

Michigan Lifeline Administration Service
IMPORTANT INFORMATION FOR TRIBAL AREAS
Please Review Before Submitting Application

For questions, please call 1-866-321-2323.

PROGRAM QUALIFICATION AND APPLICABLE DISCOUNTS

The Federal Communications Commission (FCC) made changes to Lifeline regulations that went into effect on December 2, 2016. As a result, customers may qualify for full or reduced benefits. The table below applies to customer who enroll in the Lifeline program after December 2, 2016 and to currently enrolled customers on their service initiation date when the FCC's "rolling recertification" process begins on July 1, 2017.

Program Participation	Federal/State Discount	MPSC Discount	Total Discount
Bureau of Indian Affairs General Assistance	\$34.25	\$0	\$34.25
Food Distribution Program on Indian Reservations	\$34.25	\$0	\$34.25
Head Start (only households meeting income standard)	\$34.25	\$0	\$34.25
Tribal Temporary Assistance for Needy Families	\$34.25	\$0	\$34.25
Federal Public Housing Assistance	\$34.25	\$2.00 ^B	\$36.25^A
Medicaid	\$34.25	\$2.00 ^B	\$36.25^A
Supplemental Nutrition Assistance Program	\$34.25	\$2.00 ^B	\$36.25^A
Supplemental Security Income	\$34.25	\$2.00 ^B	\$36.25^A
Low-Income Home Energy Assistance Program	\$34.25 ^B	\$2.00 ^B	\$36.25^A
National School Lunch Program	\$34.25 ^B	\$2.00 ^B	\$36.25^A
Temporary Assistance for Needy Families	\$34.25 ^B	\$2.00 ^B	\$36.25^A
Veteran's Pension Program	\$34.25	\$0	\$34.25
Veteran's Survivor's Pension Program	\$34.25	\$0	\$34.25

^A Qualifying customers age 65 and over receive additional \$1.10 per month discount.

^B Applies to voice-only service or voice/broadband bundled service; not applicable to broadband-only service.

INCOME INFORMATION AND GUIDELINES

Customers that don't participate in any of the programs listed above can still qualify for discounts if their annual household income is at certain thresholds set by the federal and state governments. The tables below provide applicable discount amounts and current guidelines.

Income Level	Federal/State Discount	State Discount	Total Discount
Annual Income At or Below 150% of Poverty Level	\$34.25	\$2.00 ^B	\$36.25^A

^A Qualifying customers age 65 and over receive additional \$1.10 per month discount.

^B Applies to voice-only service or voice/broadband bundled service; not applicable to broadband-only service.

Number in Household	150% of Federal Poverty Level
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
For each additional household member add	\$6,270

BROADBAND AND VOICE SERVICES QUALIFY FOR DISCOUNTS

Federal Lifeline Benefits are now available for qualifying broadband as well as voice services.

Broadband Service: Federal discounts are only available on certain services. State/MPSC discounts do not apply.

- Broadband speeds must be 10 Mbps download and 1 Mbps upload or faster to qualify (limited exceptions apply).
- Lifeline discounts on broadband include a transfer restriction (port freeze) for 12 months. This means that once Lifeline broadband discounts begin on your service you will be unable to obtain a Lifeline discount with another provider for 12 months if you switch your service. If you already have a Lifeline broadband discount with another provider, you cannot get a Lifeline discount from a new provider until 12 months after your current broadband Lifeline discounts began.

Voice Service and Bundled Voice-Broadband Service: Federal and state discounts are available to qualified participants.

- Lifeline discounts on voice include a transfer restriction (port freeze) for 60 days. This means you are unable to obtain the Lifeline discount on service with another provider for 60 days from the date that your current voice service Lifeline discounts began.
- If you purchase a bundle of voice and qualifying broadband, the federal discount will be applied to your qualifying bundle, and the 12-month benefit transfer restriction will apply. State discounts will apply to your voice services only.
- If you purchase voice service and a non-qualifying broadband service, you will receive both state and federal Lifeline discounts on your voice service.
- Certain exceptions to the transfer restrictions apply. See www.usac.org/ls/change-my-company.aspx for more information.

General Conditions Applicable to All Services:

- Total Lifeline discounts cannot exceed the price of service.
- Customers initiating service for the first time at a residence may qualify for Link Up discounts.

LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES

AcenTek	Deerfield Farmers' Telephone Co.	Southwest Michigan Communications
Allband Communications Coop.	Hiawatha Telephone Co.	Springport Telephone Co.
Baraga Telephone Co.	Kaleva Telephone Co.	TDS Telecom
Barry County Telephone Co.	Lennon Telephone Co.	Thumb Cellular
Blanchard Telephone Co.	Michigan Central Broadband Co.	Upper Peninsula Telephone Co.
Bloomington Communications	Midway Telephone Co.	Waldron Telephone Co.
Carr Telephone Co.	Ogden Communications	Westphalia Broadband, Inc.
CenturyLink	Ontonagon County Telephone Co.	Westphalia Telephone Co.
Chapin Telephone Co.	Pigeon Telephone Co.	Winn Telecom
Climax Telephone Co.	Sand Creek Telephone Co.	Winn Telephone Co.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

LEGAL REQUIREMENTS

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU APPLY:

- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- The applicant must meet either income-based or program-based eligibility.
- The applicant must be an eligible resident of Tribal lands or live on a federally recognized Indian reservation.
- Lifeline is a federal benefit and willfully making false or fraudulent statements to obtain the benefit is a violation of federal law and 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 and share income and expenses.
- A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and wireline providers.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- The applicants understands that if they are currently receiving Lifeline benefits from another carrier, by submitting this application, they agree to discontinue receiving another carrier's benefit and receive their one Lifeline benefit through the submission of this company's application.
- The applicant agrees to notify their telephone company within 30 days if s/he no longer meet the income-based or program-based eligibility criteria for receiving Lifeline support, if the household is receiving more than one Lifeline benefit, or another household member is receiving a Lifeline benefit, and may be subjected to penalties upon failure to do so.
- The applicant will notify their telephone company within 30 days of any changes to residential address.
- The applicant may be required to recertify their continued eligibility in the Lifeline program at any time and understands that failure to do so will result in termination of participation in the program.
- The applicant consents to Lifeline Administration Service providing their Lifeline service account information, including but not limited to, the applicant's name, residential address, phone number, date of birth, last 4 digits of social security number, the date on which Lifeline service was initiated/terminated, amount of Lifeline support provided, and the means of eligibility criteria through which the applicant qualified, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database (NLAD) to ensure the proper administration of the Lifeline program. The applicant understands that failure to do so will result in rejection of request for Lifeline services.
- The applicant understands that once s/he signs up for discounts with one provider, s/he cannot receive Lifeline benefits from another provider for a period of time. For voice-only services that qualify for Lifeline discounts, the applicant cannot move benefits to another provider for 60 days. For broadband services that qualify for Lifeline discounts, the applicant cannot move benefits to another provider for 12 months.

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Michigan Lifeline Administration Service
LIFELINE APPLICATION FOR TRIBAL AREAS

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:
Lifeline Administration Service, PO Box 11037, Lansing, Michigan 48901 or fax to **517-482-3548**

IDENTIFICATION INFORMATION (PLEASE PRINT)

Applicant's phone number:		Name of phone company:	
Date of Birth:		Last 4-digits of Social Security Number:	
Last Name:	First Name:	M.I.:	
Street:			
You must provide a residential street address. Per FCC regulations, it cannot be a P.O. Box.			
City:		State:	ZIP:
This is my permanent address: Yes <input type="checkbox"/> No <input type="checkbox"/> This is a rural address with no postal route: Yes <input type="checkbox"/> No <input type="checkbox"/>			
I am a new customer at this address: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Billing Address, City, State and Zip Code (if different from Service Address)			
There are multiple unique households (e.g. nursing home, assisted living facility) at my address, as defined in this program.			YES <input type="checkbox"/> NO <input type="checkbox"/>
The service I subscribe to is: <input type="checkbox"/> Voice Only <input type="checkbox"/> Broadband Only <input type="checkbox"/> Both Voice and Broadband			

PROGRAM QUALIFICATION DETERMINATION

To be eligible for Lifeline discounts, regulations require you to be participating in one of the assistance programs listed below or to have an annual income that meets certain thresholds. Please complete Step 1 and Step 2 below.

Step 1. Indicate if you, or the member of your household named below, receives assistance from one of the listed programs. **Include documentation of participation in the checked program with your completed application.**

Name of person enrolled in program:

<input type="checkbox"/> Federal Public Housing Assistance	<input type="checkbox"/> Food Distribution Program on Indian Reservations
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Tribal Temporary Assistance for Needy Families
<input type="checkbox"/> Supplemental Nutrition Assistance Program	<input type="checkbox"/> Head Start (only households meeting income standard)
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Low-Income Home Energy Assistance Program
<input type="checkbox"/> Veterans Pension and Survivors Benefits	<input type="checkbox"/> National School Lunch Program
<input type="checkbox"/> Bureau of Indian Affairs General Assistance	<input type="checkbox"/> Temporary Assistance for Needy Families

Step 2. If you do not participate in any of the programs listed in Step 1, you may still qualify for a discount based on annual household income. **To complete this section, provide photocopies that document total household gross income using one of the listed methods and include a completed Lifeline Household Worksheet.**

TOTAL MONTHLY GROSS INCOME: \$	NUMBER OF HOUSEHOLD MEMBERS:
<input type="checkbox"/> Prior year's state or federal tax return.	<input type="checkbox"/> Current Annual Gross Income Statement from Employer
<input type="checkbox"/> Social Security statement of benefits	<input type="checkbox"/> Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months
<input type="checkbox"/> Retirement/pension statement of benefits	<input type="checkbox"/> Veterans Administration statement of benefits
<input type="checkbox"/> Unemployment/Worker's Compensation Statement of Benefits	<input type="checkbox"/> Divorce decree or child support document containing income information

APPLICANT ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:

- ___ I understand and consent to Lifeline Administration Service providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social security number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me Lifeline service.
- ___ I certify that I meet either the income-based eligibility criteria in Step 1 or the program-based eligibility criteria in Step 2 above.
- ___ I certify that I am an eligible resident of Tribal lands or I live on a federally recognized Indian reservation.
- ___ Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- ___ Lifeline is a federal benefit and willfully making false or fraudulent statements to obtain the benefit is a violation of federal law and can result in fines, imprisonment, de-enrollment or being barred from the program.
- ___ Lifeline support is only available for a single phone line at my principal residence and I certify to the best of my knowledge that no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)
- ___ Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- ___ I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).
- ___ I will notify my telephone company within 30 days if I no longer meet the income-based or program-based eligibility criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, or another member of my family is receiving a Lifeline benefit, and I may be subject to penalties if I fail to do so.
- ___ I will notify my telephone company within 30 days of any changes to my residential address.
- ___ I may be required to certify my continued eligibility for Lifeline at any time and I know failure to do so will result in termination of my participation in the program.
- ___ I understand that once I sign up for discounts with one provider, I cannot receive Lifeline benefits from another provider for a period of time. For voice-only services that qualify for Lifeline discounts, I cannot move benefits to another provider for 60 days. For broadband services that qualify for Lifeline discounts, I cannot move benefits to another provider for 12 months.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature:	Date:
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**Michigan Lifeline Administration Service
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. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. 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.

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 Lifeline provider).

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?

No. Please answer question 2 below.

Yes. If **YOU** are the person who will keep the Lifeline benefit, **check OPTION B at the bottom and sign this Form.** If you are not keeping your Lifeline benefit, **DO NOT** submit this form.



2. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted phone service?

No. 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 with the person in question #2?

No. Please check **OPTION C** below and **SIGN THIS FORM.**

Yes. 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 benefit, **DO NOT** submit 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 _____

Please return the signed form to [Insert Company Name] at [address, email, fax]