LEGAL SERVICES

SFN 1059 (Rev. 05-2003)

PRIVACY STATEMENT: Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. The Department will not condition treatment on your agreement to authorize disclosure of your health information. The Department may, however, require that you authorize disclosure of your health information if needed to make a determination about your eligibility for benefits or enrollment in a Department health plan.

INSTRUCTIONS: Provide information as it existed when the service was provided.

Name of Client: (Last, First, Middle Initial)	Social Security Number:	Date of Birth:	
Street Address:	City:	State:	Zip Code:

CLIENT RELEASE AND SIGNATURE**1. I Hereby Authorize:**

Name of Person/Agency:
North Dakota Department of Human Services - 600 E Boulevard, Dept 325

Street Address: Medical Services, Field Services, or Economic Assist.	City: Bismarck	State: ND	Zip Code: 58508-0250
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2. To Release Information To:

Name of Person/Agency to Receive Information:
North Dakota Public Service Commission

Street Address: 600 E. Boulevard Ave, 12th Floor, Dept 408	City: Bismarck	State: ND	Zip Code: 58505-0480
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3. The Following Information Is Requested: (Be Specific)

Proof of my eligibility for the telephone lifeline program based on participation in one of the two federal assistance programs listed in the FCC's rules: Section 54.409 (a) (2) identified below as verifiable by the ND DHS (please check one):

Medicaid; or

Supplemental Nutrition Assistance Program.

4. The Information Identified Above Will Be Used For: (List Each Purpose)

Ensure eligibility for the lifeline program to assist in eliminating waste, fraud and abuse in the lifeline program

5. This Authorization to Disclose Information Remains in Effect Until: (Date)

December 31, 2018

OR: (Specific Event Terminating Operation of the Release)

Availability of FCC Lifeline Database to identify the same, whichever occurs first.

CLIENT CONSENT:

This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Refer to the Notice of Privacy Practices for further description of revocation rights. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.

Signature of Client:	Date:
Signature of Parent/Guardian or Custodian (if needed and Relationship):	Date:
Signature of Witness (if needed):	Date:

CHECK IF APPLICABLE - NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

NOTICE: Except for information subject to 42 CFR Part 2, information disclosed to another entity may potentially be redisclosed, in which case it may not be protected by state or federal law.

DISTRIBUTION: To agency/person from whom information is sought Client
 Requesting Agency Other

Lifeline Program

Household Worksheet



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.

Lifeline Program Household Worksheet



Your Information

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

What is your full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

--	--

First

--	--

Middle (optional) Suffix (optional)

--

Last

What is your home address? (The address where you will get service. Do not use a P.O. Box)

--

Street Number and Name

--	--

Apt., Unit, etc. City

--	--

State Zip Code

Lifeline Program Household Worksheet



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.

Yes

If yes, answer question 2

No

2. Do they get Lifeline?

Yes

If yes, answer question 3

No

3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

Yes

No

You can apply for Lifeline. You live in a household that does not get Lifeline yet. *Please initial* line **B** on page 3, *and sign* and date the worksheet.

Check this box

You can apply for Lifeline. You live at an address with more than one household and your household does not get Lifeline yet. *Please initial* lines **A** and **B** on page 3, *and sign* and date the worksheet.

Check this box

You do not qualify for Lifeline because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

Check this box

Lifeline Program Household Worksheet



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.

Initial

A I live at an address with more than one household.

Initial

B I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.

Signature

Today's Date

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.

Notice

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The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine your eligibility for Lifeline services. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

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.

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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.

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