

2016 Application for Lifeline Telephone Service Credit

What is Lifeline?

Lifeline provides eligible Vermonters with a discount of at least \$9.25 on their monthly phone bills. **Only one Lifeline discount is allowed per household.**

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 the 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, 2016* and your 2015 household income was less than \$27,878; or
 - ii. You are under 65 on *June 15, 2016* and your 2015 household income was less than \$23,895.
 - B. Based on Public Benefits:

You get any of the benefits listed below:

 - ⇒ 3SquaresVT
 - ⇒ Federal Public Housing Assistance (Section 8)
 - ⇒ Fuel Assistance
 - ⇒ Medicaid (does not include Vermont Health Connect [VHC])
 - ⇒ National School Lunch Program
 - ⇒ Reach Up
 - ⇒ 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 who are not related to you.

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*)
- ⇒ QLink Wireless
- ⇒ TDS Telecom (*Ludlow, Northfield, Perkinsville, & Proctorville*)
- ⇒ Topsham Telephone
- ⇒ TracFone
- ⇒ Vermont Telephone (VTel)
- ⇒ Waitsfield / Champlain Valley Telecom

For the most current list of participating companies, visit the Lifeline webpage at <http://dcf.vermont.gov/benefits/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 the next page. Make sure the information you provide matches what's on your phone bill.
2. Sign and date the application at the bottom of page 3.
3. Include a copy of your most recent phone bill.
4. If you are not qualifying by receiving public benefits you must include proof of your income source in section B on page 3. (E.g. last year's income tax form, Social Security, retirement/pension, Unemployment/Workmen's Compensation statement of benefits, divorce decree, child support award, or other official document containing income information, 3 months consecutive pay stubs, letter from employer, etc).
5. Mail your application to:

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

6. We will process the application when we receive it.
7. If we determine you are eligible, we'll notify your phone company.
8. The phone company will apply the *Lifeline* discount to your phone bill. If it's your first time applying, it may take up to three months for the discount to begin.

IMPORTANT NOTES:

APPLICATIONS SHOULD NOT BE SENT TO THE TAX DEPARTMENT.

YOUR PROOF OF INCOME DOCUMENTATION WILL NOT BE RETURNED TO YOU. SEND COPIES.

LIFELINE BENEFITS MAY BE DENIED OR DELAYED IF YOUR APPLICATION IS NOT COMPLETE & SIGNED.

YOU MUST APPLY EVERY YEAR TO CONTINUE RECEIVING LIFELINE BENEFITS.

Can I get help applying?

Yes, you can call 1-800-775-0507 if you have questions or need help applying.

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

What other help is available?

Go to <http://dcf.vermont.gov/benefits> to learn about other help available from the Department for Children and Families. This includes help paying for childcare, food, and fuel.

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.

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 သို့ ဖုန်းဆက်ခေါ်ပါ။ (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 गनुहोस्। (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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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

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

NAME OF HOUSEHOLD MEMBER	3SQUARESVT	SECTION 8 HOUSING	FUEL ASSISTANCE	MEDICAID (NOT VHC)	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 2015 (See 3-A on Page 1 and Step 4 on Page 2)

TOTAL HOUSEHOLD INCOME:	\$
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Applicant's Declaration & Signature

You **MUST** sign below. Unsigned applications will not be processed, they will be returned for a signature. By signing, you agree to the statements below and to the "Statement of Agreement" on page 4.

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.

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.

Print account holder's name

Account holder's signature

Date

Print preparer's name (if not account holder)

Preparer's signature

Date

Statement of Agreement

By signing this application, I agree to the following:

- ✓ 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 allowed per household and 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 1-800-775-0507 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.

MAIL YOUR SIGNED APPLICATION TO:

**THE LIFELINE PROGRAM - ADPC
280 STATE DRIVE
WATERBURY, VT 05671-1500**

For faster processing remember to include all supporting documentation.