

WISCONSIN LIFELINE APPLICATION ASSISTANCE PROGRAMS

Please Read All Instructions Before Completing

Federal Lifeline Benefits are now available for qualifying broadband as well as voice services.

Voice Lifeline discounts are available to participants of both state and federally recognized aid programs and to those meeting income qualifications. Lifeline discounts on voice include a transfer restriction (port freeze) for 60 days. This means that you are unable to obtain the Lifeline discount on service with another provider for 60 days from the date that your current voice service Lifeline discounts began.

Broadband Lifeline discounts are only available to participants of federally-recognized aid programs and to those meeting Federal income qualifications (income at or below 135% of the federal poverty level). Broadband speeds must be **25 Mbps** download and **3 Mbps** upload or faster to qualify. Lifeline discounts on broadband include a transfer restriction (port freeze) for 12 months. This means that once Lifeline broadband discounts begin, you will be unable to obtain a Lifeline discount with another provider for 12 months if you switch your service. State Lifeline discounts do not apply to broadband service.

If you purchase voice and qualifying broadband services, the federal Lifeline discount will apply to your broadband service, and the state Lifeline discount will apply to your voice service.

If you purchase only voice service or voice service with non-qualifying broadband service, you may receive both state and federal Lifeline discounts on your voice service. Certain exceptions to the transfer restrictions may apply. See <http://www.lifelinesupport.org/lis/change-my-company.aspx> for more information.

Please respond completely. Inaccurate or incomplete responses may cause your application to be rejected. The information on this application will only be used to assess your eligibility for Lifeline Assistance from proof you supply or the Wisconsin Lifeline Database. Information provided below should be that of the account holder.

Telephone Number or Existing Account #		First Name (No Initials)		Last Name	
Address Where Service Is Located (No PO Boxes)			City		State
Check here if this is a temporary address <input type="checkbox"/>			Zip Code		
Check here if you participate in the Address Confidentiality Program <input type="checkbox"/>		Billing Address, City, State & Zip Code (If different from Service Address) (PO Boxes Allowed)			
Last 4 Digits of Social Security Number OR Tribal Identification Number				Date of Birth	
SSN:		Tribal:			

PLEASE CHECK programs in which you or your household currently participate (CenturyLink will confirm eligibility via the WI Lifeline Database.) If qualifying under Income, see Income Guidelines below.

<input type="checkbox"/> WI Homestead Tax Credit	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Medicaid / Badger Care
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Formerly Known As Food Stamps	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) / WI Works

PLEASE CHECK programs in which you or your household currently participate and attach a copy of eligibility documentation: If qualifying under Income, see Income Guidelines below.

<input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8	<input type="checkbox"/> National School Lunch Program's Free Lunch Program
<input type="checkbox"/> Veteran's Pension and Survivor's Pension Program	

If you are applying for Lifeline assistance because a member of your household besides you participates in one of these programs, provide his/her name and certify that he/she is a member of your household here:

Name of Program Participant and last four digits of SSN or Tribal ID (please print)

_____ (Please Initial) I certify that this program participant is a member of my household.

INCOME GUIDELINES: Eligibility will be determined by the WI Lifeline Database. If you do not participate in any of the programs above, you may still be eligible for Lifeline Assistance if your annual household income is at or below the amounts shown below depending on the size of your household. PLEASE CHECK the corresponding box if you are eligible on this income basis. Please indicate the number of household members if more than 5.

Number in Household	IF YOUR TOTAL YEARLY HOUSEHOLD INCOME IS AT OR BELOW THE AMOUNTS LISTED, WHICH ARE:
	135% of Federal Poverty Level
1 <input type="checkbox"/>	\$ 17,388.00
2 <input type="checkbox"/>	\$ 23,517.00
3 <input type="checkbox"/>	\$ 29,646.00
4 <input type="checkbox"/>	\$ 35,775.00
5 <input type="checkbox"/>	\$ 41,904.00
6 <input type="checkbox"/>	\$ 48,033.00
7 <input type="checkbox"/>	\$ 54,162.00
8 <input type="checkbox"/>	\$ 60,291.00
For each additional household member add	\$ 6,129.00
Number of household members greater than 8: _____	Actual Monthly Income: \$ _____

A household is defined as a group of individuals who live together, at the same address, and share income and expenses. For example, apartments in an apartment building are usually unique households. Individuals living in a nursing home can be considered unique households. Answer the questions below to determine if there is more than one household living at your address. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.

1. Does another adult (age 18 or older or emancipated minor) live with you AND have a Lifeline-discounted service or a "free" wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

_____ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. **Please SIGN below** to certify that this is true.

_____ **Yes.** Please answer question 2 below.

2. Do you share expenses for bills, food, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted service?

_____ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true.

_____ **Yes.** **STOP.** Do not sign the form. You are **NOT ELIGIBLE** because someone in your household already has Lifeline.

I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits and may be prosecuted by the United States government for violating the rules.

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU SIGN BELOW:

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household. A household is defined for the purposes of the Lifeline program as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline assistance from multiple service providers. This includes both wireless and wireline providers.
- I understand that if I am currently receiving Lifeline benefits from another carrier, by submitting this form I am agreeing to discontinue receiving that other carrier's benefit and instead to receive my one Lifeline benefit from CenturyLink.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- Lifeline is a non-transferable benefit, and the subscriber may not transfer his or her benefit to any other person.

EACH OF THE FOLLOWING CERTIFICATIONS MUST BE INITIALED IN ORDER TO RECEIVE LIFELINE. FAILURE TO INITIAL ANY OF THE CERTIFICATIONS BELOW WILL RESULT IN REJECTION OF YOUR APPLICATION FORM.

INITIAL EACH BOX

I certify, under penalty of perjury, that:

- I understand and consent to CenturyLink providing my Lifeline service information, including but not limited to, my name, residential address, phone number, date of birth; the last 4 digits of my social security number; the date on which my Lifeline service was initiated/terminated, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents, the National Lifeline Accountability Database, and/or state agencies involved in Lifeline to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, **I will not be able to receive Lifeline support on my CenturyLink account.**
- My household meets the program-based or income-based eligibility criteria indicated above.
- I must notify CenturyLink within 30 days if for any reason my household no longer satisfies the criteria for receiving Lifeline assistance. This includes if I no longer meet the income-based or program-based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, if another member of my household is receiving a Lifeline benefit, or for any other reason, my household no longer satisfies the criteria for receiving Lifeline support. Failure to notify CenturyLink may result in penalties and deenrollment from the program.
- I must notify CenturyLink within 30 days if I move to a new address.
- Only one Lifeline service benefit is available per household. To the best of my knowledge, my household is not already receiving a Lifeline service.
- I understand that my CenturyLink Lifeline service is not transferrable. I may not transfer my service to any individual, including another eligible low-income consumer.
- I understand that providing false or fraudulent information to receive Lifeline assistance is punishable by law.
- I understand that I may be required to re-certify my household's eligibility for Lifeline assistance at any time, and if I fail to re-certify as to my continued eligibility, it will result in de-enrollment and the termination of my household's Lifeline assistance.
- The information contained in this form is true and correct to the best of my knowledge.
- Once I sign up for discounts with one provider, I cannot receive Lifeline benefits from another provider for a period of time. I understand that if I purchase only voice services that qualify for Lifeline discounts, I cannot move my benefits to another provider for 60 days. If I have broadband products that qualify for Lifeline discounts, I cannot move my benefits to another provider for 12 months.
- I authorize CenturyLink to verify my eligibility for the federal and/or state telephone assistance program. CenturyLink shall provide my name and the last 4 digits of my SSN to the Wisconsin Department of Revenue and the Wisconsin Department of Health Service and receive a yes / no answer as to whether I am qualified. CenturyLink shall maintain the information in this form and any information received about me from the Department as confidential account information

Signature _____ Date _____

Please mail this completed application and any supporting documents to (Original Documents are not returned):
CenturyLink Data Services or Fax to 1-866-810-7530 Email: e-Records@CenturyLink.com
555 Lake Border Drive Customer Service: Former CenturyTel/Embarq: (800) 201-4099
Apopka, FL 32703 Former Qwest: (800) 244-1111

Application Checklist – Please provide the following:

1. Signed and completed Lifeline application form. Applicant name must be Account Holder name.
2. Customers will be authenticated by the Wisconsin Lifeline Database that interacts with the Wisconsin Departments of Revenue and Health Services.
3. If applying based on program eligibility, a copy of a program award letter or government agency document containing your name, your address, the program name and the **effective date of the award**.
4. Only program cards that display your name, your address or state, program name and effective date will be accepted.
5. If applying based on the size and income level of customer's household, provide a copy of one of the following:
 - Last year's Federal or State Income Tax Return
 - Current Annual Income Statement from Employer
 - Paycheck stubs or other official document containing income information for any three consecutive months within the last twelve months
 - Social Security Statement of Benefits
 - Veteran's Administration Statement of Benefits
 - Retirement or Pension Statement of Benefits
 - Unemployment or Worker's Compensation Statement of Benefits
 - Letter of Participation in General Assistance
 - Divorce Decree or Child Support Documentation containing income information
 - Bank Statement is not valid proof of income.

ONLY COMPLETE IF APPLYING FOR THE WISCONSIN STATE DISABLED BROADBAND LIFELINE ASSISTANCE PROGRAM

Please have a medical professional approve and sign the below section.

Applicant (Disabled Person)	Person to Whom Telephone Number is Billed (if other than Applicant)
Last Name First Name MI	Last Name First Name MI
Address	I certify that the Applicant is a fulltime resident member of my household. If the Applicant ceases to reside fulltime in my household, I will promptly advise CenturyLink.
City State Zip ()	
Telephone Number including Area Code Applicant agrees to promptly advise (or cause to be advised) CenturyLink if the disability described here ceases to exist.	Signature of the Person to Whom Telephone Number is Billed.
Signature of Applicant: (or person authorized to act on behalf of the Applicant)	
SECTION BELOW TO BE COMPLETED ONLY BY THE CERTIFYING AUTHORITY	
The Certifying authority must be a reputable professional (Physician, Physician's Assistant, etc) whose knowledge and competence of the specific circumstances is generally accepted and acknowledged and/or an authorized employee acting for and on behalf of a special school, institution, or other recognized entity whose knowledge and competence under the specific circumstances is generally accepted and acknowledged.	
Please describe the physical or sensory disability below that prevents the applicant from using a traditional voice service. (Cognitive disabilities are not eligible for this program.) _____ _____ _____ _____ _____ _____ _____ _____	
I certify that the Applicant has the above disability:	

Please mail this completed application and any supporting documents to (Original Documents are not returned):
CenturyLink Data Services or Fax to 1-866-810-7530
555 Lake Border Drive Customer Service: Former CenturyTel/Embarq: (800) 201-4099
Apopka, FL 32703 Former Qwest: (800) 244-1111
Email: e-Records@CenturyLink.com