

# INSTRUCTIONS FOR APPLYING FOR THE 2015 Lifeline Telephone Service Credit

## What is Lifeline?

*Lifeline* provides eligible Vermonters with a discount of at least \$9.25 on their monthly phone bills.

## Am I eligible for Lifeline?

You are eligible for the discount if you:

1. Live in Vermont;
2. Get phone service through a participating company (*see list on the right*); and
3. Qualify in one of the following ways:
  - A. Based on Household Income:
    - i. You are 65 or older on *June 15, 2015* and your 2014 household income was less than \$27,528; or
    - ii. You are under 65 on *June 15, 2015* and your 2014 household income was less than \$23,596.

### B. Based on Public Benefits:

You get any of the benefits listed below:

- ⇒ 3SquaresVT;
- ⇒ Federal Public Housing Assistance (*Section 8*);
- ⇒ Fuel Assistance;
- ⇒ Medicaid;
- ⇒ National School Lunch Program's Free Lunch Program;
- ⇒ Reach Up; or
- ⇒ Supplemental Security Income (SSI).

## Who is part of my household?

Your household includes all adults who live with you and contribute to and share in the household income and expenses. This includes people not related to you. ***Only one Lifeline discount is allowed per household.***

## Do all phone companies participate?

No. Only some companies offer the *Lifeline* discount. Below is a list of the ones that currently participate:

- ⇒ FairPoint Communications;
- ⇒ Franklin Telephone Co. Inc.;
- ⇒ OTT Communications (*Shoreham*);
- ⇒ TDS Telecom (*Ludlow, Northfield, Perkinsville, & Proctorville*);
- ⇒ Topsham Telephone;
- ⇒ Vermont Telephone (VTel); and
- ⇒ Waitsfield / Champlain Valley Telecom.

For the most up-to-date list of participating companies, visit the Lifeline webpage at <http://dcf.vermont.gov/esd/phone>.

If your phone company is not listed, call them to ask whether they offer any similar discounts to their customers.



## How do I apply for Lifeline?

1. Complete the application on pages 3 and 4.
2. Sign and date the application on page 4.
3. Before you send it, make sure the information on your application matches the information on your phone bill. *If it's convenient, enclose a copy of your most recent bill.*
4. Mail your application form as follows:
  - i. If you're applying based on income:*  
Mail your application to the address below on or before June 15, 2015.
  - ii. If you're applying based on benefits:*  
Mail your application to the address below at any time.
5. We will process your application.
6. If we determine that you are eligible, we'll notify your phone company.
7. The phone company will apply the *Lifeline* discount to your phone bill. If this is your first time applying, it may take up to three months for the discount to begin.

**Mail your application to:**  
**The Lifeline Program - ADPC**  
**103 S. Main Street,**  
**Waterbury VT 05671-1201**

## IMPORTANT NOTES:

**DON'T SEND ORIGINALS;  
THEY WON'T BE RETURNED.**

**IF YOU DON'T FULLY COMPLETE &  
SIGN THE APPLICATION, LIFELINE  
BENEFITS MAY BE DENIED OR DELAYED.**

**APPLICATIONS SHOULD NOT BE  
SENT TO THE TAX DEPARTMENT.**

**YOU MUST APPLY EVERY YEAR TO  
KEEP GETTING THE DISCOUNT.**

## Can I get help applying?

Yes. Please call the Economic Services Division at 1-800-479-6151 if you have questions or need help applying.

If you are age 60 or older, you can also call the VT Senior Helpline at 1-800-642-5119.

## What other assistance is available?

For information about benefits available through the Department for Children and Families (e.g., 3SquaresVT, Childcare Financial Assistance, and Fuel Assistance), go to <http://dcf.vermont.gov/services>.

You can also dial 2-1-1 toll free or go to <http://vermont211.org/> to find out about hundreds of community resources such as emergency food shelves, services for seniors, and much more.

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

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 murongo 1-855-247-3092. (Kirundi)

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

# 2015 Application for Lifeline Telephone Service Credit



201TEL

TELEPHONE NUMBER		NAME OF PHONE COMPANY	
NAME OF ACCOUNT HOLDER (PERSON NAMED ON PHONE BILL)		DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
NAME OF ACCOUNT HOLDER'S SPOUSE OR CU 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 (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

Please complete *either* Section A or Section B, but not both. Use an extra sheet of paper if necessary.

### Section A: Public Benefits (If no one in your household gets public benefits, skip to Section B)

Enclose a copy of proof of at least one benefit (e.g., copy of a letter from a state agency stating that you get the benefit).

Name of Household Member	3SquaresVT	Section 8 Housing	Fuel Assistance	Medicaid	National Free School Lunch	Reach Up	SSI
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section B: Household Income for 2014 (If you completed Section A, don't complete this section)

a. Cash public assistance/welfare	a.
b. Social Security, railroad retirement, veterans' benefits, <i>taxable and nontaxable</i>	b.
c. Unemployment compensation/worker's compensation	c.
d. Wages, salaries, tips, etc.	d.
e. Interest and dividends	e.
f. Interest on U.S., state and municipal obligations, <i>taxable and nontaxable</i>	f.
g. Alimony, support money/child support	g.
h. Business income: (if you have a loss, enter -0-)	h.
i. Capital gains, <i>taxable and nontaxable</i>	i.
j. Pensions and annuities, <i>taxable and nontaxable</i>	j.
k. Rental income: (if you have a loss, enter -0-)	k.
l. Farm/partnership/Subchapter S income: (if you have a loss, enter -0-)	l.
m. Other income. Please specify:	m.
n. SUBTOTAL: add Lines a through m	n.
o. LESS adjustments to income from Federal Form 1040, Line 36 or 1040A, Line 20	o.
<b>TOTAL INCOME: Subtract Line o from Line n and enter the result here</b>	<b>\$</b>

## Statement of Agreement

By signing this application below, I agree to the following:

- ✓ I authorize the Vermont Department of Taxes to disclose the information needed to process this application to the Economic Services Division of the Department for Children and Families.
- ✓ I understand that *Lifeline* is a federal benefit and that willfully making false statements to get the discount may result in fines, prosecution by the United States government, imprisonment, termination from the program, and being barred from the program.
- ✓ I understand that only one *Lifeline* benefit is available per household and that violating the one-per-household limit is against the rules and will result in termination from the program.
- ✓ I understand that *Lifeline* is a non-transferable benefit and I may not transfer my benefit to any other person, whether they are eligible or not.
- ✓ I understand that if I provide a temporary address on this application, I am required to verify my address every 90 days. If I do not respond within 30 days to efforts by Economic Services or my phone company to verify my address, I may be terminated from the program.
- ✓ I understand that I will be required to submit a *Lifeline* application every year or at any time upon request. Failure to do so will result in termination from the program.
- ✓ I will notify Economic Services at 1-800-479-6151 and my phone company within 30 days if there are any changes that may affect my eligibility for *Lifeline* (e.g., changes to address, income, or household members).
- ✓ I certify that, to the best of my knowledge, no one else in my household is getting a *Lifeline* discount from any provider.
- ✓ 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.

*I declare under penalty of perjury that this application is true, correct, and complete to the best of my knowledge. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law. 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 (if applicable)

\_\_\_\_\_  
Date