

1.) Boomerang Request Amending ETC Designation:

Request: 1.) Boomerang wishes to amend the ETC orders to reflect that Boomerang no longer has the obligation to provide annual lists of subscriber documentation, including how the subscriber qualified (SNAP, Medicaid, income, etc.). State used this information to verify ND LL subscribers continued eligibility annually.

2.) Boomerang wishes to amend the orders to reflect that Boomerang is no longer required to collect the completed ND Waiver. ND required ND Lifeline applicants to complete the "ND Waiver" (Attachment 1) for enrollment in the Federal Lifeline program.

Reason: Per the Lifeline Modernization Order, the responsibility for determining eligibility for Lifeline subscribers under the Federal Lifeline Program has shifted from Service Providers, such as Boomerang, to the National Verifier. Boomerang no longer determines eligibility for our Lifeline applicants or the annual recertification process for our Lifeline subscribers residing in ND. Nor does Boomerang have visibility or input into USAC's eligibility determination process for the Lifeline program in any states, including ND.

2.) Lifeline Applicable History:

Review **Timeline (Attachment 2)**

3.) National Verifier – Determines Eligibility for Lifeline Program:

National Verifier Responsibilities:

- a) Reverification – process for determining that a Service Provider's current subscribers are eligible for LL (process begins following soft launch);
 - a. 1-time process
 - b. If subscriber fails Reverification, USAC de-enrolls subscriber and Service Provider ceases the ability to claim the subscriber for any services provided during that month.
 - c. Process requires proof of eligibility
 - d. If subscriber passes, they can continue with current Service Provider uninterrupted.
 - e. If subscriber fails, USAC de-enroll subscriber and notifies Service Provider same or next business day.
- b) Recertification – Current and future annual Recertification is conducted by USAC on a Rolling Recertification basis. The Reverification process also serves as the Recertification for a Service Provider's existing subscribers.
 - a. Subscribers will be issued new annual Recertification dates based on the timing of Reverification process. Service Provider cannot claim FUSF reimbursement for the services provided during the month of disconnection.
 - b. If subscriber passes, they can continue with the current Service Provider uninterrupted.

- c. If subscriber fails, USAC de-enrolls subscriber from NLAD and notifies Service Provider same or next business day.
- c) Eligibility Application – Consumers apply with the National Verifier who determines whether the applicant qualifies for Federal Lifeline program;
 - a. Applicants are to submit the USAC Lifeline Application identifying all programs through which they qualify/use;
 - b. When applications received, applicants are run through HUD database and a Medicaid database.
 - c. For applicants not approved by a database, then USAC reviews the documentation submitted.
 - d. Once approved, applicant has 90-days to enroll with an ETC Service provider to get use of the Lifeline Benefit.
 - e. Programs: Supplemental Nutrition Assistance Program (SNAP), Medicaid, Supplemental Security Income (SSI), Federal Public Housing Assistance (FPHA), Veterans and Survivors Pension Benefit, gross Income is 135% or less of Federal Poverty Guidelines (FPG), and Tribal Eligibility Programs (for enhanced subsidy): Bureau of Indian Affairs General Assistance (GA), Tribally-Administered Temporary Assistance to Needy Families (TANF), Tribal Head Start (must meet income qualifying standard)), and Food Distribution Program on Indian Reservations (FDPIR).
 - i. National Verifier does not reveal the program basis for which the applicant is approved.
 - f. Applicants must submit application directly to National Verifier, and National Verifier determines whether an applicant will qualify for the Federal Lifeline program. (hard launch of National Verifier;
 - i. **8-page Application (Attachment 3)**
 - g. National Verifier process will trigger **IEH forms (Attachment 4)**, determine if subscriber qualifies for enhanced subsidy (resides on tribal lands), identity verification (Lexis/Nexis) and TPIVs, etc.
- d) Obtaining Lifeline Benefit from a Service Provider –
 - a. Once National Verifier determines applicant is eligible for the Federal Lifeline program, the applicant will receive an Applicant ID and has 90-days to sign up for the Lifeline Benefit with a Service Provider before the Applicant ID expires.
 - b. Applicant has to find ETC Service Provider;
 - c. Applicant has to provide their information to Service Provider EXACTLY as it is reflected in the National Verifier.
 - d. Once applicant is enrolled in NLAD, then they have access to the Lifeline Benefit:
- e) Service Provider –
 - a. Verify applicant’s eligibility with National Verifier (no means to use Applicant ID).
 - b. Service Provider provides a Lifeline Benefit and is reimbursed by USAC:
 - c. Benefit Types based on Minimum Standards
 - i. Voice Minimum Standard = \$7.25

1. 1000 voice minutes per month
2. (reduces to \$5.25 12/1/2020 and no subsidy 12/1/2021)
- ii. Broadband Minimum Standard = \$9.25
 1. 3GB Broadband data
 2. Broadband data to increase to 8.75GB on 12/1/2020)
- iii. Enhanced (Tribal subsidy) = and additional \$25.00
 1. Applicant must reside on Federally-recognized Tribal lands in accordance with the USAC's MAP of Federally-recognized Tribal lands for the Federal Lifeline Program.
- d. Lifeline Responsibilities of Service provider regarding subscriber:
 - i. To provide the Lifeline Benefit;
 - ii. To track subscriber's usage and compliance with the 30-day Non-usage Rule;
 - iii. Identify and eliminate Intra-company duplicates;
 - iv. If subscriber attempts to update any of their PII information, direct them to National Verifier to make changes, and then update our records when that is confirmed;
 - v. If subscriber is not eligible per one of the above, we must de-enroll from NLAD within 5-days.
 - vi. Ensure that when we receive notice from USAC that a subscriber has been de-enrolled, that they are not claimed on the immediate or subsequent LCS.
- e. Even if Boomerang provided our list of current ND Lifeline subscribers, there is not an established means or process for Boomerang to provide the information to National Verifier. And if Boomerang could provide the information, we are not aware if it is a determiner of continued eligibility for the LL subscriber since we don't know what was the basis for their eligibility approval by National Verifier.
- f) Conclusion – Because eligibility determinations are the sole province of the National Verifier and information regarding what qualifying program or proof of program/income, Boomerang is not able to provide the subscriber's eligibility program or to make a determination in response to the information if it were provided. Nor does Boomerang able to require the applicant to complete the ND Waiver as a basis for providing the Lifeline benefit.
 - a. Boomerang does not have access to the subscriber's eligibility proof or knowledge as to what program the applicant's eligibility approval was based on;
 - b. Boomerang has no visibility into the National Verifier;
 - c. Boomerang has no means to require the ND Waiver as a requirement for the LL Benefit;
 - d. Accordingly, Boomerang requests that the ETC orders are amended to reflect that Boomerang is no longer required to provide this report or collect the ND Waiver as a requirement for the Lifeline benefit.



AUTHORIZATION TO DISCLOSE INFORMATION
 ND DEPARTMENT OF HUMAN SERVICES
 LEGAL SERVICES
 SFN 1059 (Rev. 05-2003)

PRIVACY STATEMENT: Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. The Department will not condition treatment on your agreement to authorize disclosure of your health information. The Department may, however, require that you authorize disclosure of your health information if needed to make a determination about your eligibility for benefits or enrollment in a Department health plan.

INSTRUCTIONS: Provide information as it existed when the service was provided.

Name of Client: (Last, First, Middle Initial)	Social Security Number:	Date of Birth:	
Street Address:	City:	State:	Zip Code:

CLIENT RELEASE AND SIGNATURE

1. I Hereby Authorize:			
Name of Person/Agency: North Dakota Department of Human Services - 600 E Boulevard, Dept 325			
Street Address: Medical Services, Field Services, or Economic Assist.	City: Bismarck	State: ND	Zip Code: 58508-0250
2. To Release Information To:			
Name of Person/Agency to Receive Information: North Dakota Public Service Commission			
Street Address: 600 E. Boulevard Ave, 12th Floor, Dept 408	City: Bismarck	State: ND	Zip Code: 58505-0480
3. The Following Information Is Requested: (Be Specific) Proof of my eligibility for the telephone lifeline program based on participation in one of the two federal assistance programs listed in the FCC's rules: Section 54.409 (a) (2) identified below as verifiable by the ND DHS (please check one): <input type="checkbox"/> Medicaid; or <input type="checkbox"/> Supplemental Nutrition Assistance Program.			
4. The Information Identified Above Will Be Used For: (List Each Purpose) Ensure eligibility for the lifeline program to assist in eliminating waste, fraud and abuse in the lifeline program			
5. This Authorization to Disclose Information Remains in Effect Until: (Date) December 31, 2020			
OR: (Specific Event Terminating Operation of the Release) Availability of FCC Lifeline Database to identify the same, whichever occurs first.			

CLIENT CONSENT:

This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Refer to the Notice of Privacy Practices for further description of revocation rights. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.	
Signature of Client:	Date:
Signature of Parent/Guardian or Custodian (if needed and Relationship):	Date:
Signature of Witness (if needed):	Date:
<input type="checkbox"/> CHECK IF APPLICABLE - NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.	

NOTICE: Except for information subject to 42 CFR Part 2, information disclosed to another entity may potentially be redisclosed, in which case it may not be protected by state or federal law.

DISTRIBUTION: To agency/person from whom information is sought Client
 Requesting Agency Other

Lifeline Timeline:

Year	Date	Eff date	Event	Applicable Information
2012	rel. Feb. 6, 2012		Lifeline Reform Order (Lifeline and Link Up Reform and Modernization <i>et al.</i> , Report and Order and Further Notice of Proposed Rulemaking, WC Dkt Nos. 11-42 <i>et al.</i> , CC Dkt No. 96-45, FCC 12-11 (rel. Feb. 6, 2012)(<i>Lifeline Reform Order</i>).	Set the Lifeline subsidy at \$9.25 Fed USF support and \$25.00 for enhanced subsidy (Tribal support) Self-Recertification Tribal applicants can self-certify that they live on Tribal lands
		12-Aug	FCC approved Boomerang's Compliance Plan	
		9-Oct	Boomerang began distributing Lifeline Service	
2013	9-Oct		ND Public Service Commission approved Boomerang's ETC Designation for both Tribal and non-Tribal service	Required that Boomerang annually submit a list of subscribers and their eligibility program and proof type. Boomerang request that each applicant provide a ND Waiver for applicable programs (so DHS could verify the applicant's eligibility)
		October	Boomerang began the process for 'seeding' NLAD.	
2014	First Quarter		USAC implemented National Lifeline Administrative Database (NLAD)	Identify intercompany duplicates check that there was only 1 Lifeline benefit per household. Multiple subscribers at an address had to complete an (IEH) form for other than "1st in" Deceased subscribers ????
2015	1-Oct		Boomerang began requiring that each applicant must complete the ND Waiver before they could be enrolled in the Lifeline program.	Staff informed this was on an ongoing basis.
2016	rel. April 27, 2016		FCC Lifeline Modernization Order (Lifeline and Link Up Reform and Modernization <i>et al.</i> , Third Report and Order, Further Report and Order, and Order on Reconsideration, WC Dkt Nos. 11-42 <i>et al.</i> , FCC 16-38 (rel. April 27, 2016)(Lifeline Modernization Order).	Streamlining eligibility programs: Kept Medicaid, SSI & SNAP, Added HUD, Veterans Pension & Survivor Benefit, eliminated LIHEAP, NSL, TANF, Sec 8 Provided for broadband support Rolling Recertification implemented in all states Established Minimum Standards to receive the FCC subsidy for Voice and Data with annual upgrades/price reductions (Dec-1) thru 2021. Added 60-day port freeze for Voice Min Std and added 12-month port freeze for Broadband Min Std Changed the non-Usage Rule from 60-days+30-day cure period to 30-days + 15-day cure period . Added data as qualified usage Announced deadlines for implementation of National Verifier
		Eff Dec-2		
		Eff Dec-2		
		Eff Jan-1		
		Eff Dec-2		
		Eff Dec-2		
		Eff Dec-2		
		Eff Dec-2		
		Eff end of 2017		
	1-Sep	Eff Aug-15	SNAPSHOT Rules implemented for the August-2016 data month	subscribers must be active on the last day of the month
2017	4-Dec		National Verifier announced soft launch of 1st wave states	USAC determines are eligibility for Lifeline program
2018	1-Feb		LCS replaces 497 process	
		15-Oct	ND Soft Launched on October 15, 2018 (Wave-2)	Reverification is a 1 time process to verify eligibility of existing subscribers currently in NLAD Reverification process begins (have to provide documentation for subscribers) USAC takes over all Recertification effective with soft launch; Medicaid, Housing development have dips; eligibility for all other programs require documentation review.
2019	15-Jan		ND Hard Launched January 15, 2020.	USAC determines are eligibility for Lifeline program within the state

Lifeline Program Application Form



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

If the Lifeline Program Administrator is not able to prove you or someone in your household qualify using this form and electronic databases, you may need to show an official document from one of the government qualifying programs or to prove your annual income. You can submit copies of your official documents with this application or wait until the Lifeline Program Administrator asks you for them. To add them now, 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 programs you are qualifying through (your SNAP card, Medicaid card, etc.)
2. If you qualify through your income: copies of your state ID card and pay stubs for 3 consecutive months (or other 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.

Bring or mail the form to this address:

USAC
Lifeline Support Center
P.O. Box 7081
London, KY 40742

Lifeline Program Application Form



Universal Service
Administrative Co.

2. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

What is your phone number (if you have one)?

What is your date of birth?

Month

Day

Year

What is your email address (if you have one)?

What are the last 4 numbers of your Social Security Number (SSN)?

If you do not have a SSN, what is your Tribal Identification Number?

What is the best way to reach you?

email phone text message mail

Lifeline Program Application Form



Universal Service
Administrative Co.

2. Your Information (continued)

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code

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

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

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code

*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

Lifeline Program 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		
\$17,226	\$21,533	\$19,818	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$23,274	\$29,093	\$26,771	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$29,322	\$36,653	\$33,723	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$35,370	\$44,213	\$40,676	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$41,418	\$51,773	\$47,628	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$47,466	\$59,333	\$54,581	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$53,514	\$66,893	\$61,533	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$59,562	\$74,453	\$68,486	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Add \$6,048	Add \$7,560	Add \$6,953	<input type="checkbox"/> Yes	<input type="checkbox"/> No

135% of the 2020 Federal Poverty Guidelines

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

Lifeline Program Application 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
<input type="text"/>	<input type="text"/>

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.

Lifeline Program Household Worksheet



About Lifeline

Lifeline is a benefit that lowers the monthly cost of phone or internet service (not both). You are only allowed to get one Lifeline benefit per household, not per person.

What this worksheet is for

Use this worksheet if someone else at your address gets Lifeline. The answers to these questions will help you find out if there is more than one household at your address.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Examples of one household:

- A married couple who live together are one household. They must share one Lifeline benefit.
- A parent/guardian and child who live together are one household. They must share one Lifeline benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one Lifeline benefit.

Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one Lifeline benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one Lifeline benefit each, 30 total.

Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Lifeline Program Household Worksheet



Universal Service
Administrative Co.

Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code

Lifeline Program Household Worksheet



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 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.

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

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.

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

Initial

B I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.

Initial

Signature	Today's Date

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Notice

NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. If more than one person at the same address is applying for Lifeline service, all applicants must submit a Household Worksheet. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, 0.25 hours. Our estimate includes the time to read and complete the form and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-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.