

2017 Application for the Lifeline Program

Lifeline is a federal program that provides a monthly discount on phone or internet service to eligible households.

One Benefit Per Household

Only one Lifeline benefit is allowed per household: either phone (*landline or wireless*) or internet (*home or mobile data*) service.

Your household includes everyone who lives with you and shares in the household income and expenses. This includes children, adults, relatives and people not related to you.

Eligibility for Lifeline

You are eligible if you:

1. Live in Vermont
2. Get your phone *or* internet service through a participating provider AND
3. Qualify in *one* of the following ways:
 - A. Based on Public Benefits:

Someone in your household gets at least one of these benefits:

 - ⇒ 3SquaresVT
 - ⇒ Federal Public Housing Assistance
 - ⇒ Fuel Assistance*
 - ⇒ Medicaid
 - ⇒ Reach Up*
 - ⇒ Supplemental Security Income (SSI)
 - ⇒ Veterans Pension/Survivors Pension

B. Based on Household Income:

- i. You're 65 or older on *June 15, 2017* and your 2016 household income was less than \$28,035
- ii. You're under 65 on *June 15, 2017* and your 2016 household income was less than \$24,030

Participating Providers

Below is the list of participating providers available at the time of printing.

To get the most current list of providers:

- ⇒ Visit dcf.vermont.gov/benefits/lifeline
- ⇒ Call the Vermont Department of Public Service at 1-800-622-4496

Service Providers
FairPoint Communications
Franklin Telephone Co.
Life Wireless (<i>Telrite</i>)
OTT Communications (<i>Shoreham Tel</i>)
Q Link Wireless
TDS Telecom (<i>Ludlow, Northfield, Perkinsville, & Proctorsville</i>)
Topsham Telephone
Vermont Telephone (<i>VTel</i>)
Waitsfield & Champlain Valley Telecom

To learn about the discounts available to you, call the providers or visit their websites.



* As of October 31, 2017, you'll no longer be able to use Fuel Assistance or Reach Up to prove your eligibility for Lifeline.

The Application Process

1. Complete the form on pages 3 & 4.
2. Sign and date the application at the bottom of page 4.
3. If you're already getting the service you are applying to get the discount on, include a copy of your most recent bill. *Make sure the information you provide on the application matches what's on the bill.*
4. Enclose copies of any required supporting documents (*as listed on the application form*).
5. Mail your application to:

The Lifeline Program - ADPC
280 State Drive
Waterbury, VT 05671-1500

6. If we determine you're eligible, we'll notify your service provider.
7. The provider will apply the Lifeline discount to your bill. If it's your first time applying, it may take up to three months for the discount to begin.

Don't send originals. They won't be returned.

Lifeline benefits may be denied or delayed if you don't fully complete & sign the application.

You will be required to re-certify your continued eligibility every year.

Can I change service providers?

Once you start getting Lifeline, you may *only* transfer the benefit to a new provider:

- ⇒ Once every 60 days for phone service
- ⇒ Once every 12 months for internet service

You *may* be allowed to change providers sooner if:

- ⇒ You move
- ⇒ Your provider no longer offers Lifeline or is in violation of the program rules
- ⇒ The provider charges late fees greater than your monthly out-of-pocket costs

Where can I get help applying?

- ⇒ Call the Economic Services Division at 1-800-775-0507
- ⇒ If you're age 60 or older, you can also call the Senior Helpline at 1-800-642-5119

What other help is available?

Go to dcf.vermont.gov/benefits to learn about other help available from the Department for Children and Families.

You can also dial 2-1-1 toll free to find out about hundreds of community resources, including emergency food shelves, services for seniors and much more.

If you need interpretation services...

(Arabic) 1-855-247-3092 إذا أنت ترغب خدمات الترجمة الفورية اتصل برقم

Ako su Vam potrebne usluge tumačenja, pozovite 1-855-247-3092. (Bosnian)

စကားပြန် ဝန်ဆောင်မှုလုပ်ငန်းကိုအလိုရှိပါက 1-855-247-3092 သို့ဖုန်းဆက်ခေါ်ပါ။ (Burmese)

Si vous avez besoin de services d'interprétation, appelez le 1-855-247-3092. (French)

Mugihe woba ushaka impfashanyo yo gusigurirwa, hamagara uyu murungo 1-855-247-3092. (Kirundi)

यदि तपाईंलाई दोभाषे सेवाको जरुरत परेमा 1-855-247-3092 मा कल गनुरहोस्। (Nepali)

Haddii aad u baahan tahay adeegyo turjumaan, wac 1-855-247-3092. (Somali)

Si usted necesita servicios de interpretación, llame al 1-855-247-3092. (Spanish)

Ikiwa unahitaji huduma za ukalimani, piga simu 1-855-247-3092. (Swahili)

Nếu quý vị cần dịch vụ thông ngôn, hãy gọi 1-855-247-3092. (Vietnamese)

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201TEL Revised 1/2017

Name of the service provider		Service you're applying for (select only one): <input type="checkbox"/> Phone (<i>wireless or landline</i>) OR <input type="checkbox"/> Internet (<i>home or mobile data</i>)	
Name of account holder (person on bill)	Date of birth (mm/dd/yyyy)	Social Security Number	
Name of account holder's spouse or partner	Date of birth (mm/dd/yyyy)	Social Security Number	
Physical address (street, house number, town, state, & zip code)		Is this your permanent address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Billing address if different (PO box/street & house number, town, state, & zip code)			
Home phone (with area code)		Email address (optional)	
Number of people in your home:		Is this your first Lifeline application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSEHOLD BENEFITS OR INCOME

Complete Section A or Section B, not both.

Section A: Public Benefits - Does anyone in your household get public benefits? Yes No

- ⇒ If you answered NO, skip to Section B
- ⇒ If you answered YES:
 - Check at least one of the benefits listed below
 - Send proof of participation for one of the benefits checked (IF A SUPPORTING DOCUMENT IS REQUIRED)
 - If required, make sure the supporting document is dated *within the past 60 days* of the date of your application and send a copy as originals will not be returned

PUBLIC BENEFITS	PROOF OF PARTICIPATION / SUPPORTING DOCUMENT REQUIRED
<input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Reach Up	No supporting document required
<input type="checkbox"/> Federal Public Housing Assistance	Letter confirming benefits - VSHA: (802) 828-3295
<input type="checkbox"/> Medicaid	Letter confirming benefits - Green Mountain Care: 1-800-250-8427
<input type="checkbox"/> Supplemental Security Income (SSI)	Letter confirming benefits - Social Security: 1-800-772-1213
<input type="checkbox"/> Veterans Pension / Survivors Pension	Letter confirming benefits - Veteran's Affairs: 1-800-827-1000

Section B: Household Income

If you complete this section, you must include proof of your household income for the 2016 taxation year (e.g., last year's federal income tax return).

Total household income:	\$
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Statement of Agreement

You must initial each statement below — in the box provided — to certify your agreement.

Initial each box

- I meet the eligibility criteria for getting Lifeline— based on either household income or public benefits —as described on page one of this application.
- I understand that providing false or fraudulent information to get a Lifeline benefit is punishable by law and certify that the information in this application is true, correct and complete to the best of my knowledge.
- I understand that only one Lifeline benefit is allowed per household and certify that, to the best of my knowledge, no one else in my household is getting a Lifeline discount from any provider.
- I understand that I may not transfer my Lifeline benefit to any other person, whether they are eligible or not.
- I understand that I will be required to re-certify my continued eligibility every year or at any time upon request. Failure to do so will result in termination from the program.
- I will notify my service provider within 30 days if I move to a new address or there are any changes that could affect my eligibility for Lifeline (e.g., more than one Lifeline benefit in the household or changes to household income, public benefits or members).

Certification

I certify that, to the best of my knowledge, I:

- Do Don't - live at an address occupied by multiple households.
- Do Don't - share an address with other adults who do not contribute income to my household and/or share in the household's expenses.

Applicant's Declaration & Signature

You MUST sign below. Unsigned applications will be returned for signature.

If prepared by a person other than the applicant, this declaration further provides that under 32 V.S.A. §5901 this information has not been and will not be used for any other purpose, or made available to any other person other than for the preparation of this application unless a separate valid consent form is signed by the applicant and retained by the preparer.

Print Account Holder's Name

Account Holder's Signature

Date

Print Preparer's Name (if not account holder)

Preparer's Signature

Date

**MAIL YOUR SIGNED APPLICATION & ANY REQUIRED SUPPORTING DOCUMENT TO:
THE LIFELINE PROGRAM - ADPC, 280 STATE DRIVE, WATERBURY, VT 05671-1500**