



## 2017 Kansas Lifeline Program

Subscriber's Name: \_\_\_\_\_

Subscriber's Full Residential Address (No PO Boxes): \_\_\_\_\_

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

Permanent       Temporary

Subscriber's Lifeline Billing Address: \_\_\_\_\_

Check if same as Residential Address

Subscriber's Telephone Number: \_\_\_\_\_

Subscriber's Date of Birth: \_\_\_\_\_ Subscriber's last Four Digits of SS No.: \_\_\_\_\_  
MM / DD / YYYY

Select the service you would like your Lifeline benefit applied to:

Phone       Broadband

You are eligible to qualify for Lifeline if you receive any of the following:

Medicaid (KanCare), Supplemental Security Income (SSI), Veteran's Pension & Survivor Benefit, Section 8 Public Housing Assistance (FPHA), Supplemental Nutrition Assistance Program (SNAP), 135% of the federal poverty guidelines\*.

\*A consumer must provide **THREE CONSECUTIVE MONTHS** of statements as documentation of income, or provide a copy of their tax return for the previous year.

Current eligibility requirements are:

\*2016 Kansas Poverty Level Guidelines:

Number in Family	Maximum Annual Income
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
5	\$38,853
6	\$44,496
7	\$50,139
8	\$55,782
Each additional person	\$ 5,643

The Kansas Lifeline program is 135% of the 2017 Federal poverty level.

**Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.**

(See back of form)

# Kansas Lifeline Certification Form

When completed return form to:

**Twin Valley**  
**PO Box 515**  
**Clay Center, KS 67432**  
[tvinc@twinvalley.net](mailto:tvinc@twinvalley.net)  
**Phone: 800-515-3311**

This signed authorization is required in order to enroll you in the Lifeline program. This authorization is only for the purpose of verifying your participation in this program and will not be used for any other purpose.

1. Subscriber seeking to qualify for Lifeline under program-based criteria check all applicable below:

NOTE: A consumer must provide their award letter or program card as documentation they are enrolled in the program

FPHA (Public Housing Assistance Section 8)       Medicaid (KanCare)  
 SSI (Supplemental Security Income)       Veteran's Pension & Survivor Benefit  
 SNAP (Supplemental Nutrition Assistance Program)       %135 of federal poverty guidelines\*

2. Subscriber seeking to qualify for Lifeline under the income based criterion, provide the number of individuals in residential household \_\_\_\_\_  
Number in household

NOTE: A consumer must provide THREE CONSECUTIVE MONTHS of statements as documentation of income, or provide a copy of their tax return for the previous year.

## CERTIFY PROSPECTIVE SUBSCRIBER'S ELIGIBILITY

Each prospective subscriber must certify, under penalty of perjury for receiving Lifeline support, by initialing each line:

- \_\_\_\_: The subscriber meets the income-based or program-based eligibility criteria.
- \_\_\_\_: The subscriber must notify the carrier within 30 days if for any reason the subscriber no longer satisfies the criteria receiving Lifeline support.
- \_\_\_\_: When the subscriber moves to a new address the subscriber must provide that new address to Twin Valley within 30 days.
- \_\_\_\_: When a subscriber provides a temporary residential address to Twin Valley, subscriber is required to verify their temporary address every 90 days.
- \_\_\_\_: Subscriber acknowledges that a household is eligible to receive only one Lifeline service and, to the best of his/her knowledge, the subscriber's household is not already receiving a Lifeline service. A household defined for purposes of the Lifeline program; as any individual or group of individuals who live together at the same address and share income and expenses.
- \_\_\_\_: The information contained in this subscriber's certification form is true and correct to the best of the subscriber's knowledge.
- \_\_\_\_: Subscriber acknowledges that providing false or fraudulent information on this certification form to receive Lifeline benefits is punishable by law.
- \_\_\_\_: Subscriber acknowledges that he/she may be required to re-certify their eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to their continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to Section 54.405(e)(4).
- \_\_\_\_: Lifeline is a non-transferrable benefit and the subscriber may not transfer his or her benefit to any other person.
- \_\_\_\_: A household is not permitted to receive Lifeline benefits from multiple providers.
- \_\_\_\_: Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program.

Subscriber's Signature \_\_\_\_\_

Date \_\_\_\_\_

## TWIN VALLEY USE ONLY

Company's Signature \_\_\_\_\_

Date \_\_\_\_\_

Documentation provided to support eligibility: \_\_\_\_\_

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