

August 12, 2016

Florida Public Service Commission
Office of the Commission Clerk
2540 Shumard Oak Boulevard
Tallahassee FL 32399

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COMMISSION
CLERK

RE: 2016 ILEC Lifeline Data Request – GTC, Inc. d/b/a FairPoint Communications

Pursuant to the Data Request sent on July 15, 2016 pertaining to Lifeline, please find FairPoint’s response in the enclosed attachments. GTC, Inc. d/b/a FairPoint Communications respectfully requests that these be place in the undocketed file as indicated on the notice received.

Please contact Beth Westman at 207-535-4249 or bwestman@fairpoint.com if you have any questions regarding this filing.

Regards,



Robert D. Meehan
State Government Affairs Director
FairPoint Communications
P: 603.656.8116
robert.meehan@fairpoint.com

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ILEC LIFELINE DATA REQUEST 2016

To assist the Public Service Commission (PSC) in the development of our Annual Report to the Governor, President of the Senate, and Speaker of the House of Representatives on the Lifeline program as required by Chapter 364.10, Florida Statutes, **staff requests that you provide responses to the following by August 15, 2016. Your response should include your company name, contact person, and email address.**

For items 1 through 16, please provide the data for the fiscal year July 1, 2015, through June 30, 2016.

For those items requesting that the data be reported on a monthly basis, provide the appropriate number as of the last day of each month during the review period.

1. The number of residential access lines in service each month.

Month (2015)	Access Line Total	Month (2016)	Access Line Total
July	17006	January	15981
August	16764	February	15768
September	16602	March	15657
October	16383	April	15443
November	16252	May	15314
December	16097	June	15124

2. The number of customers participating in Lifeline each month. Note: Do not include customers receiving Lifeline through the Transitional Lifeline provision or resold access lines.

Month (2015)	Active Lifeline	Month (2016)	Active Lifeline
July	714	January	731
August	734	February	726
September	744	March	727
October	726	April	716
November	732	May	494
December	727	June	526

3. The amount of Lifeline credit provided to Lifeline customers on a monthly billing.

\$12.75 State and Federal discount

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4. The number of customers denied Lifeline service. Identify the reason(s) customers were denied Lifeline (i.e. customer currently receiving Lifeline, inability to verify participation in a qualifying program, past due balance, other reasons not listed).

Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
No proof/proof not acceptable	13	4	7	9	2	2		4	10	2	30	19
Incomplete Application	12	6	4	2	3		2	1	3	7	15	5
Does not Qualify	3	1									1	
Already Has LL	14	8	18	12	6	12	6	8	9	11	10	5
Wrong Name	5	4	7	8	1	3	7	1	3	2	2	5
Wrong Address	2			2			3		2			
Wrong Phone #	1	2	1	3				1		1	2	1
H.S.I. Essentials	2		3		1	2	1		1			1
Dup address /subscriber	12	5	9	7	9	11	13	2	8	5	5	6
Disconnected		1	1		2	3	3	3	3	3	4	2
TPIV Failure in NLAD	1	1	3			1	1		3	1	4	3
Not a FairPoint Account	2		2	3	2	5		2	2	1	1	
Business Account				1							1	

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5. The number of Lifeline customers added each month. Note: Do not include customers receiving Lifeline through the Transitional Lifeline provision or resold access lines.

Month	New Lifeline
July	47
August	32
September	27
October	16
November	14
December	10
January	20
February	7
March	15
April	13
May	41
June	39

6. The number of customers removed from Lifeline each month. Note: Do not include Lifeline customers removed from resold access lines, or Lifeline customers moved to Transitional Lifeline.

Month	Removed from Lifeline
July	93
August	17
September	32
October	9
November	20
December	10
January	15
February	16
March	19
April	135
May	17
June	110

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7. The number of customers participating in Transitional Lifeline each month.

None.

8. The number of customers participating in Lifeline under the Tribal Lands provision each month.

None.

9. The number of access lines with Lifeline resold to other carriers each month. Identify each carrier separately by name or certificate number.

None.

10. Description of your company's procedures for enrolling customers in the Lifeline program. Include the following in your response:

All applications are reviewed for accuracy and completeness upon receipt along with verification of information within the National Lifeline Accountability Database. A service order is issued to either change billing for an existing customer or establish an account for a new customer.

a. Procedures used to process applications received from the Office of Public Counsel.

Same as above.

b. Procedures used to process applications received directly from customers.

Same as above.

c. Procedures used to process applications received through the PSC on-line process.

Upon receipt of email notification of pending applications, the requests are reviewed to ensure that they are within our service territory and verification of information within the National Lifeline Accountability Database. Notification is sent back to the Commission.

d. Procedures used to process applications received through the Department of Children and Families coordinated enrollment process.

Same as above.

e. The amount of time required to process applications. Include time period between receipt of customer application and the billing date of the first bill providing the credit.

Applications are processed daily. Any credits or adjustments to the account are retroactive to the date the application/request was approved for Lifeline. Depending upon the date of receipt in the billing cycle, the change would be reflected on either their next bill received or the following month. Applications to change existing service take approximately 5 minutes. Applications that require establishing a new account take approximately 10 minutes.

11. Description of your company's procedures for performing continued certification of customer eligibility after initial certification. Include the following in your response:

- a. Time period between initial certification and annual certification.
Customers are required to complete a recertification form on a yearly basis.
- b. Method(s) used to verify customer eligibility.
Customers are required to complete the recertification form along with validating that they still qualify for the program.

12. Description of your company's procedures for Lifeline. Include the following in your response:

- a. Internal procedures for promoting Lifeline.
Lifeline is discussed with new customers upon their installation request. Lifeline is also discussed during conversations pertaining to their already established account.
- b. Outreach and educational efforts involving participation in community events.
FairPoint has not participated in community events as a form of outreach For Lifeline.
- c. Outreach and educational efforts involving mass media (newspaper, radio, television).
FairPoint annually includes a message about Lifeline in residential bills in Florida. In addition, messages about Lifeline recertification are also included in Lifeline customer bills during the period when FairPoint conducts its annual recertification. Information concerning Lifeline is included in FairPoint directories. Annually FairPoint publishes information regarding the Lifeline Program in a newspaper with local circulation. FairPoint's website(www.fairpoint.com) also contains Lifeline Program information including the Florida application for the program.
- d. Copies of Lifeline outreach materials of your company.
See attachment B
- e. Organizations you are currently partnering with, have partnered with, and organizations you plan to partner with to educate and inform customers about Lifeline.
FairPoint is not partnering with any organizations as a form of outreach For Lifeline.

13. Please describe the training you provide to your customer service representatives regarding Lifeline and provide the script used by your company's representatives.

Our CSS Trainer has indicated that it is reviewed in new hire training. In summary the training explains that the Lifeline Program offers credit to customers that are eligible to receive the benefit after completing an application and submitting proof for validation. Customers must be qualified and approved for the benefit and only one benefit may be received per household. Customers will also need to be validated within the National Lifeline Accountability Database. CSSRs are aware that FairPoint is required to recertify accounts receiving the Lifeline benefit on an annual basis.

14. Please provide any link on your Web site that provides Lifeline information.

Lifeline information can be found on the FairPoint's web site: www.fairpoint.com

15. Do you anticipate offering and seeking reimbursement for Basic Internet Access Services (BIAS) in Florida as part of the Lifeline Program? If yes, please project when you will offer BIAS and when you will seek reimbursement for it.

Since FairPoint accepted CAF 2 funds in Florida, FairPoint will meet the obligations to offer the Lifeline program discount on BIAS outlined in the FCC's new Lifeline Order (FCC 16-38).

16. Do you see any impediments in the implementation to the FCC's new Lifeline Order (FCC 16-38)?

FairPoint is in the process of evaluating the changes required by the Order.

17. To the extent you have experienced a decline in Lifeline customers, please list and describe any issues that may have contributed to the decline. Any additional general comments or information you believe will assist staff in evaluating and reporting the Lifeline participation in Florida are welcome.

FairPoint has not been able to conclusively identify discrete issues that may contribute to a decline in customers participating in the Lifeline Program.

Lifeline Program Application

In Florida, FairPoint Communications participates in the Lifeline Program which provides federal and state government assistance to qualified residential customers to reduce monthly telephone service charges. To enroll in the Lifeline Program, you must meet all qualifications, complete all sections of this application and provide all documentation requested. FairPoint will confirm your eligibility for the Lifeline Program.

CUSTOMER INFORMATION

Name _____ Last 4 Digits of Your Social Security Number: _____
First Last

Telephone Number _____ Date of Birth (mm/dd/yyyy): _____ / _____ / _____
must be 18 years of age

Service Address of Principal Residence (No Post Office Box):

Street: _____ Apt. _____

City: _____ State: _____ Zip Code _____

Billing Address, if different from service address (may include Post Office Box):

Street: _____ Apt. _____

City: _____ State: _____ Zip Code _____

Is this a temporary address? Yes

LIFELINE PROGRAM REQUIREMENTS

1. You must meet the "One-per-Household" Requirement.

- Only one person in a household can qualify to receive Lifeline Program benefits.
- A "household" is any individual or group of individuals who live together at the same address and share income and expenses.
- Only one residential telephone service in a household can receive Lifeline Program support.
- A household may not receive Lifeline benefits from multiple service providers.

_____ My initials here certify that I meet the one-per-household requirement. I understand that falsely certifying eligibility is a violation of the rules of the Federal Communications Commission and will result in my removal from the Lifeline Program and could result in criminal prosecution by the United States government.

Do you live at an address at which there are multiple households? Yes

If yes, you must complete a supplemental form from FairPoint to determine your eligibility.

2. You must meet program participation requirements *or* meet household income requirements.

I (or my dependent or other member of my household) receive(s) benefits from at least one of the programs listed below OR my household meets the income requirement below:

(Check the box for each category which applies).

- | | |
|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Federal Public Housing (Section 8) |
| <input type="checkbox"/> Low Income Home Energy Assistance Program | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> National School Lunch/Free Lunch Program (NSL) | <input type="checkbox"/> Household Income at or below 150% of Federal Poverty Level |
| <input type="checkbox"/> Temporary Cash | There are _____ people in my household. |

I **do not** receive benefits from a program listed above. The full name of my dependent or other member of my household who **does** receive benefits from a program listed above is _____.

To complete your application:

- You must send proof of participation in **one** program you checked above, OR
 - If you are eligible because of your household income, you must send proof of your qualifying household income.
- See attached *Questions and Answers* to determine what documentation can be accepted.

3. You must acknowledge these critical notification obligations.

ATTACHMENT B

You have obligations if you receive Lifeline Program benefits. You must *initial* the statements below to acknowledge you understand your obligations:

- I will notify FairPoint within 30 days if I (or my dependent or other household member) no longer participate(s) in the federal/state programs identified in my application or if my household income exceeds 150% of the Federal Poverty Guidelines.
- I will notify FairPoint within 30 days if I or my household begins to receive more than one Lifeline Program benefit.
- I will notify FairPoint within 30 days if I no longer qualify for Lifeline support for any reason.
- I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice.**

4. You must certify the following statements. (You must read and *initial* all certifications below.)

I hereby certify under penalty of perjury that:

- I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 150% of the Federal Poverty Guidelines.
- I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household does not now receive Lifeline Program benefits.
- My household is not receiving a Lifeline Program benefit from more than one landline or wireless service provider.
- I agree not to transfer my Lifeline Program benefits to another person.
- I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program.
- I agree that FairPoint may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, and the last four digits of my Social Security Number, the telephone number to be associated with Lifeline Program benefits, the date on which Lifeline service is begun, the date on which Lifeline Program benefits end, the amount of support sought by FairPoint and the means through which I qualify for Lifeline Program benefits. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.
- FairPoint may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits
- I agree to allow FairPoint to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program.
- All of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge.
- I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program.

Signature _____

Date _____

Mail your completed application and supporting documentation to:

FairPoint Communications
30 East Main Street, Westfield, NY 14787

OR

Fax your completed application and support documentation to: 877.321.3166

Questions and Answers

Q. What documents can I provide to FairPoint to prove I (or my dependent or other member of my household) receive benefits from a listed federal/state program?

- A. DO NOT SEND ORIGINAL DOCUMENTS.** Copies of documents which FairPoint can accept as evidence of participation in a listed federal/state program are:
1. A current or prior year statement of benefits from a listed program
 2. Notice letter of participation in a listed program
 3. Other official document demonstrating that you, your dependent or your household receives benefits under a listed federal/state program

Q. What documents can I provide to FairPoint to prove my household income is equal to or less than 150% of Federal Poverty Guidelines?

- A. DO NOT SEND ORIGINAL DOCUMENTS.** To establish that you qualify for the Lifeline program because your household income is at or below 150% less of the Federal Poverty Level, you must submit the one of the documents listed below:
1. A prior year's state or federal tax return
 2. A current income statement from employer or paycheck stub
 3. A Social Security statement of benefits
 4. A Veteran's Administration Statement of Benefits
 5. A retirement/pension statement of benefits
 6. A federal notice of participation in General Assistance
 7. A divorce decree
 8. A child support award, or
 9. Other official document containing income information.

If the documentation of your household income does not cover a full year, you must provide the same type of documentation covering three consecutive months within the previous twelve months.

You must provide proof of all household income (both taxable and non taxable) for you and anyone in your household that is not a dependent.

Q. What are the Federal Poverty Guidelines?

- A.** The applicable 2016 Federal Poverty Income Guidelines are:

Persons in Household	2016 Federal Poverty Levels	150% of Federal Poverty Levels
1	\$11,880	\$17,820
2	\$16,020	\$24,030
3	\$20,160	\$30,240
4	\$24,300	\$36,450
5	\$28,440	\$42,660
6	\$32,580	\$48,870
7	\$36,730	\$55,095
8	\$40,890	\$61,335
	\$4,160/each add'l person	\$6,240/each add'l person

This information is regularly updated by the Federal Government.

Q. How do I transfer my Lifeline Program benefit to my qualified FairPoint telephone service if the discount is now applied to telephone service I have with another telephone provider?

- A.** If you currently have your Lifeline Program benefit associated with telephone service provided by another landline or wireless service provider and you wish to transfer that benefit to your FairPoint telephone service, please call 1.877.524.8293 for additional information.

Q. If I have questions, what FairPoint office should I contact?

- A.** Please call 1.877.524.8293