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Public Service Commission

September 6, 2018

Kenneth J. Plante, Coordinator
Joint Administrative Procedures Committee
Room 680, Pepper Building
111 W. Madison Street
Tallahassee, FL 32399-1400

HAND DELIVERY

Re: Docket No. 20170233-TP; Rule 25-4.0665, F.A.C., Lifeline Service, and 25-4.113, F.A.C., Refusal or Discontinuance of Service by Company

Dear Mr. Plante:

Enclosed are the following materials concerning the above referenced proposed rules:

1. A copy of the proposed rules.
2. A copy of all materials incorporated by reference in the proposed rules.
3. A copy of the F.A.R. notice.
4. A statement of facts and circumstances justifying the proposed rules.
5. A federal standards statement.
6. Statement of Estimated Regulatory Costs for the rules.

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COMMISSION
CLERK

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PROCEDURES COMMITTEE

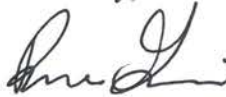
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Mr. Kenneth J. Plante
September 6, 2018
Page 2

If there are any questions with respect to these rules, please do not hesitate to call me at 413-6224.

Sincerely,

A handwritten signature in black ink, appearing to read "Rosanne Gervasi". The signature is fluid and cursive, with a prominent initial "R" and "G".

Rosanne Gervasi
Senior Attorney

Enclosures

cc: Office of Commission Clerk

1 **25-4.0665 Lifeline Assistance Service.**

2 (1) Eligible Telecommunications Companies must offer Lifeline Assistance as prescribed
3 by the Federal Communications Commission in Title 47, Code of Federal Regulations, Part
4 54, Subpart E, Universal Service Support for Low-Income Consumers, Sections 54.400
5 through 54.417, as amended October 1, 2017, which are hereby incorporated into this rule by
6 reference, and which are available at [hyperlink]. A subscriber is eligible for Lifeline service
7 if:

8 (a) ~~The subscriber is a participant in one of the following federal assistance programs:~~

- 9 ~~1. Medicaid;~~
- 10 ~~2. Food Stamps;~~
- 11 ~~3. Supplemental Security Income (SSI);~~
- 12 ~~4. Temporary Assistance for Needy Families/Temporary Cash Assistance;~~
- 13 ~~5. "Section 8" Federal Public Housing Assistance;~~
- 14 ~~6. Low Income Home Energy Assistance Program; or~~
- 15 ~~7. The National School Lunch Program—Free Lunch; or~~

16 ~~(b) The subscriber's eligible telecommunications carrier has more than one million access~~
17 ~~lines and the subscriber's household income is at or below 150 percent of the federal poverty~~
18 ~~income guidelines.~~

19 ~~(2) A subscriber living on federally recognized Tribal lands who does not satisfy the~~
20 ~~eligibility requirements for Lifeline service in subsection (1) of this rule is nevertheless~~
21 ~~eligible for Lifeline service if the subscriber receives benefits from one of the following~~
22 ~~Bureau of Indian Affairs programs:~~

- 23 ~~(a) Tribal temporary assistance for needy families (TANF);~~
- 24 ~~(b) NSL Program—Free Lunch; or~~
- 25 ~~(c) Head Start.~~

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1 ~~(3) Eligible telecommunications carriers with less than one million access lines are not~~
2 ~~required to enroll Lifeline applicants through the income eligibility test of 150 percent or less~~
3 ~~of the federal poverty income guidelines, but may do so voluntarily.~~

4 ~~(4) Eligible telecommunications carriers that charge an initial connection charge must~~
5 ~~offer Link Up service to subscribers who are eligible for Lifeline service pursuant to this rule.~~

6 ~~(2)(5)~~ When enrolling customers in the Lifeline service program under paragraph (1)(a) of
7 this rule, eligible telecommunications carriers shall accept FCC Form 5629, OMB
8 APPROVAL EDITION 3060-0819, PSC/TEL 157 (6/10), entitled "Lifeline Program
9 Application Form." "Application for Link Up Florida and Lifeline Assistance," which is
10 incorporated into this rule by reference and which is available at [hyperlink] or can be
11 accessed from the Universal Service Administrative Company's Commission's website at
12 https://www.usac.org/_res/documents/li/pdf/nv/LI_Application_UniversalForm.pdf.
13 www.floridapsc.com, by selecting "Link Up Florida and Lifeline Assistance," then selecting
14 "Need Discounted Phone Service?," and then selecting "English Link Up and Lifeline
15 Certification Form" (also available in Spanish and Creole). The Spanish version of this form
16 is also incorporated into this rule by reference and is available at [hyperlink] or from the
17 Universal Service Administrative Company's website at
18 https://www.usac.org/_res/documents/li/pdf/nv/LI-SP_Application_UniversalForms.pdf.
19 Eligible telecommunications carriers shall also accept Form PSC 1023 (08/18), entitled
20 "Lifeline Florida On-line Application for Recipients of Medicaid or Supplemental Nutrition
21 Assistance Program (SNAP)," which is incorporated into this rule by reference and which is
22 available at [hyperlink] or from the Commission's website at www.floridapsc.com, by
23 selecting "Lifeline Assistance," then selecting "Public Service Commission Secure On-Line
24 Application Form."

25 ~~(3)(6)~~ When recertifying customers in the Lifeline program, eligible telecommunications

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1 carriers shall accept FCC Form 5630, OMB APPROVAL EDITION 3060-0819, entitled
2 “Lifeline Program Annual Recertification Form,” which is incorporated into this rule by
3 reference and which is available at [hyperlink] or from the Universal Service Administrative
4 Company’s website at
5 https://www.usac.org/_res/documents/li/pdf/nv/LI_Recertification_UniversalForms.pdf. The
6 Spanish version of this form is also incorporated into this rule by reference and is available at
7 [hyperlink] or from the Universal Service Administrative Company’s website at
8 https://www.usac.org/_res/documents/li/pdf/nv/LI-SP_Recertification_UniversalForms.pdf.
9 ~~Eligible telecommunications carriers shall enroll customers for Lifeline service who~~
10 ~~electronically submit Form PSC/TEL-158 (6/10), entitled “Lifeline and Link-Up Florida On-~~
11 ~~line Self Certification Form,” which is incorporated into this rule by reference and can be~~
12 ~~accessed from the Commission’s website at www.floridapsc.com, by selecting “Link-Up~~
13 ~~Florida and Lifeline,” then selecting “Apply On-line.”~~
14 ~~(7) For Lifeline applicants who do not use On-line enrollment or simplified certification~~
15 ~~enrollment, the eligible telecommunications carrier must accept Public Assistance eligibility~~
16 ~~determination letters, including those provided for food stamps, Medicaid, and public housing~~
17 ~~lease agreements, as proof of eligibility for Link-Up and Lifeline enrollment.~~
18 (4) To obtain information necessary to confirm whether a customer is eligible for Lifeline
19 assistance in instances where the customer shares an address with another Lifeline recipient,
20 eligible telecommunications carriers shall accept FCC Form 5631, OMB APPROVAL
21 EDITION 3060-0819, entitled “Lifeline Program Household Worksheet,” which is
22 incorporated into this rule by reference and which is available at [hyperlink] or from the
23 Universal Service Administrative Company’s website at
24 https://www.usac.org/_res/documents/li/pdf/nv/LI_Worksheet_UniversalForms.pdf. The
25 Spanish version of this form is also incorporated into this rule by reference and is available at

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1 | [hyperlink] or from the Universal Service Administrative Company's website at
2 | https://www.usac.org/res/documents/li/pdf/nv/LI-SP_Worksheet_UniversalForms.pdf.

3 | ~~(5)~~(8) Eligible telecommunications carriers must allow customers the option to submit
4 | ~~Link-Up or Lifeline application and recertification forms~~ applications via U.S. Mail or
5 | facsimile, and may allow applications to be submitted electronically. Eligible
6 | telecommunications carriers must also allow customers the option to submit copies of
7 | supporting documents via U.S. Mail or facsimile.

8 | ~~(9) Eligible telecommunications carriers shall only require a customer to provide the last~~
9 | ~~four digits of the customer's social security number for application for Lifeline and Link-Up~~
10 | ~~service and to verify continued eligibility for the programs as part of the annual verification~~
11 | ~~process.~~

12 | ~~(6)~~(10) All eligible telecommunications carriers shall participate in the Lifeline service
13 | Simplified Automatic Enrollment Process. For purposes of this rule, the Lifeline service
14 | Simplified Automatic Enrollment Process is an electronic interface between the Department of
15 | Children and Family Services, the Commission, and the eligible telecommunications carrier
16 | that allows low-income individuals to automatically enroll in Lifeline following enrollment in
17 | a qualifying public assistance program.

18 | (a) The Commission shall send an e-mail to the eligible telecommunications carrier
19 | informing the eligible telecommunications carrier that Lifeline service applications are
20 | available for retrieval ~~for processing.~~

21 | ~~(b) The eligible telecommunications carrier shall enroll the subscriber in the Lifeline~~
22 | ~~service program as soon as practicable, but no later than 60 days from the receipt of the e-mail~~
23 | ~~notification. Upon completion of initial enrollment, the eligible telecommunications carrier~~
24 | ~~shall credit the subscriber's bill for Lifeline service as of the date the eligible~~
25 | ~~telecommunications carrier received the e-mail notification from the Commission.~~

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1 **(b)(e)** The eligible telecommunications carrier shall maintain at least one a current e-mail
2 address with the Commission, which the Commission will use to inform the eligible
3 telecommunications carrier of the Commission's Lifeline secure website address and that new
4 Lifeline ~~service~~ applications are available for retrieval ~~for processing~~.

5 **(c)(d)** The eligible telecommunications carrier shall maintain with the Commission the
6 names, e-mail addresses and telephone numbers of at least one ~~primary and one secondary~~
7 company representative who will manage the user accounts on the Commission's Lifeline
8 secure website.

9 **(d)(e)** Within 20 calendar days of receiving the Commission's e-mail notification that the
10 Lifeline ~~service~~ application is available for retrieval, the eligible telecommunications carrier
11 shall provide a facsimile response to the Commission via the Commission's dedicated Lifeline
12 ~~service~~ facsimile telephone line at (850) 717-0108 ~~413-7142~~, or an electronic response via the
13 Commission's Lifeline secure website, identifying the customer name, address, telephone
14 number, and date of the application for:

- 15 1. Misdirected Lifeline ~~service~~ applications; or
- 16 2. Applications for customers currently receiving Lifeline assistance service; ~~and~~
- 17 3. ~~Rejected applicants, which shall include the reason(s) why the applicants were rejected.~~

18 In lieu of a facsimile or electronic submission, the eligible telecommunications carrier may
19 file the information with the Office of Commission Clerk.

20 **(e)(f)** Pursuant to Section 364.107(1), F.S., information filed by the eligible
21 telecommunications carrier in accordance with paragraph (6)(d) ~~(9)(e)~~ of this rule is
22 confidential and exempt from Section 119.07(1), F.S. However, the eligible
23 telecommunications carrier may disclose such information consistent with the criteria in
24 Section 364.107(3)(a), F.S. For purposes of this rule, the information filed by the eligible
25 telecommunications carrier will be presumed necessary for disclosure to the Commission

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1 pursuant to the criteria in Section 364.107(3)(a)4., F.S.

2 ~~(7)(11)~~ An eligible telecommunications carrier shall not impose additional verification
3 requirements on subscribers beyond those which are required by this rule.

4 ~~(12)~~ If the Office of Public Counsel certifies a subscriber eligible to receive Lifeline
5 service under the income test set forth in Section 364.10(3)(a), F.S., an eligible
6 telecommunications carrier shall not impose any additional verification requirements on the
7 subscriber.

8 ~~(8)(13)~~ Within 20 calendar days of rejecting a Lifeline application, an An eligible
9 telecommunications carrier must provide written notice to the a customer ~~within 30 days of~~
10 ~~receipt of the application~~ providing the reason for rejecting the a ~~rejected~~ Lifeline application,
11 and providing contact information for the customer to get information regarding the
12 application denial. Rejected applications received by way of the Simplified Enrollment
13 Process under subsection (6) must also be reported to the Commission via the Commission's
14 dedicated Lifeline facsimile telephone line at (850) 717-0108 or electronically via the
15 Commission's Lifeline secure website, with the reason why the application was rejected. In
16 lieu of a facsimile or electronic submission, the eligible telecommunications carrier may file
17 the information with the Office of Commission Clerk.

18 ~~(9)(14)~~ An eligible telecommunications carrier or its designee must provide ~~60 days~~
19 written notice prior to the termination of Lifeline assistance service pursuant to Title 47, Code
20 of Federal Regulations, Part 54, Subpart E, Section 54.405 Carrier obligation to offer Lifeline,
21 as amended October 1, 2017. The notice of impending ~~pending~~-termination shall contain the
22 telephone number at which the subscriber can obtain information about the subscriber's
23 Lifeline assistance service from the eligible telecommunications carrier. The notice shall also
24 inform the subscriber of the availability, pursuant to Section 364.105, F.S., of discounted
25 residential basic local telecommunications service.

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1 ~~(15)~~ If a subscriber's Lifeline service is terminated and the subscriber subsequently
2 presents proof of Lifeline eligibility, the eligible telecommunications carrier shall reinstate the
3 subscriber's Lifeline service as soon as practicable, but no later than 60 days following receipt
4 of proof of eligibility. Irrespective of the date on which the eligible telecommunications
5 carrier reinstates the subscriber's Lifeline service, the subscriber's bill shall be credited for
6 Lifeline service as of the date the eligible telecommunications carrier received the proof of
7 continued Lifeline eligibility.

8 ~~(10)~~⁽⁴⁶⁾ All eligible telecommunications carriers shall provide current Lifeline program
9 service company information to the Universal Service Administrative Company at
10 www.lifelinesupport.org so that the information can be posted on the Universal Service
11 Administrative Company's consumer website.

12 ~~(11)~~⁽⁴⁷⁾ Eligible telecommunications carriers must advertise the availability of Lifeline
13 assistance service. Pursuant to Title 47, Code of Federal Regulations, Part 54, Subpart E,
14 Section 54.405(b), all eligible telecommunications carriers are obligated to publicize the
15 availability of Lifeline assistance in a manner reasonably designed to reach those likely to
16 qualify for the assistance. Only posting the availability of Lifeline assistance on an eligible
17 telecommunications carrier's website is insufficient to meet this requirement. Advertising the
18 availability of Lifeline assistance can be achieved by using any of the following media: flyers,
19 local newspaper ads, local TV ads, mail, e-mail, web advertisements, bill inserts and other
20 text-based methods of advertisement or a combination of such media. Pursuant to Title 47 of
21 the United States Code, Section 214(e)(1)(B), as amended December 1, 1997, which is hereby
22 incorporated into this rule by reference, and which is available at [hyperlink], charges must
23 also be included in the Lifeline advertisement. The company may redirect consumers to a 1-
24 800 customer service number and website to see applicable charges and fees in lieu of listing
25 all charges in an advertisement. to those who may be eligible for the service. At a minimum,

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1 if the eligible telecommunications carrier publishes a directory, the eligible
2 telecommunications carrier must include in the index of the directory a notice of the
3 availability of Lifeline service. If the eligible telecommunications carrier generates customer
4 bills, the eligible telecommunications carrier must also place an insert in the subscriber's bill
5 or a message on the subscriber's bill at least once each calendar year advising subscribers of
6 the availability of Lifeline service.

7 (12)(18) Eligible telecommunications carriers must file all reports with the Commission in
8 accordance with Title 47, Code of Federal Regulations, Part 54, Subpart E, Section 54.422(c),
9 Annual reporting for eligible telecommunications carriers that receive low-income support, as
10 amended October 1, 2017, which is hereby incorporated into this rule by reference, and which
11 is available at [hyperlink]. may not charge a service deposit in order to initiate Lifeline service
12 if the subscriber voluntarily elects toll blocking or toll control. If the subscriber elects not to
13 place toll blocking or toll control on the line, an eligible telecommunications carrier may
14 charge a service deposit.

15 (19) Eligible telecommunications carriers may not charge Lifeline subscribers a monthly
16 number portability charge.

17 (20) Eligible telecommunications carriers offering Link-Up and Lifeline service must
18 submit quarterly reports to the Commission no later than 30 days following the ending of each
19 quarter as follows: First Quarter (January 1 through March 31); Second Quarter (April 1
20 through June 30); Third Quarter (July 1 through September 30); Fourth Quarter (October 1
21 through December 31). The quarterly reports shall include the following data:

22 (a) The number of Lifeline subscribers, excluding resold Lifeline subscribers, for each
23 month during the quarter;

24 (b) The number of subscribers who received Link-Up for each month during the quarter;

25 (c) The number of new Lifeline subscribers added each month during the quarter;

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1 ~~(d) The number of transitional Lifeline subscribers who received discounted service for~~
2 ~~each month during the quarter; and~~

3 ~~(e) The number of residential access lines with Lifeline service that were resold to other~~
4 ~~carriers each month during the quarter.~~

5 *Rulemaking Authority 120.80(13)(d), 350.127(2), 364.10(2)(j) ~~364.10(3)(j)~~ FS. Law*

6 *Implemented 364.10, 364.105, 364.183(1) FS. History—New 1-2-07, Amended 12-6-07, 6-23-*

7 *10,_____.*

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1 **25-4.113 Refusal or Discontinuance of Service by Company.**

2 ~~(1) As applicable, the company may refuse or discontinue telephone service under the~~
3 ~~following conditions provided that, unless otherwise stated, the customer shall be given notice~~
4 ~~and allowed a reasonable time to comply with any rule or remedy any deficiency:~~

5 ~~(a) For non-compliance with or violation of any state or municipal law, ordinance, or~~
6 ~~regulation pertaining to telephone service.~~

7 ~~(b) For the use of telephone service for any other property or purpose than that described~~
8 ~~in the application.~~

9 ~~(c) For failure or refusal to provide the company with a deposit to insure payment of bills~~
10 ~~in accordance with the company's regulations.~~

11 ~~(d) For neglect or refusal to provide reasonable access to the company for the purpose of~~
12 ~~inspection and maintenance of equipment owned by the company.~~

13 ~~(e) For noncompliance with or violation of the Commission's regulations or the~~
14 ~~company's rules and regulations on file with the Commission, provided 5 working days'~~
15 ~~written notice is given before termination.~~

16 ~~(f) For nonpayment of bills for telephone service, including the telecommunications access~~
17 ~~system surcharge referred to in subsection 25-4.160(3), F.A.C., provided that suspension or~~
18 ~~termination of service shall not be made without 5 working days' written notice to the~~
19 ~~customer, except in extreme cases. The written notice shall be separate and apart from the~~
20 ~~regular monthly bill for service. A company shall not, however, refuse or discontinue service~~
21 ~~for nonpayment of a dishonored check service charge imposed by the company, nor~~
22 ~~discontinue a customer's Lifeline local service if the charges, taxes, and fees applicable to dial~~
23 ~~tone, local usage, dual tone multifrequency dialing, emergency services such as "911," and~~
24 ~~relay service are paid. No company shall discontinue service to any customer for the initial~~
25 ~~nonpayment of the current bill on a day the company's business office is closed or on a day~~

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1 preceding a day the business office is closed.

2 (g) For purposes of paragraphs (e) and (f), "working day" means any day on which the
3 company's business office is open and the U.S. Mail is delivered.

4 (h) Without notice in the event of customer use of equipment in such manner as to
5 adversely affect the company's equipment or the company's service to others.

6 (i) Without notice in the event of hazardous conditions or tampering with the equipment
7 furnished and owned by the company.

8 (j) Without notice in the event of unauthorized or fraudulent use of service. Whenever
9 service is discontinued for fraudulent use of service, the company may, before restoring
10 service, require the customer to make, at his own expense, all changes in facilities or
11 equipment necessary to eliminate illegal use and to pay an amount reasonably estimated as the
12 loss in revenues resulting from such fraudulent use.

13 (2) In case of refusal to establish service, or whenever service is discontinued, the
14 company shall notify the applicant or customer in writing of the reason for such refusal or
15 discontinuance.

16 (3) Service shall be initiated or restored when the cause for refusal or discontinuance has
17 been satisfactorily adjusted.

18 (4) The following shall not constitute sufficient cause for refusal or discontinuance of
19 service to an applicant or customer:

20 (a) Delinquency in payment for service by a previous occupant of the premises, unless the
21 current applicant or customer occupied the premises at the time the delinquency occurred and
22 the previous customer continues to occupy the premises and such previous customer shall
23 benefit from such new service.

24 (b) Delinquency in payment for service by a present occupant who was delinquent at
25 another address and subsequently joined the household of the customer in good standing.

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1 (e) Delinquency in payment for separate telephone service of another customer in the same
2 residence.

3 (d) Failure to pay for business service at a different location and a different telephone
4 number shall not constitute sufficient cause for refusal of residence service or vice versa.

5 (e) Failure to pay for a service rendered by the company which is not regulated by the
6 Commission.

7 (f) Failure to pay the bill of another customer as guarantor thereof.

8 (g) Failure to pay a dishonored check service charge imposed by the company.

9 (5) When service has been discontinued for proper cause, the company may charge a
10 reasonable fee to defray the cost of restoring service, provided such charge is set out in its
11 approved tariff on file with the Commission.

12 *Rulemaking Authority 350.127, 427.704(8) FS. Law Implemented 427.704 FS. History—New*
13 *12-1-68, Amended 3-31-76, 10-25-84, 10-30-86, 1-1-91, 9-16-92, 1-7-93, 1-25-95, 7-5-00,*
14 *Repealed _____.*

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Lifeline Program Application Form



Universal Service
Administrative Co.

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

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

Lifeline Program Application Form



Universal Service Administrative Co.

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?

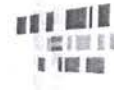
email

phone

text message

mail

Lifeline Program Application Form



Universal Service
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2. Your Information (continued)

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

Is this a temporary address? Yes No Check if you live on Tribal Lands*

What is your mailing address? (Only fill this out if it is not the same as your home address.)

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code

*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.

Lifeline Program Application Form



Universal Service
Administrative Co.

2. Your Information (continued)

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 their Tribal Identification Number?

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

Lifeline Program Application Form



Universal Service
Administrative Co.

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	Yes	No	Yes	No	
1	\$16,389		\$20,493		\$18,846		
2	\$22,221		\$27,783		\$25,555.50		
3	\$28,053		\$35,073		\$32,265		
4	\$33,885		\$42,363		\$38,974.50		
5	\$39,717		\$49,653		\$45,684		
6	\$45,549		\$56,943		\$52,393.50		
7	\$51,381		\$64,233		\$59,103		
8	\$57,213		\$71,523		\$65,812.50		
If more than 8, add this amount for each extra person:	Add \$5,832		Add \$7,290		Add \$6,709.50		

135% of the 2018 Federal Poverty Guidelines

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

Lifeline Program Application Form



Universal Service Administrative Co.

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.

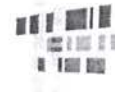
Initial I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

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.

Lifeline Program Application Form



Universal Service
Administrative Co.

5. Agent Information

*Answer only if a sales
person submits this form.*

What is the agent's 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 the agent's ID number?

What is the agent's date of birth?

Month

Day

Year

Lifeline Program Application Form



Universal Service
Administrative Co.

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-PER, 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/VCB-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.

Programa de Lifeline: Formulario de Aplicación



Universal Service
Administrative Co.

1. Sobre Lifeline

Lifeline es un beneficio federal que reduce el costo mensual de servicio telefónico o de internet.

Reglas

Si califica, su hogar puede obtener Lifeline para servicio de teléfono o internet, pero no ambos.

- Si obtiene Lifeline para servicio telefónico, puede obtener el beneficio para un teléfono móvil o telefonía fija, pero no para los dos.
- Si obtiene Lifeline para servicio de internet, puede obtener el beneficio para internet móvil o internet fijo, pero no para los dos.
- Si obtiene Lifeline para un paquete de servicio de teléfono e internet, puede obtener el beneficio para un paquete de teléfono móvil o un paquete residencial, pero no para los dos.

Su hogar no puede obtener Lifeline a través de más de una compañía telefónica o de internet.

Sólo se permite un beneficio de Lifeline por hogar, **no por persona**. Si más de una persona en su hogar recibe Lifeline, esta infringiendo las reglas de la FCC y perderá su beneficio.

¿Qué es un hogar?

Un hogar es un grupo de personas que viven juntas y comparten ingresos y gastos (aunque no sean parientes).

No le de su beneficio a otra persona

Lifeline no es transferible. No puede darle su beneficio de Lifeline a otra persona, aunque califique.

Se honesto en este formulario

Tiene que dar información precisa y verdadera en este formulario y en todos los formularios o cuestionarios relacionados con Lifeline. Si da información falsa o fraudulenta, perderá su beneficio de Lifeline (es decir, cancelación de su suscripción o exclusión del programa) y el gobierno de los Estados Unidos podrá tomar acciones legales en su contra. Esto puede incluir (pero no limitado a) multas o encarcelamiento.

Es posible que necesite mostrar otros documentos

Si su compañía de teléfono o internet no puede comprobar que usted o alguien en su hogar califica usando solamente este formulario y bases de datos, es posible que necesites mostrar un documento oficial de uno de los programas de gobierno que califican o demostrar sus ingresos anuales. Puede entregar copias de sus documentos oficiales con esta aplicación o esperar hasta que su compañía de teléfono o internet se los pida. Para agregarlos ahora, incluye a los documentos en la opción 1 o la opción 2:

1. Si califica a través de un programa de gobierno: copias de su tarjeta de identificación estatal y de un documento oficial del programa que esta usando para calificar (su tarjeta SNAP, tarjeta de Medicaid, o otro)
2. Si calificas a través de sus ingresos: copias de su tarjeta de identificación estatal y comprobantes de pago para 3 meses consecutivos (o otros documentos aceptados)

Visita a lifelinesupport.org para ver la lista completa de documentos aceptados.

Aplicar

Para aplicar por un beneficio de Lifeline, llena todas las secciones de este formulario requeridas, ingresa sus iniciales en cada declaración del acuerdo, y firma a la página 5.

Para aplicar, trae o envía por correo este formulario a su compañía de teléfono o internet.

Programa de Lifeline: Formulario de Aplicación



3. Califica para Lifeline

Llene esta sección para demostrar que usted, su dependiente, o alguien en su hogar califica para Lifeline.

Puede calificar a través de algunos programas de asistencia de gobierno o a través de sus ingresos (no necesita calificar a través de los dos).

Califica a través de un programa de gobierno:

Marca a todos los programas que usted o alguien en su hogar tiene:

- Programa de Asistencia para Nutrición Suplementaria (SNAP) (Estampillas para Alimentos)
- Ingreso Suplementario de Seguridad (SSI)
- Medicaid
- Asistencia Federal para la Vivienda Pública (FPHA)
- Beneficio de Pensión para Veteranos y Sobrevivientes

Programas específicos para Tribus

- Asistencia General del Bureau of Indian Affairs (BIA)
- Asistencia Temporal para Familias Necesitadas de Tribus (TANF Tribal)
- Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR)
- Head Start (sólo los hogares que cumplen con el estándar de ingresos)

0

Califica a través de sus ingresos:

(Sólo llena este formulario si no califica a través de un programa de gobierno.)

¿Incluyéndote a ti, cuántas personas viven en su hogar?
(marca una casilla)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- Si son más de 8, agrega esta cantidad por cada persona adicional:

¿Sus ingresos son iguales o menores que la cantidad enumerada para su estado y tamaño del hogar?

(Solo marca sí o no al lado de la cantidad que le corresponde al tamaño de su hogar)

Todos los 48 estados y DC (no Alaska y Hawái)	Alaska	Hawái		
\$16,389	\$20,493	\$18,846	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$22,221	\$27,783	\$25,555.50	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$28,053	\$35,073	\$32,265	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$33,885	\$42,363	\$38,974.50	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$39,717	\$49,653	\$45,684	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$45,549	\$56,943	\$52,393.50	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$51,381	\$64,233	\$59,103	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$57,213	\$71,523	\$65,812.50	<input type="checkbox"/> Sí	<input type="checkbox"/> No
Agrega \$5,832	Agrega \$7,290	Agrega \$6,709.50	<input type="checkbox"/> Sí	<input type="checkbox"/> No

135% de las Guías Federales de Pobreza 2018

*Las Guías de Pobreza Federal se actualizan típicamente a fines de enero.

Programa de Lifeline: Formulario de Aplicación



4. Acuerdo

Acepto, bajo pena de perjurio, las siguientes declaraciones:

Ingrese sus iniciales junto a cada declaración.

Actualmente, yo (o mi dependiente u otra persona en mi hogar) recibo beneficios del programa de gobierno enumerada en este formulario o los ingresos anuales de mi hogar son iguales o menores al 135% de las Guías Federales de Pobreza (la cantidad enumerada en la tabla de Guías Federales de Pobreza en este formulario).
Iniciales

Estoy de acuerdo en que si me mudo, le daré a mi proveedor de servicios mi nueva dirección dentro de 30 días.
Iniciales

Entiendo que necesito informar a mi proveedor de servicios dentro de 30 días si ya no califico para Lifeline, incluyendo:
Iniciales

- 1) Yo, o la persona de mi hogar que califica, ya no califico a través de un programa de gobierno o de ingresos.
- 2) Yo o alguien en mi hogar recibe más de un beneficio de Lifeline (incluyendo, más de un servicio de internet de banda ancha Lifeline, más de un servicio telefónico Lifeline, o los dos servicios telefónico Lifeline e internet de banda ancha Lifeline).

Sé que mi hogar sólo puede obtener un beneficio de Lifeline y, a mi entender, mi familia no recibe más de un beneficio de Lifeline.
Iniciales

Estoy de acuerdo en que mi proveedor de servicios pueda darle al administrador del Programa de Lifeline toda la información que estoy dando en este formulario. Entiendo que esta información está destinada a ayudar a ejercer al Programa de Lifeline y que si no permito que lo entreguen al administrador, no podré obtener los beneficios de Lifeline.
Iniciales

Todas las respuestas y acuerdos que he escrito en este formulario son verdaderos y correctos a mi entender.
Iniciales

Sé que dar información falsa o fraudulenta voluntariamente para obtener beneficios del Programa de Lifeline es castigable por la ley y puede resultar en multas, tiempo de cárcel, la cancelación de mi suscripción, o exclusión del programa.
Iniciales

Es posible que en cualquier momento, mi proveedor de servicios tenga que comprobar si todavía califico. Si necesito recertificar (renovar) a mi beneficio de Lifeline, entiendo que tengo que responder antes de la fecha límite o que me eliminarán del Programa de Lifeline y mi beneficio Lifeline parará.
Iniciales

Yo fui sincero cuando indiqué si vivo o no vivo en tierras tribales, como se define en la sección 2 de este formulario.
Iniciales

Doy mi consentimiento para que USAC me contacte en mi número de teléfono de Lifeline para recibir recordatorios y actualizaciones importantes sobre mi servicio de Lifeline. Se pueden aplicar tarifas de mensajes y datos. Envíe STOP por mensaje de texto para detener a los mensajes.

Firma

Fecha de hoy

Programa de Lifeline: Formulario de Aplicación



Notificación

NOTIFICACIÓN DE LA LEY DE REDUCCIÓN DE TRÁMITES: la sección 54.410 de las normas de la Comisión Federal de Comunicaciones (Federal Communications Commission, FCC) exige que todos los suscriptores de Lifeline demuestren su elegibilidad para recibir los servicios de Lifeline. Esta recopilación de información se deriva de la autoridad de la Comisión según la Sección 254 de la Ley de Comunicaciones de 1934, en su forma enmendada, Título 47 del Código de los Estados Unidos (United States Code, U.S.C.) sección 254. Usando esta autoridad, la FCC designó a la Compañía Administrativa de Servicio Universal (Universal Service Administrative Company, USAC) como la administradora permanente de Lifeline. La FCC publicó las normas que detallan cómo los consumidores pueden calificar para los servicios de Lifeline y cuáles servicios pueden recibir (título 47 del Código de Regulaciones Federales [Code of Federal Regulations, CFR], sección 54.400 et seq.). La USAC utilizará la información proporcionada en respuesta a esta recopilación de información para verificar la elegibilidad del solicitante para los servicios de Lifeline.

Estimamos que cada respuesta a esta recopilación de información tomará, en promedio, entre 0.25 y 0.75 horas. Nuestra estimación incluye el tiempo para leer las preguntas, examinar los registros existentes, recopilar la información necesaria y en efecto completar y revisar el formulario o la respuesta. Si tiene algún comentario sobre esta estimación, o sobre cómo podemos mejorar la recopilación y reducir la carga que representa para usted, escriba a la Comisión Federal de Comunicaciones, a la Oficina del Director General de la División de Evaluación del Desempeño y Gestión de Registros (Office of Managing Director-Performance Evaluation and Records Management, OMD-PERM), Proyecto de Reducción de Trámites (3060-0819), Washington, D.C. 20554. También aceptaremos sus comentarios a través de Internet si los envía a PRA@fcc.gov. NO ENVÍE Las formas LLENOS DE RECOPIACIÓN DE INFORMACIÓN A ESTA DIRECCIÓN.

Recuerde - no es necesario que responda a una recopilación de información patrocinada por el gobierno federal y el gobierno no puede realizar ni patrocinar esta recopilación, a menos que muestre un número de control vigente de la Oficina de Administración y Presupuesto (Office of Management and Budget, OMB). A esta recopilación se le asignó el número de control de la OMB 3060-0819.

La Comisión está autorizada, de acuerdo con la Ley de Comunicaciones de 1934, en su forma enmendada, a recopilar la información que solicitamos en este formulario. Si creemos que puede haber una violación o posible violación de un estatuto o reglamento, norma u orden de la Comisión, su respuesta podría remitirse a la agencia federal, estatal o local responsable de investigar, enjuiciar, hacer cumplir o implementar el estatuto, norma, regulación u orden.

Si no proporciona la información que solicitamos en este formulario, usted no será elegible para recibir los servicios de Lifeline, de acuerdo con las normas del programa Lifeline, título 47 del C.F.R., sección 54.400-54.423.

La Ley de Reducción de Trámites de 1995, P.L. No. 104-13, título 44 del U.S.C., sección 3501, et seq, exige la notificación que precede

DECLARACIÓN DE LA LEY DE PRIVACIDAD: la Ley de Privacidad es una ley que exige que la Comisión Federal de Comunicaciones (FCC) y la Compañía Administrativa de Servicio Universal (USAC) expliquen por qué le pedimos a las personas información personal y lo que vamos a hacer con esta información una vez que la recopilamos.

Autoridad: la Sección 254 de la Ley de Comunicaciones (título 47 del U.S.C., sección 254), en su forma enmendada, autoriza a la FCC a operar el programa Lifeline. Usando esta autoridad, la FCC designó a la USAC como la administradora permanente de Lifeline. La FCC publicó las normas que detallan cómo los consumidores pueden calificar para los servicios de Lifeline y cuáles servicios pueden recibir (título 47 del CFR, sección 54.400 et seq.).

Propósito: recopilamos esta información personal para que podamos verificar que usted califica para el programa Lifeline y para que podamos brindarle de manera eficiente los servicios de Lifeline. Accedemos, mantenemos y utilizamos su información personal de la manera descrita en la Notificación del Sistema de Registros (System of Records Notice, SORN) de Lifeline, FCC/WCB-1, que publicamos en 82 Fed. Reg. 38686 (15 de agosto de 2017).

Usos de rutina: podemos compartir la información personal que ingrese en este formulario con otras partes para fines específicos, tales como: con contratistas que nos ayudan a operar el programa Lifeline; con otras agencias gubernamentales federales y estatales que nos ayudan a determinar su elegibilidad para Lifeline; con las compañías de telecomunicaciones que le brindan el servicio de Lifeline; y con fuerzas policiales y otros funcionarios que investigan posibles violaciones de las normas de Lifeline.

Una lista completa de las formas en que podemos usar su información se publica en la SORN de Lifeline descrita en el párrafo "Propósito" de esta declaración.

Divulgación: usted no está obligado a proporcionar la información que solicitamos en este formulario, pero si no lo hace, no será elegible para recibir los servicios de Lifeline según las normas del programa Lifeline, título 47 del C.F.R., sección 54.400-54.423.



Lifeline Florida On-line Application for Recipients of Medicaid or Supplemental Nutrition Assistance Program (SNAP)

ABOUT SSL CERTIFICATES

Section 364.107(1), Florida Statutes provides that personal identifying information concerning a participant in a telecommunications carrier's Lifeline Assistance Plan held by the Public Service Commission is confidential.

Lifeline is a federal benefit. Willfully making false statements to obtain the benefit 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 purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. For example, apartments in an apartment building are usually unique households. Individuals living in a nursing home can be considered unique households. Answer the questions below to determine if there is more than one household living at your address.

Does another adult (age 18 or older or emancipated minor) live with you <u>AND</u> have a Lifeline-discounted service or a "free" wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you share expenses for bills, food, or other living expenses <u>AND</u> share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted services?	<input type="radio"/> Yes <input type="radio"/> No

A household is not permitted to receive Lifeline benefits from multiple providers. This includes both wireline and wireless providers. Violation of the one-per-household limitation constitutes a violation of the Lifeline rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government. Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

Contact Information

*First Name	<input type="text"/>	*Last Name	<input type="text"/>
*Service Address Line 1	<input type="text"/>	*Service Address Line 2	<input type="text"/>
*City	<input type="text"/>	*State	FL <input type="text"/>
*Zipcode	<input type="text"/>	The residential address listed on this application is:	<input type="radio"/> Permanent <input type="radio"/> Temporary
*Telephone (###-###-####)	<input type="text"/>	* Date of Birth (mm/dd/yyyy)	<input type="text"/>
* Last 4 digits of Social Security Number	<input type="text"/> (The last four digits of your Social Security Number are required to complete this application. If you do not wish to provide this information here, please apply for Lifeline directly through your Service Provider.)	Service Provider	<input type="text" value="Please select an option"/>
I hereby certify that I participate in the following public assistance program(s): <input type="checkbox"/> Medicaid <input type="checkbox"/> SNAP		<input type="checkbox"/> Checked if Different Billing	

I certify, that:

I will notify my Lifeline provider within 30 days if I no longer participate in a qualifying DCF assistance program, if I receive more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit;

If I move to a new address, I will provide that new address to my Lifeline provider within 30 days;

My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

The information contained in this application is true and correct to the best of my knowledge;

I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and,

I acknowledge that I may be required by my Lifeline provider to recertify my continued eligibility for Lifeline at any time, and my failure to recertify as to my continued eligibility will result in deenrollment and the termination of my Lifeline benefits.

I understand that my name, telephone number, and address may be provided to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that my household does not receive more than one Lifeline benefit and for proper administration of the program.

I agree to allow exchange of any necessary information between the local telephone company, the appropriate federal or state agency, or fund administrator, to verify my eligibility to participate in the Lifeline discount program. I give this permission on the condition that the information in this form and any information about my participation in the above public assistance programs provided by officials be maintained as confidential customer account information.

I agree to these terms and conditions:



Yes



No

Date (mm/dd/yyyy)

SUBMIT

CLEAR

Lifeline Program Annual Recertification Form



Universal Service
Administrative Co.

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.

Recertify

To recertify for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 5.

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

Lifeline Program Annual Recertification Form



Universal Service
Administrative Co.

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 Annual Recertification Form



Universal Service
Administrative Co.

2. Your Information (continued)

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

Is this a temporary address? Yes No Check if you live on Tribal Lands*

What is your mailing address? (Only fill this out if it is not the same as your home address.)

Street Number and Name

Apt., Unit, etc.

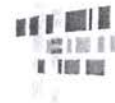
City

State

Zip Code

*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.

Lifeline Program Annual Recertification Form



Universal Service
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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?

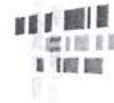
(only check yes or no next to your household size)

	All 48 States & DC (not Alaska and Hawaii)			Alaska	Hawaii		
	Income	Yes	No	Income	Income	Yes	No
1	\$16,389			\$20,493	\$18,846	Yes	No
2	\$22,221			\$27,783	\$25,555.50	Yes	No
3	\$28,053			\$35,073	\$32,265	Yes	No
4	\$33,885			\$42,363	\$38,974.50	Yes	No
5	\$39,717			\$49,653	\$45,684	Yes	No
6	\$45,549			\$56,943	\$52,393.50	Yes	No
7	\$51,381			\$64,233	\$59,103	Yes	No
8	\$57,213			\$71,523	\$65,812.50	Yes	No
If more than 8, add this amount for each extra person:	Add \$5,832			Add \$7,290	Add \$6,709.50	Yes	No

135% of the 2018 Federal Poverty Guidelines

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

Lifeline Program Annual Recertification Form



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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

Lifeline Program Annual Recertification Form



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5. Agent Information

*Answer only if a sales
person submits this form.*

What is the agent's 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 the agent's ID number?

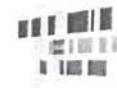
What is the agent's date of birth?

Month

Day

Year

Lifeline Program Annual Recertification Form



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Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to recertify their eligibility to receive Lifeline services annually. 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 continued 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 form, 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-PER, 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 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.

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.

Programa de Lifeline: Formulario de Recertificación



1. Sobre Lifeline

Lifeline es un beneficio federal que reduce el costo mensual de servicio telefónico o de internet.

Reglas

Si califica, su hogar puede obtener Lifeline para servicio de teléfono o internet, pero no ambos.

- Si obtiene Lifeline para servicio telefónico, puede obtener el beneficio para un teléfono móvil o telefonía fija, pero no para los dos
- Si obtiene Lifeline para servicio de internet, puede obtener el beneficio para internet móvil o internet fijo, pero no para los dos.
- Si obtiene Lifeline para un paquete de servicio de teléfono e internet, puede obtener el beneficio para un paquete de teléfono móvil o un paquete residencial, pero no para los dos.

Su hogar no puede obtener Lifeline a través de más de una compañía telefónica o de internet.

Sólo se permite un beneficio de Lifeline por hogar, **no por persona**. Si más de una persona en su hogar recibe Lifeline, esta infringiendo las reglas de la FCC y perderá su beneficio.

¿Qué es un hogar?

Un hogar es un grupo de personas que viven juntas y comparten ingresos y gastos (aunque no sean parientes).

No le de su beneficio a otra persona

Lifeline no es transferible. No puede darle su beneficio de Lifeline a otra persona, aunque califique.

Se honesto en este formulario

Tiene que dar información precisa y verdadera en esta formulario y en todos las formas o cuestionarios relacionados con Lifeline. Si da información falsa o fraudulenta, perderá su beneficio de Lifeline (es decir, cancelación de su suscripción o exclusión del programa) y el gobierno de los Estados Unidos podrá tomar acciones legales en su contra. Esto puede incluir (pero no limitado a) multas o encarcelamiento.

Recertificar

Para recertificar su beneficio de Lifeline, llena todas las secciones de este formulario requeridas, ingresa sus iniciales en cada declaración del acuerdo, y firma la página 5.

Para recertificar, trae o envía por correo este formulario a su compañía de teléfono o internet.

Programa de Lifeline: Formulario de Recertificación



3. Califica para Lifeline

Llena esta sección para demostrar que usted, su dependiente, o alguien de su hogar califica para Lifeline.

Puede calificar a través de algunos programas de asistencia de gobierno o a través de sus ingresos (no necesita calificar a través de los dos).

Califica a través de un programa de gobierno:

Marca a todos los programas que usted o alguien en su hogar tiene:

- Programa de Asistencia para Nutrición Suplementaria (SNAP) (Estampillas para Alimentos)
- Ingreso Suplementario de Seguridad (SSI)
- Medicaid
- Asistencia Federal para la Vivienda Pública (FPHA)
- Beneficios de Pensión para Veteranos y Sobrevivientes

Programas específicos para Tribus

- Asistencia General del Bureau of Indian Affairs (BIA)
- Asistencia Temporal para Familias Necesitadas de Tribus (TANF Tribal)
- Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR)
- Head Start (sólo los hogares que cumplen con el estándar de ingresos)

0

Califica a través de sus ingresos:

(Sólo llena este formulario si no califica a través de un programa de gobierno.)

¿Incluyéndote a ti, cuántas personas viven en su hogar?
(marca una casilla)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- Si son más de 8, agrega esta cantidad por cada persona adicional:

¿Sus ingresos son iguales o menores que la cantidad enumerada para su estado y tamaño del hogar?

(Solo marca sí o no al lado de la cantidad que le corresponde al tamaño de su hogar)

Todos los 48 estados y DC (no Alaska y Hawái)	Alaska	Hawái		
\$16,389	\$20,493	\$18,846	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$22,221	\$27,783	\$25,555.50	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$28,053	\$35,073	\$32,265	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$33,885	\$42,363	\$38,974.50	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$39,717	\$49,653	\$45,684	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$45,549	\$56,943	\$52,393.50	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$51,381	\$64,233	\$59,103	<input type="checkbox"/> Sí	<input type="checkbox"/> No
\$57,213	\$71,523	\$65,812.50	<input type="checkbox"/> Sí	<input type="checkbox"/> No
Agrega \$5,832	Agrega \$7,290	Agrega \$6,709.50	<input type="checkbox"/> Sí	<input type="checkbox"/> No

135% de las Guías Federales de Pobreza 2018

*Las Guías de Pobreza Federal se actualizan típicamente a fines de enero.

Programa de Lifeline: Formulario de Recertificación



4. Acuerdo

Acepto, bajo pena de perjurio, las siguientes declaraciones:

Ingrese sus iniciales junto a cada declaración.

Actualmente, yo (o mi dependiente u otra persona en mi hogar) recibo beneficios del programa de gobierno enumerada en este formulario o los ingresos anuales de mi hogar son iguales o menores al 135% de las Guías Federales de Pobreza (la cantidad enumerada en la tabla de Guías Federales de Pobreza en este formulario).
Iniciales

Estoy de acuerdo en que si me mudo, le daré a mi proveedor de servicios mi nueva dirección dentro de 30 días.
Iniciales

Entiendo que necesito informar a mi proveedor de servicios dentro de 30 días si ya no califico para Lifeline, incluyendo:
Iniciales

- 1) Yo, o la persona de mi hogar que califica, ya no califico a través de un programa de gobierno o de ingresos.
- 2) Yo o alguien en mi hogar recibe más de un beneficio de Lifeline (incluyendo, más de un servicio de internet de banda ancha Lifeline, más de un servicio telefónico Lifeline, o los dos servicios telefónico Lifeline e internet de banda ancha Lifeline).

Sé que mi hogar sólo puede obtener un beneficio de Lifeline y, a mi entender, mi familia no recibe más de un beneficio de Lifeline.
Iniciales

Estoy de acuerdo en que mi proveedor de servicios pueda darle al administrador del Programa de Lifeline toda la información que estoy dando en este formulario. Entiendo que esta información está destinada a ayudar a ejercer al Programa de Lifeline y que si no permito que lo entreguen al administrador, no podré obtener los beneficios de Lifeline.
Iniciales

Todas las respuestas y acuerdos que he escrito en este formulario son verdaderos y correctos a mi entender.
Iniciales

Sé que dar información falsa o fraudulenta voluntariamente para obtener beneficios del Programa de Lifeline es castigable por la ley y puede resultar en multas, tiempo de cárcel, la cancelación de mi suscripción, o exclusión del programa.
Iniciales

Es posible que en cualquier momento, mi proveedor de servicios tenga que comprobar si todavía califico. Si necesito recertificar (renovar) mi beneficio de Lifeline, entiendo que tengo que responder antes de la fecha límite o que me eliminarán del Programa de Lifeline y mi beneficio Lifeline parará.
Iniciales

Yo fui sincero cuando indiqué si vivo o no vivo en tierras tribales, como se define en la sección 2 de este formulario.
Iniciales

Doy mi consentimiento para que USAC me contacte en mi número de teléfono de Lifeline para recibir recordatorios y actualizaciones importantes sobre mi servicio de Lifeline. Se pueden aplicar tarifas de mensajes y datos. Envíe STOP por mensaje de texto para detener a los mensajes.

Firma

Fecha de hoy

Programa de Lifeline: Formulario de Recertificación



Universal Service
Administrative Co.

Notificación

NOTIFICACIÓN DE LA LEY DE REDUCCIÓN DE TRÁMITES: la sección 54.410 de las normas de la Comisión Federal de Comunicaciones (Federal Communications Commission, FCC) exige que todos los suscriptores de Lifeline recertifiquen anualmente su elegibilidad para recibir los servicios de Lifeline. Esta recopilación de información se deriva de la autoridad de la Comisión según la Sección 254 de la Ley de Comunicaciones de 1934, en su forma enmendada, título 47 del Código de los Estados Unidos (United States Code, U.S.C.) sección 254. Usando esta autoridad, la FCC designó a la Compañía Administrativa de Servicio Universal (Universal Service Administrative Company, USAC) como la administradora permanente de Lifeline. La FCC publicó las normas que detallan cómo los consumidores pueden calificar para los servicios de Lifeline y cuáles servicios pueden recibir (título 47 del Código de Regulaciones Federales [Code of Federal Regulations, CFR], sección 54.400 et seq.). La información proporcionada en respuesta a esta recopilación de información será utilizada por la USAC para verificar la elegibilidad continua del solicitante para los servicios de Lifeline.

Estimamos que cada respuesta a esta recopilación de información tomará, en promedio, entre 0.25 y 0.75 horas. Nuestra estimación incluye el tiempo para leer el formulario, examinar los registros existentes, recopilar la información necesaria y en efecto completar y revisar el formulario o la respuesta. Si tiene algún comentario sobre esta estimación, o sobre cómo podemos mejorar la recopilación y reducir la carga que representa para usted, escriba a la Comisión Federal de Comunicaciones, a la Oficina del Director General de la División de Evaluación del Desempeño y Gestión de Registros (Office of Managing Director-Performance Evaluation and Records Management, OMD-PERM), Proyecto de Reducción de Trámites (3060-0819), Washington, D.C. 20554. También aceptaremos sus comentarios a través de Internet si los envía a PRA@fcc.gov. NO ENVÍE LOS FORMULARIOS LLENOS DE RECOPIACIÓN DE INFORMACIÓN A ESTA DIRECCIÓN.

Recuerde – no es necesario que responda a una recopilación de información patrocinada por el gobierno federal y el gobierno no puede realizar ni patrocinar esta recopilación, a menos que muestre un número de control vigente de la Oficina de Administración y Presupuesto (Office of Management and Budget, OMB). A esta recopilación se le asignó el número de control de la OMB 3060-0819.

La Comisión está autorizada, de acuerdo con la Ley de Comunicaciones de 1934, en su forma enmendada, a recopilar la información que solicitamos en este formulario. Utilizaremos la información que proporcione para determinar su elegibilidad para los servicios de Lifeline. Si creemos que puede haber una violación o posible violación de un estatuto o reglamento, norma u orden de la Comisión, su formulario podría remitirse a la agencia federal, estatal o local responsable de investigar, enjuiciar, hacer cumplir o implementar el estatuto, norma, regulación u orden. En ciertos casos, la información en su formulario puede divulgarse al Departamento de Justicia, a un tribunal u otro órgano adjudicativo cuando (a) la Comisión, (b) cualquier empleado de la Comisión o (c) el gobierno de Estados Unidos sea parte en un proceso judicial ante el organismo o tenga un interés en el proceso judicial.

Si no proporciona la información que solicitamos en este formulario, usted no será elegible para recibir los servicios de Lifeline, de acuerdo con las normas del programa Lifeline, título 47 del C.F.R., sección 54.400-54.423.

La Ley de Reducción de Trámites de 1995, P.L. No. 104-13, título 44 del U.S.C., sección 3501, et seq, exige la notificación que precede.

DECLARACIÓN DE LA LEY DE PRIVACIDAD: la Ley de Privacidad es una ley que exige que la Comisión Federal de Comunicaciones (FCC) y la Compañía Administrativa de Servicio Universal (USAC) expliquen por qué le pedimos a las personas información personal y lo que vamos a hacer con esta información una vez que la recopilamos.

Autoridad: la Sección 254 de la Ley de Comunicaciones (título 47 del U.S.C., sección 254), en su forma enmendada, autoriza a la FCC a operar el programa Lifeline. Usando esta autoridad, la FCC designó a la Compañía Administrativa de Servicio Universal (Universal Service Administrative Company, USAC) como la administradora permanente de Lifeline. La FCC publicó las normas que detallan cómo los consumidores pueden calificar para los servicios de Lifeline y cuáles servicios pueden recibir (título 47 del CFR, sección 54.400 et seq.).

Propósito: recopilamos esta información personal para que podamos verificar que usted califica para el programa Lifeline y para que podamos brindarle de manera eficiente los servicios de Lifeline. Accedemos, mantenemos y utilizamos su información personal de la manera descrita en la Notificación del Sistema de Registros (System of Records Notice, SORN) de Lifeline, FCC/WCB-1, que publicamos en 82 Fed. Reg. 38686 (15 de agosto de 2017).

Usos de rutina: podemos compartir la información personal que ingrese en este formulario con otras partes para fines específicos, tales como: con contratistas que nos ayudan a operar el programa Lifeline; con otras agencias gubernamentales federales y estatales que nos ayudan a determinar su elegibilidad para Lifeline; con las compañías de telecomunicaciones que le brindan el servicio de Lifeline; y con fuerzas policiales y otros funcionarios que investigan posibles violaciones de las normas de Lifeline.

Una lista completa de las formas en que podemos usar su información se publica en la SORN de Lifeline descrita en el párrafo "Propósito" de esta declaración.

Divulgación: usted no está obligado a proporcionar la información que solicitamos en este formulario, pero si no lo hace, no será elegible para recibir los servicios de Lifeline según las normas del programa Lifeline, título 47 del C.F.R., sección 54.400-54.423.

Lifeline Program Household Worksheet



Universal Service
Administrative Co.

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



Universal Service
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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



Universal Service Administrative Co.

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

You can apply for Lifeline. You live in a household that does not get Lifeline yet. Please initial line **B** on page 4, and sign and date the worksheet.

Check this box

2. Do they get Lifeline?

Yes

If yes, answer question 3

No

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 4, and sign and date the worksheet.

Check this box

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.

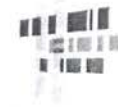
Yes

No

You 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



Universal Service Administrative Co.

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.

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.

Initial

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

NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. If more than one person at the same address is applying for Lifeline service, all applicants must submit a Household Worksheet. 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, 0.25 hours. Our estimate includes the time to read and complete the form 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-PER, 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 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.

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.

Programa de Lifeline: Planilla de Hogar



Universal Service
Administrative Co.

Sobre Lifeline

Lifeline es un beneficio federal que reduce el costo mensual de servicio telefónico o de internet (no ambos). Sólo se permite un beneficio de Lifeline por hogar, no por persona.

Uso de esta hoja

Utilice esta planilla si alguien más recibe el beneficio de Lifeline en su dirección. Sus respuestas a estas preguntas le ayudarán a saber si hay más de un hogar en su dirección.

¿Qué es un hogar?

Un hogar es un grupo de personas que viven juntas y comparten ingresos y gastos (aunque no sean parientes).

Ejemplos de un hogar:

- Una pareja casada que convive es un hogar. Deben compartir un beneficio de Lifeline.
- Un padre / guardián y un niño que viven juntos son un hogar. Deben compartir un beneficio de Lifeline.
- Un adulto que vive con amigos o familiares que lo apoyan financieramente es un hogar. Deben compartir un beneficio de Lifeline.

Ejemplos de más de un hogar:

- 4 compañeros de habitación que viven juntos pero no comparten dinero son 4 hogares. Pueden tener un beneficio de Lifeline cada uno, 4 en total.
- 30 personas de la tercera edad que viven en una vivienda asistida son 30 hogares. Pueden tener un beneficio de Lifeline cada uno, 30 en total.

Gastos de un hogar

Un hogar comparte gastos. Los gastos del hogar incluyen, pero no se limitan a, alimentos, gastos de salud, y el costo de alquilar o pagar una hipoteca en su lugar de residencia y servicios públicos.

Ingresos

Los hogares comparten ingresos. Los ingresos incluyen salario, beneficios de asistencia pública, pagos de seguridad social, pensiones, compensación de desempleo, beneficios de veteranos, herencias, pensión alimenticia, pagos de manutención de hijos, beneficios de compensación de trabajadores, regalos, y ganancias de lotería.

Programa de Lifeline: Planilla de Hogar



Su información

Todos los campos son obligatorios a menos que se indique. Usa sólo letras mayúsculas y tinta negra para llenar este formulario.

¿Cuál es su nombre legal completo?

El nombre que usas en documentos oficiales, como su tarjeta de Seguro Social o identificación estatal. No use un apodo.

Nombre

Segundo Nombre (opcional)

Sufijo (opcional)

Apellido

¿Cual es la dirección de su casa? (La dirección donde va a recibir el servicio. No use un P.O. Box)

Número y Nombre de Calle

Dpto., Unidad, Otro

Ciudad

Estado

Código Postal

Programa de Lifeline: Planilla de Hogar



Universal Service
Administrative Co.

¿Puede Aplicar?

Sigue este árbol de decisión para confirmar si calificas para el Programa de Lifeline.

1. ¿Vive con otro adulto?

Los adultos son personas mayores de 18 años o menores emancipados. Esto puede incluir un esposo o esposa, pareja doméstica, padre, hijo adulto o hija adulta, adulto en su familia, compañero de cuarto adulto, etc.

Sí

En caso afirmativo, responde a la pregunta 2

No

Puede aplicar para Lifeline. Vives en una casa que no tiene Lifeline todavía. *Por favor ingresa sus iniciales en la línea B, firma y la fecha la planilla.*

Marca esta casilla

2. ¿Él o ella tiene Lifeline?

Sí

En caso afirmativo, responde a la pregunta 3

No

Puede aplicar para Lifeline. Tú vives en una dirección con más de un hogar y su hogar no recibe Lifeline todavía. *Por favor ingrese sus iniciales en las líneas A y B, firma y fecha la planilla.*

Marca esta casilla

3. ¿Comparte dinero (ingresos y gastos) con ella o él?

Esto puede ser el costo de sus facturas, alimentos, o otros, y sus ingresos. Si está casado, debes de marcar sí para esta pregunta.

Sí

No

No calificas para Lifeline porque alguien en su hogar ya recibe el beneficio. Sólo se permite un beneficio de Lifeline por hogar, no por persona.

Marca esta casilla

Programa de Lifeline: Planilla de Hogar



Acuerdo

Ingresas sus iniciales, y firma y fecha este formulario. Entrega esta planilla a su proveedor de servicios junto con el Formulario de Aplicación del Programa Lifeline.

Doy mi consentimiento para que USAC me contacte en mi número de teléfono de Lifeline para recibir recordatorios y actualizaciones importantes sobre mi servicio de Lifeline. Se pueden aplicar tarifas de mensajes y datos. Envíe STOP por mensaje de texto para detener los mensajes.

Iniciales

A Vivo en una dirección con más de un hogar.

Iniciales

B Entiendo que el límite de un solo hogar es una regla de La Comisión Federal de Comunicaciones (Federal Communications Commission, FCC por sus siglas en inglés) y que perderé mi beneficio de Lifeline si rompo esta regla.

Firma

Fecha de Hoy

Notificación

NOTICE: NOTIFICACIÓN DE LA LEY DE REDUCCIÓN DE TRÁMITES: la sección 54.410 de las normas de la Comisión Federal de Comunicaciones (Federal Communications Commission, FCC) exige que todos los suscriptores de Lifeline demuestren su elegibilidad para recibir los servicios de Lifeline. Si más de una persona en la misma dirección solicita el servicio de Lifeline, todos los solicitantes deben presentar una Hoja de trabajo del grupo familiar. Esta recopilación de información se deriva de la autoridad de la Comisión según la Sección 254 de la Ley de Comunicaciones de 1934, en su forma enmendada, título 47 del Código de los Estados Unidos (United States Code, U.S.C.) sección 254. Usando esta autoridad, la FCC designó a la Compañía Administrativa de Servicio Universal (Universal Service Administrative Company, USAC) como la administradora permanente de Lifeline. La FCC publicó las normas que detallan cómo los consumidores pueden calificar para los servicios de Lifeline y cuáles servicios pueden recibir (título 47 del Código de Regulaciones Federales [Code of Federal Regulations, CFR], sección 54.400 et seq.). La USAC utilizará la información proporcionada en respuesta a esta recopilación de información para verificar la elegibilidad del solicitante para los servicios de Lifeline.

Estimamos que cada respuesta a esta recopilación de información tomará, en promedio, 0.25 horas. Nuestra estimación incluye el tiempo para leer y completar el formulario y revisar el formulario o la respuesta. Si tiene algún comentario sobre esta estimación, ¿sobre cómo podemos mejorar la recopilación y reducir la carga que representa para usted, escriba a la Comisión Federal de Comunicaciones, a la Oficina del Director General de la División de Evaluación del Desempeño y Gestión de Registros (Office of Managing Director-Performance Evaluation and Records Management, OMD-PERM), Proyecto de Reducción de Trámites (3060-0819), Washington, D.C. 20554. También aceptaremos sus comentarios a través de Internet si los envía a PRA@fcc.gov. NO ENVÍE LOS FORMULARIOS LLENOS DE RECOPIACIÓN DE INFORMACIÓN A ESTA DIRECCIÓN.

Recuerde - no es necesario que responda a una recopilación de información patrocinada por el gobierno federal y el gobierno no puede realizar ni patrocinar esta recopilación, a menos que muestre un número de control vigente de la Oficina de Administración y Presupuesto (Office of Management and Budget, OMB). A esta recopilación se le asignó el número de control de la OMB 3060-0819.

La Comisión está autorizada, de acuerdo con la Ley de Comunicaciones de 1934, en su forma enmendada, a recopilar la información que solicitamos en este formulario. Utilizaremos la información que proporcione para determinar su elegibilidad para los servicios de Lifeline. Si creemos que puede haber una violación o posible violación de un estatuto o reglamento, norma u orden de la Comisión, su formulario podría remitirse a la agencia federal, estatal o local responsable de investigar, enjuiciar, hacer cumplir o implementar el estatuto, norma, regulación u orden. En ciertos casos, la información en su formulario puede divulgarse al Departamento de Justicia, a un tribunal u otro órgano adjudicativo cuando (a) la Comisión, (b) cualquier empleado de la Comisión o (c) el gobierno de Estados Unidos sea parte en un proceso judicial ante el organismo o tenga un interés en el proceso judicial.

Si no proporciona la información que solicitamos en este formulario, usted no será elegible para recibir los servicios de Lifeline, de acuerdo con las normas del programa Lifeline, título 47 del C.F.R., sección 54.400-54.423.

La Ley de Reducción de Trámites de 1995, P.L. No. 104-13, título 44 del U.S.C., sección 3501, et seq, exige la notificación que precede.

DECLARACIÓN DE LA LEY DE PRIVACIDAD: la Ley de Privacidad es una ley que exige que la Comisión Federal de Comunicaciones (FCC) y la Compañía Administrativa de Servicio Universal (USAC) expliquen por qué le pedimos a las personas información personal y lo que vamos a hacer con esta información una vez que la recopilamos.

Autoridad: la Sección 254 de la Ley de Comunicaciones (título 47 del U.S.C., sección 254), en su forma enmendada, autoriza a la FCC a operar el programa Lifeline. Usando esta autoridad, la FCC designó a la USAC como la administradora permanente de Lifeline. La FCC publicó las normas que detallan cómo los consumidores pueden calificar para los servicios de Lifeline y cuáles servicios pueden recibir (título 47 del CFR, sección 54.400 et seq.).

Propósito: recopilamos esta información personal para que podamos verificar que usted califica para el programa Lifeline y para que podamos brindarle de manera eficiente los servicios de Lifeline. Accedemos, mantenemos y utilizamos su información personal de la manera descrita en la Notificación del Sistema de Registros (System of Records Notice, SORN) de Lifeline, FCC/WCB-1, que publicamos en 82 Fed. Reg. 38686 (15 de agosto de 2017).

Usos de rutina: podemos compartir la información personal que ingrese en este formulario con otras partes para fines específicos, tales como: con contratistas que nos ayudan a operar el programa Lifeline; con otras agencias gubernamentales federales y estatales que nos ayudan a determinar su elegibilidad para Lifeline; con las compañías de telecomunicaciones que le brindan el servicio de Lifeline; y con fuerzas policiales y otros funcionarios que investigan posibles violaciones de las normas de Lifeline.

Una lista completa de las formas en que podemos usar su información se publica en la SORN de Lifeline descrita en el párrafo "Propósito" de esta declaración.

Divulgación: usted no está obligado a proporcionar la información que solicitamos en este formulario, pero si no lo hace, no será elegible para recibir los servicios de Lifeline según las normas del programa Lifeline, título 47 del C.F.R., sección 54.400-54.423.

Notice of Proposed Rule

PUBLIC SERVICE COMMISSION

RULE NOS: RULE TITLES:

25-4.0665 Lifeline Service

25-4.113 Refusal or Discontinuance of Service by Company

PURPOSE AND EFFECT: Rule 25-4.0665, F.A.C., would be amended to require eligible telecommunications carriers to comply with the Lifeline program requirements as contained in CFR §54.400 – §54.417, to accept Federal Communications Commission (FCC) Forms 5629, 5630, and 5631 and PSC Form 1023 (08/18), to eliminate quarterly reporting requirements, and to clarify eligible telecommunications carrier responsibilities regarding advertising the availability and charges or discounts of Lifeline service. Consistent with the 2011 changes made to Ch. 364 FS, Rule 25-4.113, F.A.C., would be repealed.

SUMMARY: Among other things, Rule 25-4.0665 identifies certain federal assistance programs, the participation in which determines eligibility for Lifeline assistance. The amendment of Rule 25-4.0665 would instead require eligible telecommunications carriers to offer Lifeline assistance as prescribed by the FCC. Eligible telecommunications carriers would be required to accept FCC Form 5629, "Lifeline Program Application Form," FCC Form 5630, "Lifeline Program Annual Recertification Form," and FCC Form 5631, "Lifeline Program Household Worksheet," as well as Form PSC 1023 (08/18), "Lifeline Florida Online Application for Recipients of Medicaid or Supplemental Nutrition Assistance Program (SNAP)." Written notice of termination of Lifeline assistance would be as prescribed by CFR §54.405, and advertising the availability of Lifeline assistance would be as prescribed by CFR §54.405(b) and USC § 214(e)(1)(B). Because CFR §54.422(c) prescribes annual reporting requirements for eligible telecommunications carriers that receive low-income support, quarterly reports to the PSC are no longer necessary. Rule 25-4.113 describes the conditions upon which a telecommunications company may refuse or discontinue telephone service. Consistent with the 2011 deregulatory changes made to Ch. 364 FS, Rule 25-4.113 would be repealed.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION: The agency has determined that the rule amendment and rule repeal will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has been prepared by the agency. The SERC examined the factors required by Section 120.541(2), FS, and concluded that the rule amendment and rule repeal will not have an adverse impact on economic growth or business competitiveness, and minimal impact on eligible telecommunications carriers that are small businesses. Because most eligible telecommunications carriers offer Lifeline discounts in multiple states, any impact in Florida would be shared with other states.

The agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: based upon the information contained in the SERC.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 350.127(2), 364.10(2)(j) FS.

LAW IMPLEMENTED: 364.10, 364.105, 364.183(1) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Rosanne Gervasi, Office of General Counsel, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0850, (850)413-6224, rgervasi@psc.state.fl.us.

THE FULL TEXT OF THE PROPOSED RULE IS:

25-4.0665 Lifeline Assistance Service.

(1) Eligible Telecommunications Companies must offer Lifeline Assistance as prescribed by the Federal Communications Commission in Title 47, Code of Federal Regulations, Part 54, Subpart E, Universal Service Support for Low-Income Consumers, Sections 54.400 through 54.417, as amended October 1, 2017, which are hereby incorporated into this rule by reference, and which are available at [hyperlink]. A subscriber is eligible for Lifeline service if:

(a) The subscriber is a participant in one of the following federal assistance programs:

1. Medicaid;
2. Food Stamps;
3. Supplemental Security Income (SSI);
4. Temporary Assistance for Needy Families/Temporary Cash Assistance;
5. "Section 8" Federal Public Housing Assistance;
6. Low Income Home Energy Assistance Program; or
7. The National School Lunch Program—Free Lunch; or

(b) The subscriber's eligible telecommunications carrier has more than one million access lines and the subscriber's household income is at or below 150 percent of the federal poverty income guidelines.

(2) A subscriber living on federally recognized Tribal lands who does not satisfy the eligibility requirements for Lifeline service in subsection (1) of this rule is nevertheless eligible for Lifeline service if the subscriber receives benefits from one of the following Bureau of Indian Affairs programs:

- (a) Tribal temporary assistance for needy families (TANF);
- (b) NSL Program—Free Lunch; or
- (c) Head Start.

(3) Eligible telecommunications carriers with less than one million access lines are not required to enroll Lifeline applicants through the income eligibility test of 150 percent or less of the federal poverty income guidelines, but may do so voluntarily.

(4) Eligible telecommunications carriers that charge an initial connection charge must offer Link Up service to subscribers who are eligible for Lifeline service pursuant to this rule.

(2)(5) When enrolling customers in the Lifeline service program under paragraph (1)(a) of this rule, eligible telecommunications carriers shall accept FCC Form 5629, OMB APPROVAL EDITION 3060-0819, PSC/TEL 157 (6/10), entitled "Lifeline Program Application Form," "Application for Link Up Florida and Lifeline Assistance," which is incorporated into this rule by reference and which is available at [hyperlink] or can be accessed from the Universal Service Administrative Company's Commission's website at https://www.usac.org/res/documents/li/pdf/nv/LI_Application_UniversalForm.pdf, www.floridapsc.com, by selecting "Link Up Florida and Lifeline Assistance," then selecting "Need Discounted Phone Service?," and then selecting "English Link Up and Lifeline Certification Form" (also available in Spanish and Creole). The Spanish version of this form is also incorporated into this rule by reference and is available at [hyperlink] or from the Universal Service Administrative Company's website at https://www.usac.org/res/documents/li/pdf/nv/LI-SP_Application_UniversalForms.pdf. Eligible telecommunications carriers shall also accept Form PSC 1023 (08/18), entitled "Lifeline Florida On-line Application for Recipients of Medicaid or Supplemental Nutrition Assistance Program (SNAP)," which is incorporated into this rule by reference and which is available at [hyperlink] or from the Commission's website at www.floridapsc.com, by selecting "Lifeline Assistance," then selecting "Public Service Commission Secure On-Line Application Form."

(3)(6) When recertifying customers in the Lifeline program, eligible telecommunications carriers shall accept FCC Form 5630, OMB APPROVAL EDITION 3060-0819, entitled "Lifeline Program Annual Recertification Form," which is incorporated into this rule by reference and which is available at [hyperlink] or from the Universal Service Administrative Company's website at https://www.usac.org/res/documents/li/pdf/nv/LI_Recertification_UniversalForms.pdf. The Spanish version of this form is also incorporated into this rule by reference and is available at [hyperlink] or from the Universal Service Administrative Company's website at

https://www.usac.org/res/documents/li/pdf/nv/LI-SP_Recertification_UniversalForms.pdf.

~~Eligible telecommunications carriers shall enroll customers for Lifeline service who electronically submit Form PSC/TEL 158 (6/10), entitled "Lifeline and Link-Up Florida On-line Self Certification Form," which is incorporated into this rule by reference and can be accessed from the Commission's website at www.floridapsc.com, by selecting "Link-Up Florida and Lifeline," then selecting "Apply On-line."~~

~~(7) For Lifeline applicants who do not use On-line enrollment or simplified certification enrollment, the eligible telecommunications carrier must accept Public Assistance eligibility determination letters, including those provided for food stamps, Medicaid, and public housing lease agreements, as proof of eligibility for Link-Up and Lifeline enrollment.~~

~~(4) To obtain information necessary to confirm whether a customer is eligible for Lifeline assistance in instances where the customer shares an address with another Lifeline recipient, eligible telecommunications carriers shall accept FCC Form 5631, OMB APPROVAL EDITION 3060-0819, entitled "Lifeline Program Household Worksheet," which is incorporated into this rule by reference and which is available at [hyperlink] or from the Universal Service Administrative Company's website at https://www.usac.org/res/documents/li/pdf/nv/LI_Worksheet_UniversalForms.pdf. The Spanish version of this form is also incorporated into this rule by reference and is available at [hyperlink] or from the Universal Service Administrative Company's website at https://www.usac.org/res/documents/li/pdf/nv/LI-SP_Worksheet_UniversalForms.pdf.~~

~~(5)(8) Eligible telecommunications carriers must allow customers the option to submit Link-Up or Lifeline application and recertification forms applications via U.S. Mail or facsimile, and may allow applications to be submitted electronically. Eligible telecommunications carriers must also allow customers the option to submit copies of supporting documents via U.S. Mail or facsimile.~~

~~(9) Eligible telecommunications carriers shall only require a customer to provide the last four digits of the customer's social security number for application for Lifeline and Link-Up service and to verify continued eligibility for the programs as part of the annual verification process.~~

~~(6)(10) All eligible telecommunications carriers shall participate in the Lifeline service Simplified Automatic Enrollment Process. For purposes of this rule, the Lifeline service Simplified Automatic Enrollment Process is an electronic interface between the Department of Children and Family Services, the Commission, and the eligible telecommunications carrier that allows low-income individuals to automatically enroll in Lifeline following enrollment in a qualifying public assistance program.~~

~~(a) The Commission shall send an e-mail to the eligible telecommunications carrier informing the eligible telecommunications carrier that Lifeline service applications are available for retrieval for processing.~~

~~(b) The eligible telecommunications carrier shall enroll the subscriber in the Lifeline service program as soon as practicable, but no later than 60 days from the receipt of the e-mail notification. Upon completion of initial enrollment, the eligible telecommunications carrier shall credit the subscriber's bill for Lifeline service as of the date the eligible telecommunications carrier received the e-mail notification from the Commission.~~

~~(b)(e) The eligible telecommunications carrier shall maintain at least one a current e-mail address with the Commission, which the Commission will use to inform the eligible telecommunications carrier of the Commission's Lifeline secure website address and that new Lifeline service applications are available for retrieval for processing.~~

~~(c)(d) The eligible telecommunications carrier shall maintain with the Commission the names, e-mail addresses and telephone numbers of at least one primary and one secondary company representative who will manage the user accounts on the Commission's Lifeline secure website.~~

~~(d)(e) Within 20 calendar days of receiving the Commission's e-mail notification that the Lifeline service application is available for retrieval, the eligible telecommunications carrier shall provide a facsimile response to the Commission via the Commission's dedicated Lifeline service facsimile telephone line at (850) 717-0108 413-7142, or an electronic response via the Commission's Lifeline secure website, identifying the customer name, address, telephone number, and date of the application for:~~

~~1. Misdirected Lifeline service applications; or~~

2. Applications for customers currently receiving Lifeline assistance service; and
3. ~~Rejected applicants, which shall include the reason(s) why the applicants were rejected.~~

In lieu of a facsimile or electronic submission, the eligible telecommunications carrier may file the information with the Office of Commission Clerk.

~~(e)(f)~~ Pursuant to Section 364.107(1), F.S., information filed by the eligible telecommunications carrier in accordance with paragraph ~~(6)(d)~~ ~~(9)(e)~~ of this rule is confidential and exempt from Section 119.07(1), F.S. However, the eligible telecommunications carrier may disclose such information consistent with the criteria in Section 364.107(3)(a), F.S. For purposes of this rule, the information filed by the eligible telecommunications carrier will be presumed necessary for disclosure to the Commission pursuant to the criteria in Section 364.107(3)(a)4., F.S.

~~(7)(11)~~ An eligible telecommunications carrier shall not impose additional verification requirements on subscribers beyond those which are required by this rule.

~~(12)~~ If the Office of Public Counsel certifies a subscriber eligible to receive Lifeline service under the income test set forth in Section 364.10(3)(a), F.S., an eligible telecommunications carrier shall not impose any additional verification requirements on the subscriber.

~~(8)(13)~~ Within 20 calendar days of rejecting a Lifeline application, an An eligible telecommunications carrier must provide written notice to the a customer within 30 days of receipt of the application providing the reason for rejecting the a ~~rejected~~ Lifeline application, and providing contact information for the customer to get information regarding the application denial. Rejected applications received by way of the Simplified Enrollment Process under subsection (6) must also be reported to the Commission via the Commission's dedicated Lifeline facsimile telephone line at (850) 717-0108 or electronically via the Commission's Lifeline secure website, with the reason why the application was rejected. In lieu of a facsimile or electronic submission, the eligible telecommunications carrier may file the information with the Office of Commission Clerk.

~~(9)(14)~~ An eligible telecommunications carrier or its designee must provide ~~60 days~~ written notice prior to the termination of Lifeline assistance service pursuant to Title 47, Code of Federal Regulations, Part 54, Subpart E, Section 54.405 Carrier obligation to offer Lifeline, as amended October 1, 2017. The notice of impending ~~pending~~ termination shall contain the telephone number at which the subscriber can obtain information about the subscriber's Lifeline assistance service from the eligible telecommunications carrier. The notice shall also inform the subscriber of the availability, pursuant to Section 364.105, F.S., of discounted residential basic local telecommunications service.

~~(15)~~ If a subscriber's Lifeline service is terminated and the subscriber subsequently presents proof of Lifeline eligibility, the eligible telecommunications carrier shall reinstate the subscriber's Lifeline service as soon as practicable, but no later than 60 days following receipt of proof of eligibility. Irrespective of the date on which the eligible telecommunications carrier reinstates the subscriber's Lifeline service, the subscriber's bill shall be credited for Lifeline service as of the date the eligible telecommunications carrier received the proof of continued Lifeline eligibility.

~~(10)(16)~~ All eligible telecommunications carriers shall provide current Lifeline program service company information to the Universal Service Administrative Company at www.lifelinesupport.org so that the information can be posted on the Universal Service Administrative Company's consumer website.

~~(11)(17)~~ Eligible telecommunications carriers must advertise the availability of Lifeline assistance service. Pursuant to Title 47, Code of Federal Regulations, Part 54, Subpart E, Section 54.405(b), all eligible telecommunications carriers are obligated to publicize the availability of Lifeline assistance in a manner reasonably designed to reach those likely to qualify for the assistance. Only posting the availability of Lifeline assistance on an eligible telecommunications carrier's website is insufficient to meet this requirement. Advertising the availability of Lifeline assistance can be achieved by using any of the following media: flyers, local newspaper ads, local TV ads, mail, e-mail, web advertisements, bill inserts and other text-based methods of advertisement or a combination of such media. Pursuant to Title 47 of the United States Code, Section 214(e)(1)(B), as amended December 1, 1997, which is hereby incorporated into this rule by reference, and which is available at [hyperlink], charges must also be included in the Lifeline advertisement. The company may redirect consumers to a 1-800 customer service number and

~~website to see applicable charges and fees in lieu of listing all charges in an advertisement, to those who may be eligible for the service. At a minimum, if the eligible telecommunications carrier publishes a directory, the eligible telecommunications carrier must include in the index of the directory a notice of the availability of Lifeline service. If the eligible telecommunications carrier generates customer bills, the eligible telecommunications carrier must also place an insert in the subscriber's bill or a message on the subscriber's bill at least once each calendar year advising subscribers of the availability of Lifeline service.~~

~~(12)(18) Eligible telecommunications carriers must file all reports with the Commission in accordance with Title 47, Code of Federal Regulations, Part 54, Subpart E, Section 54.422(c), Annual reporting for eligible telecommunications carriers that receive low-income support, as amended October 1, 2017, which is hereby incorporated into this rule by reference, and which is available at [hyperlink], may not charge a service deposit in order to initiate Lifeline service if the subscriber voluntarily elects toll blocking or toll control. If the subscriber elects not to place toll blocking or toll control on the line, an eligible telecommunications carrier may charge a service deposit.~~

~~(19) Eligible telecommunications carriers may not charge Lifeline subscribers a monthly number-portability charge.~~

~~(20) Eligible telecommunications carriers offering Link Up and Lifeline service must submit quarterly reports to the Commission no later than 30 days following the ending of each quarter as follows: First Quarter (January 1 through March 31); Second Quarter (April 1 through June 30); Third Quarter (July 1 through September 30); Fourth Quarter (October 1 through December 31). The quarterly reports shall include the following data:~~

~~(a) The number of Lifeline subscribers, excluding resold Lifeline subscribers, for each month during the quarter;~~

~~(b) The number of subscribers who received Link Up for each month during the quarter;~~

~~(c) The number of new Lifeline subscribers added each month during the quarter;~~

~~(d) The number of transitional Lifeline subscribers who received discounted service for each month during the quarter; and~~

~~(e) The number of residential access lines with Lifeline service that were resold to other carriers each month during the quarter.~~

~~Rulemaking Authority 120.80(13)(d), 350.127(2), 364.10(2)(j) ~~364.10(3)(f)~~ FS. Law Implemented 364.10, 364.105, 364.183(1) FS. History—New 1-2-07, Amended 12-6-07, 6-23-10, _____.~~

25-4.113 Refusal or Discontinuance of Service by Company.

~~Rulemaking Authority 350.127, 427.704(8) FS. Law Implemented 427.704 FS. History—New 12-1-68, Amended 3-31-76, 10-25-84, 10-30-86, 1-1-91, 9-16-92, 1-7-93, 1-25-95, 7-5-00, Repealed _____.~~

NAME OF PERSON ORIGINATING PROPOSED RULE: Greg Fogleman, Public Utilities Supervisor

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Florida Public Service Commission

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 29, 2018

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: June 23, 2017

STATEMENT OF FACTS AND CIRCUMSTANCES
JUSTIFYING RULE

Among other things, Rule 25-4.0665, F.A.C., establishes the requirements eligible telecommunications carriers must follow when they offer Lifeline service. The amendment of Rule 25-4.0665, F.A.C., would require eligible telecommunications carriers to offer Lifeline assistance as prescribed by the Federal Communications Commission (FCC) in Title 47, Code of Federal Regulations, Part 54, Subpart E, Universal Service Support for Low-Income Consumers, Sections 54.400 through 54.417, as amended October 1, 2017. The rule amendment would incorporate those federal rules by reference. By Order FCC 16-38, released on April 27, 2016, the FCC amended the federal Lifeline program requirements, and noted that states that maintain their own Lifeline funds may still adopt any eligibility requirements that they deem necessary. Florida does not maintain state Lifeline funding. Written notice of termination of Lifeline assistance would be as prescribed by CFR §54.405, and advertising the availability of Lifeline assistance would be as prescribed by CFR §54.405(b) and USC § 214(e)(1)(B). Moreover, because CFR §54.422(c) prescribes annual reporting requirements for eligible telecommunications carriers that receive low-income support, quarterly reports to the PSC are no longer necessary.

Rule 25-4.113 describes the conditions upon which a telecommunications company may refuse or discontinue telephone service. Consistent with the 2011 deregulatory changes made to Ch. 364 FS, Rule 25-4.113 would be repealed.

STATEMENT ON FEDERAL STANDARDS

The proposed rules are no more restrictive than the federal standards.



Public Service Commission

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-M-E-M-O-R-A-N-D-U-M-

DATE: March 15, 2018

TO: Rosanne Gervasi, Senior Attorney, Office of the General Counsel

FROM: Elisabeth Draper, Economist Supervisor, Division of Economics

RE: Statement of Estimated Regulatory Costs (SERC) for Proposed Amendment to Rule 25-4.0665 and for proposed Repeal of Rule 25-4.113, Florida Administrative Code (F.A.C.)

Rule 25-4.0665, F.A.C., Lifeline Service (Lifeline rule), establishes the requirements eligible telecommunications carriers (ETCs) must follow when they offer Lifeline Service and Link-Up. The rule lists the eligibility criteria for applications, processes and procedures for accepting applications and submitting them to the Department of Children and Family Services, procedures for rejecting applications, timeframes for enrolling applicants, and reporting requirements. The rule is being amended to meet the requirements of new Lifeline rules adopted by the FCC and contained in the Code of Federal Regulations, §54.400 - §54.417, as amended October 1, 2016. The proposed amendment will eliminate Link-Up, eliminate Forms PSC/TEL 157 and 158, clarify ETCs' responsibilities regarding advertising the availability and charges or discounts of Lifeline service, and eliminate the Commission's quarterly reporting requirements.

Rule 25-4.113, F.A.C., Refusal or Discontinuance of Service by Company, outlines the conditions under which a local exchange telecommunications company may discontinue or refuse to provide telephone service. The rule specifically addresses discontinuing service to customers receiving Lifeline Service. Consistent with the 2011 changes made to Chapter 364, Florida Statutes (F.S.), Rule 25-4.113, F.A.C., would be repealed. The language from Rule 25-4.113, F.A.C., applicable to Lifeline subscribers is included in Chapter 364.10, F.S.

Without modification to its Lifeline rule, Florida's requirements will differ from the FCC's requirements. Under the FCC rule, state Lifeline programs can only differ from the FCC's requirements if the states pay for the variations themselves. Florida does not have a fund for Lifeline or program additions; therefore, ETCs must follow the new FCC rules. Any costs to the ETCs are as a result of the change in FCC rules. The majority of work associated with the changes to the FCC's rules has been completed. Most of the ETCs offer Lifeline in other states, so the impact to ETCs in Florida was shared with other states. The proposed amendment eliminates a Commission quarterly reporting requirement, which will save the ETCs money.

The attached SERC addresses the considerations required pursuant to Section 120.541, F.S. A workshop was scheduled for August 15, 2017, and then canceled at the request of an ETC. Subsequently, Commission staff made changes to the draft rule language provided for the August

15 workshop and requested comments; however, no comments were received. No regulatory alternatives were submitted pursuant to Section 120.541(1), F.S. None of the impact/cost criteria established in Section 120.541(2), F.S., will be exceeded as a result of the proposed revisions.

FLORIDA PUBLIC SERVICE COMMISSION
STATEMENT OF ESTIMATED REGULATORY COSTS
Rules 25-4.0665 and 25-4.113, F.A.C.

1. Will the proposed rule have an adverse impact on small business?
[120.541(1)(b), F.S.] (See Section E., below, for definition of small business.)

Yes

No

If the answer to Question 1 is "yes", see comments in Section E.

2. Is the proposed rule likely to directly or indirectly increase regulatory costs in excess of \$200,000 in the aggregate in this state within 1 year after implementation of the rule? [120.541(1)(b), F.S.]

Yes

No

If the answer to either question above is "yes", a Statement of Estimated Regulatory Costs (SERC) must be prepared. The SERC shall include an economic analysis showing:

A. Whether the rule directly or indirectly:

(1) Is likely to have an adverse impact on any of the following in excess of \$1 million in the aggregate within 5 years after implementation of the rule?
[120.541(2)(a)1, F.S.]

Economic growth Yes No

Private-sector job creation or employment Yes No

Private-sector investment Yes No

(2) Is likely to have an adverse impact on any of the following in excess of \$1 million in the aggregate within 5 years after implementation of the rule?
[120.541(2)(a)2, F.S.]

Business competitiveness (including the ability of persons doing business in the state to compete with persons doing business in other states or domestic markets) Yes No

Productivity Yes No

Innovation Yes No

(3) Is likely to increase regulatory costs, including any transactional costs, in excess of \$1 million in the aggregate within 5 years after the implementation of the rule? [120.541(2)(a)3, F.S.]

Yes

No

Economic Analysis:

B. A good faith estimate of: [120.541(2)(b), F.S.]

(1) The number of individuals and entities likely to be required to comply with the rule.

19 Eligible Telecommunications Carriers (ETCs)

(2) A general description of the types of individuals likely to be affected by the rule.

Local Exchange Telephone Companies, Alternative Local Exchange Telephone Companies, and ETCs

C. A good faith estimate of: [120.541(2)(c), F.S.]

(1) The cost to the Commission to implement and enforce the rule.

None. To be done with the current workload and existing staff.

Minimal. Provide a brief explanation.

Other. Provide an explanation for estimate and methodology used.

(2) The cost to any other state and local government entity to implement and enforce the rule.

None. The rule will only affect the Commission.

Minimal. Provide a brief explanation.

Other. Provide an explanation for estimate and methodology used.

(3) Any anticipated effect on state or local revenues.

- None.
- Minimal. Provide a brief explanation.
- Other. Provide an explanation for estimate and methodology used.

D. A good faith estimate of the transactional costs likely to be incurred by individuals and entities (including local government entities) required to comply with the requirements of the rule. "Transactional costs" include filing fees, the cost of obtaining a license, the cost of equipment required to be installed or used, procedures required to be employed in complying with the rule, additional operating costs incurred, the cost of monitoring or reporting, and any other costs necessary to comply with the rule. [120.541(2)(d), F.S.]

- None. The rule will only affect the Commission.
- Minimal. Provide a brief explanation. Transactional costs only apply to ETCs. The majority of the work associated with the changes has been completed. Most ETCs offer discounts in multiple states so any impact in Florida was shared with other states. In addition, the proposed amendment eliminates an FPSC reporting requirement.
- Other. Provide an explanation for estimate and methodology used.

E. An analysis of the impact on small businesses, and small counties and small cities: [120.541(2)(e), F.S.]

(1) "Small business" is defined by Section 288.703, F.S., as an independently owned and operated business concern that employs 200 or fewer permanent full-time employees and that, together with its affiliates, has a net worth of not more than \$5 million or any firm based in this state which has a Small Business Administration 8(a) certification. As to sole proprietorships, the \$5 million net worth requirement shall include both personal and business investments.

- No adverse impact on small business.
- Minimal. Provide a brief explanation. If any of the ETCs are small

businesses, the impact would be minimal. The majority of the work associated with the changes has been completed. Most ETCs offer discounts in multiple states so any impact in Florida was shared with other states. In addition, the proposed amendment eliminates an FPSC reporting requirement.

Other. Provide an explanation for estimate and methodology used.

(2) A "Small City" is defined by Section 120.52, F.S., as any municipality that has an unincarcerated population of 10,000 or less according to the most recent decennial census. A "small county" is defined by Section 120.52, F.S., as any county that has an unincarcerated population of 75,000 or less according to the most recent decennial census.

No impact on small cities or small counties.

Minimal. Provide a brief explanation.

Other. Provide an explanation for estimate and methodology used.

F. Any additional information that the Commission determines may be useful.
[120.541(2)(f), F.S.]

None.

Additional Information:

G. A description of any regulatory alternatives submitted and a statement adopting the alternative or a statement of the reasons for rejecting the alternative in favor of the proposed rule. [120.541(2)(g), F.S.]

No regulatory alternatives were submitted.

A regulatory alternative was received from

Adopted in its entirety.

Rejected. Describe what alternative was rejected and provide

a statement of the reason for rejecting that alternative.