

KANSAS LIFELINE CERTIFICATION FORM

Company Information:

Haviland Telephone Company
104 N Main
Haviland, KS 67059
Phone: 620-862-5211

Telephone Company Use Only:

Company Contact Name: _____

Contact's E-mail Address: _____

Subscriber Information:

Subscriber's Full Name: _____

Subscriber's Full Mailing Address: _____

(No P.O. Boxes) Permanent Temporary

Temporary Residential Address: _____

(e.g. shelter, friend, family member, etc.)

In the case of addresses not recognized by the post office, including residences on Tribal land, provide a descriptive address that can be used to perform a check for duplicative support.

Subscriber's Lifeline Billing Address: _____

(P.O. Boxes allowed) Check if same as residential address

Subscriber's Date of Birth: _____
MM / DD / YYYY

Subscriber's Last Four Digits of SS No.: _____
XXXX

Subscriber's Tribal ID Number if no SS No.: _____
XXXXXXXXXXXX

Complete One of the Three Following Sections:

1. Subscriber seeking to qualify for Lifeline under ***program-based criteria*** check all applicable boxes below:

Medicaid SNAP SSI FPHA (Section 8) Federal Veteran Pension or Survivor Benefit

2. Subscriber eligible resident on **Tribal lands** check all applicable boxes below:

Tribal TANF FDPIR Head Start (those meeting income standard)

Bureau of Indian Affairs GA

3. Subscriber seeking to qualify for Lifeline under the ***income-based criteria*** (135% of federal poverty level), provide the number of individuals in residential household: _____

Note: If a prospective subscriber presents documentation of income that does not cover a full year, such as paystubs, the prospective subscriber must present the same type of documentation covering **three consecutive months** within the previous twelve months.

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Lifeline is a federal benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.

Certify Prospective Subscriber's Eligibility:

Each prospective subscriber must certify, under penalty of perjury for receiving Lifeline support, by initialing each applicable area:

- The subscriber meets the income-based or program-based criteria for receiving program-supported service;
- The subscriber will notify the carrier within 30 days if for any reason he or she no longer satisfies the criteria for eligibility. If the subscriber no longer meets the income-based or program-based criteria, the subscriber is receiving more than one benefit, or another member of the subscriber's household is receiving program-supported service;
- If the subscriber is seeking to qualify as an eligible resident of Tribal lands, he or she lives on Tribal lands;
- If the subscriber moves to a new address, he or she will provide that address to Haviland Telephone within 30 days;
- If the subscriber provided a temporary residential address to Haviland Telephone, he or she will be required to verify his or her temporary residential address every 90 days;
- The subscriber's household will receive only one program-supported service and, to the best of his or her knowledge, the subscriber's household is not already receiving a program-supported service;
- The information contained in the subscriber's certification is true and correct to the best of his or her knowledge;
- The subscriber acknowledges that providing false or fraudulent information to receive benefits is punishable by law; and
- The subscriber acknowledges that the subscriber may be required to re-certify his or her continued eligibility at any time. The subscriber's failure to re-certify as to his or her continued eligibility will result in de-enrollment and the termination of the subscriber's benefits.

Signatures:

Subscriber's Signature: _____ Date: _____

Company's Signature: _____ Date: _____

Documentation Provided to Support Eligibility: _____
