

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

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

DATE: September 19, 2018

TO: Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk

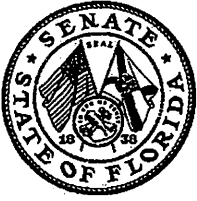
FROM: Rosanne Gervasi, Senior Attorney, Office of the General Counsel *RG*

RE: Correspondence to be included in Docket No. 20170233-TL

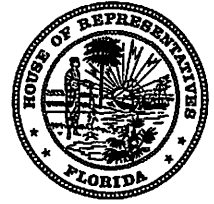
Please place the attached letter from the Joint Administrative Procedures Committee providing comments to the proposed rules, along with our response to the letter, in the above-referenced docket.

Thank you.

JOE NEGRON
President



RICHARD CORCORAN
Speaker



THE FLORIDA LEGISLATURE
**JOINT ADMINISTRATIVE
PROCEDURES COMMITTEE**

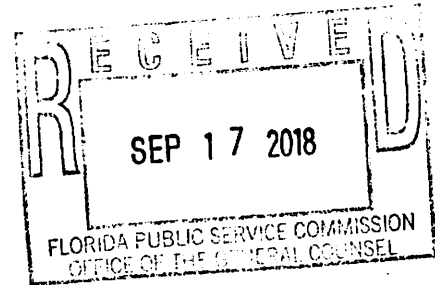
Senator Kevin Rader, Chair
Representative George R. Moraitis, Jr., Vice Chair
Senator Daphne Campbell
Senator George B. Gainer
Senator Rene Garcia
Senator Keith Perry
Representative Jason Fischer
Representative Michael Grant
Representative Sam H. Killebrew
Representative Amy Mercado
Representative Barrington A. "Barry" Russell

KENNETH J. PLANTE
COORDINATOR
Room 680, Pepper Building
111 W. Madison Street
Tallahassee, Florida 32399-1400
Telephone (850) 488-9110
Fax (850) 922-6934
www.japc.state.fl.us
joint.admin.procedures@leg.state.fl.us

September 13, 2018

Ms. Rosanne Gervasi
Office of the General Counsel
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

**RE: Public Service Commission
Rules 25-4.0665 and .113**



Dear Ms. Gervasi:

I have reviewed the above-referenced rules and offer the following comments for your consideration and response:

- 25-4.0665(1):** Please provide a copy of the newly incorporated material to the Committee for review.
- 25-4.0665(2):** The incorporative information provided for the English version of FCC Form 5629 does not appear to contain an effective date for the form as required by rule 1-1.013(2)(a), Florida Administrative Code. Please revise to include an identifiable effective date for this form.

Additionally, the information required to be set forth for incorporated forms pursuant to rule 1-1.013(2)(a), Florida Administrative Code, should be included for the Spanish language version of the form incorporated in this subsection. Please revise to include this form's specific information.

- 25-4.0665(3):** Please see the comments above for rule 25-4.0665(2) as they relate to the English and Spanish language versions of the forms incorporated in this subsection.

Ms. Rosanne Gervasi
September 13, 2018
Page 2

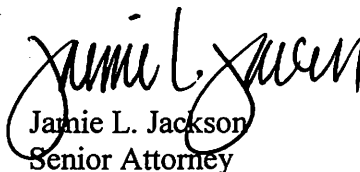
25-4.0665(4): Please see the comments above for rule 25-4.0665(2) as they relate to the English and Spanish language versions of the forms incorporated in this subsection.

✓ **25-4.0665(11):** Please provide a copy of the newly incorporated material to the Committee for review.

✓ **25-4.0665(12):** Please provide a copy of the newly incorporated material to the Committee for review.

If you have questions, please do not hesitate to contact me. Otherwise, I look forward to your written response.

Sincerely,



Jamie L. Jackson
Senior Attorney

COMMISSIONERS:
ART GRAHAM, CHAIRMAN
JULIE I. BROWN
DONALD J. POLMANN
GARY F. CLARK
ANDREW GILES FAY

STATE OF FLORIDA



OFFICE OF THE GENERAL COUNSEL
KEITH C. HETRICK
GENERAL COUNSEL
(850) 413-6199

Public Service Commission

September 19, 2018

Jamie L. Jackson
Joint Administrative Procedures Committee
Room 680, Pepper Building
111 W. Madison Street
Tallahassee, FL 32399-1400

HAND DELIVERY

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

Dear Ms. Jackson:

This letter is in response to your letter dated September 13, 2018, providing comments to the above-referenced proposed rules.

- 25-4.0665(1):** A copy of the newly incorporated material has been provided to the Committee under separate cover, by letter dated September 13, 2018.
- 25-4.0665(2):** We have included an identifiable effective date for the English version of FCC Form 5629 in the proposed rule and on the form.
- We have included the information required to be set forth for incorporated forms pursuant to Rule 1-1.013(2)(a), F.A.C., for the Spanish version of FCC Form 5629.
- 25-4.0665(3):** We have included an identifiable effective date for the English version of FCC Form 5630 in the proposed rule and on the form. We have also included the information required to be set forth for incorporated forms pursuant to Rule 1-1.013(2)(a), F.A.C., for the Spanish version of FCC Form 5630.
- 25-4.0665(4):** We have included an identifiable effective date for the English version of FCC Form 5631 in the proposed rule and on the form. We have also included the information required to be set forth for incorporated forms pursuant to Rule 1-1.013(2)(a), F.A.C., for the Spanish version of FCC Form 5631.

Ms. Jamie L. Jackson
September 19, 2018
Page 2

25-4.0665(11): A copy of the newly incorporated material has been provided to the Committee under separate cover, by letter dated September 13, 2018.

25-4.0665(12): A copy of the newly incorporated material has been provided to the Committee under separate cover, by letter dated September 13, 2018.

A copy of revised proposed Rule 25-4.0665 and the revised forms incorporated therein are attached to this letter for your review. Additionally, we will publish a Notice of Change in the Florida Administrative Register, as necessary, to reflect the changes to the proposed Lifeline rule. If there are any further questions or comments with respect to these rules, please do not hesitate to call me at 413-6224.

Sincerely,



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.~~

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions from existing law.

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 (09/18), 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](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 FCC Form 5629 (09/18), OMB APPROVAL EDITION 3060-0819, entitled “Programa de
17 Lifeline: Formulario de Aplicación,” is also incorporated into this rule by reference and is
18 available at [hyperlink] or from the Universal Service Administrative Company’s website at
19 [https://www.usac.org/ res/documents/li/pdf/nv/LI-SP_Application_UniversalForms.pdf](https://www.usac.org/res/documents/li/pdf/nv/LI-SP_Application_UniversalForms.pdf).
20 Eligible telecommunications carriers shall also accept Form PSC 1023 (08/18), entitled
21 “Lifeline Florida On-line Application for Recipients of Medicaid or Supplemental Nutrition
22 Assistance Program (SNAP),” which is incorporated into this rule by reference and which is
23 available at [hyperlink] or from the Commission’s website at www.floridapsc.com, by
24 selecting “Lifeline Assistance,” then selecting “Public Service Commission Secure On-Line
25 Application Form.”

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions from existing law.

1 (3)(6) When recertifying customers in the Lifeline program, eligible telecommunications
2 carriers shall accept FCC Form 5630 (09/18), OMB APPROVAL EDITION 3060-0819,
3 entitled “Lifeline Program Annual Recertification Form,” which is incorporated into this rule
4 by reference and which is available at [hyperlink] or from the Universal Service
5 Administrative Company’s website at
6 https://www.usac.org/ res/documents/li/pdf/nv/LI_Recertification_UniversalForms.pdf. The
7 Spanish version of this form, FCC Form 5630 (09/18), OMB APPROVAL EDITION 3060-
8 0819, entitled “Programa de Lifeline: Formulario de Recertificación,” is also incorporated into
9 this rule by reference and is available at [hyperlink] or from the Universal Service
10 Administrative Company’s website at https://www.usac.org/ res/documents/li/pdf/nv/LI-
11 SP_Recertification_UniversalForms.pdf.

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

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

21 (4) To obtain information necessary to confirm whether a customer is eligible for Lifeline
22 assistance in instances where the customer shares an address with another Lifeline recipient,
23 eligible telecommunications carriers shall accept FCC Form 5631 (09/18), OMB APPROVAL
24 EDITION 3060-0819, entitled “Lifeline Program Household Worksheet,” which is
25 incorporated into this rule by reference and which is available at [hyperlink] or from the

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions from existing law.

1 Universal Service Administrative Company's website at
2 https://www.usac.org/_res/documents/li/pdf/nv/LI Worksheet UniversalForms.pdf. The
3 Spanish version of this form, FCC Form 5631 (09/18), OMB APPROVAL EDITION 3060-
4 0819, entitled "Programa de Lifeline: Planilla de Hogar," is also incorporated into this rule by
5 reference and is available at [hyperlink] or from the Universal Service Administrative
6 Company's website at https://www.usac.org/_res/documents/li/pdf/nv/LI-
7 SP Worksheet UniversalForms.pdf.

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

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

17 (6)(40) All eligible telecommunications carriers shall participate in the Lifeline ~~service~~
18 Simplified Automatic Enrollment Process. For purposes of this rule, the Lifeline ~~service~~
19 Simplified Automatic Enrollment Process is an electronic interface between the Department of
20 Children and Family Services, the Commission, and the eligible telecommunications carrier
21 that allows low-income individuals to ~~automatically~~ enroll in Lifeline following enrollment in
22 a qualifying public assistance program.

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

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions from existing law.

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

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

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

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

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

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

25 ~~(e)~~~~(f)~~ Pursuant to Section 364.107(1), F.S., information filed by the eligible

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions
from existing law.

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

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

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

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

23 | ~~(9)(14)~~ An eligible telecommunications carrier or its designee must provide ~~60 days~~
24 | written notice prior to the termination of Lifeline assistance service pursuant to Title 47, Code
25 | of Federal Regulations, Part 54, Subpart E. Section 54.405 Carrier obligation to offer Lifeline,

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions
from existing law.

1 ~~as amended October 1, 2017.~~ The notice of impending ~~pending~~ termination shall contain the
2 telephone number at which the subscriber can obtain information about the subscriber's
3 Lifeline assistance ~~service~~ from the eligible telecommunications carrier. The notice shall also
4 inform the subscriber of the availability, pursuant to Section 364.105, F.S., of discounted
5 residential basic local telecommunications service.

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

13 ~~(10)~~(16) All eligible telecommunications carriers shall provide current Lifeline program
14 ~~service~~ company information to the Universal Service Administrative Company at
15 www.lifelinesupport.org so that the information can be posted on the Universal Service
16 Administrative Company's consumer website.

17 ~~(11)~~(17) Eligible telecommunications carriers must advertise the availability of Lifeline
18 assistance service. Pursuant to Title 47, Code of Federal Regulations, Part 54, Subpart E,
19 Section 54.405(b), all eligible telecommunications carriers are obligated to publicize the
20 availability of Lifeline assistance in a manner reasonably designed to reach those likely to
21 qualify for the assistance. Only posting the availability of Lifeline assistance on an eligible
22 telecommunications carrier's website is insufficient to meet this requirement. Advertising the
23 availability of Lifeline assistance can be achieved by using any of the following media: flyers,
24 local newspaper ads, local TV ads, mail, e-mail, web advertisements, bill inserts and other
25 text-based methods of advertisement or a combination of such media. Pursuant to Title 47 of

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions
from existing law.

1 the United States Code, Section 214(e)(1)(B), as amended December 1, 1997, which is hereby
2 incorporated into this rule by reference, and which is available at [hyperlink], charges must
3 also be included in the Lifeline advertisement. The company may redirect consumers to a 1-
4 800 customer service number and website to see applicable charges and fees in lieu of listing
5 all charges in an advertisement. ~~to those who may be eligible for the service. At a minimum,~~
6 ~~if the eligible telecommunications carrier publishes a directory, the eligible~~
7 ~~telecommunications carrier must include in the index of the directory a notice of the~~
8 ~~availability of Lifeline service. If the eligible telecommunications carrier generates customer~~
9 ~~bills, the eligible telecommunications carrier must also place an insert in the subscriber's bill~~
10 ~~or a message on the subscriber's bill at least once each calendar year advising subscribers of~~
11 ~~the availability of Lifeline service.~~

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

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

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

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions from existing law.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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)(j)~~ FS. Law

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

10,_____.

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions from existing law.

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

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

Lifeline Program Application Form



3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:

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

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

Tribal Specific Programs

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

Or

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

If more than 8, add this amount for each extra person:

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

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.

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

[Signature line]

[Date line]

Lifeline Program Application Form



Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

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 llene 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



Universal Service
Administrative Co.

4. Acuerdo

Acepto, bajo pena de perjurio, las siguientes declaraciones:

Ingrese sus iniciales junto a cada declaración.

Iniciales 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:
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).

Iniciales 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.

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

[Empty boxes for signature and date]

Programa de Lifeline: Formulario de Aplicación



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 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 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



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)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

If more than 8, add this amount for each extra person:

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



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



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



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 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 Reservas Indígenas (FDPIR)
- Head Start (sólo los hogares que cumplen con el estándar de ingresos)

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



Universal Service
Administrative Co.

4. Acuerdo

Acepto, bajo pena de perjurio, las siguientes declaraciones:

Ingrese sus iniciales junto a cada declaración.

Iniciales 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:
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).

Iniciales 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.

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



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



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.

2. Do they get Lifeline?

Yes

If yes, answer question 3

No

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

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

Lifeline Program Household Worksheet



Agreement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your Lifeline Program Application Form.

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.

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

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 _____

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-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request 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



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

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

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

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



Universal Service
Administrative Co.

Acuerdo

Ingresar sus iniciales,
y firma y fecha este
formulario. Entregar 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	<input type="checkbox"/> A Vivo en una dirección con más de un hogar.		
Iniciales	<input type="checkbox"/> 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, 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 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.