

MOKAN DIAL, INC.

Kansas Lifeline Service Program (KLSP) Application

The Lifeline Program is a federal program that provides a credit of \$9.25 monthly on your communications services bill to eligible low-income households. If you qualify for the Federal Lifeline Credit you also qualify for a monthly State Lifeline Credit of \$7.77. The Federal Lifeline Credit can be applied to either wireless or landline telephone, home internet or a cell phone data plan. To apply complete this form and also submit **proof of eligibility**.

Lifeline Program Eligibility (Check at least one and provide proof of eligibility)	
<input type="checkbox"/> Medicaid <input type="checkbox"/> Supplemental Nutrition Assistance (SNAP or Food Stamps) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Veteran's Pension or Survivor's Pension Benefit <input type="checkbox"/> Federal Public Housing Assistance (Section 8)	<input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i>

<i>Date of Birth and last 4 digits of Social Security Number apply to the Program Beneficiary whose name is provided below</i>			
Program Beneficiary (Applicant) Full Name:	Birth Date:	Social Security # (last 4 digits):	
Name on Voice Service Account (If different from Program Beneficiary):		Voice Service Telephone Number (this is the telephone number that will receive the discount):	
Relationship to Program Beneficiary:		Daytime or Can Be Reached Phone Number (If different than Voice Service Telephone Number):	
Customer's Full Residential Service Address (no P.O. Boxes): Street: City, Town, Zip:			
Is your home address temporary? Check One: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "yes" then must verify address every 90 days)</i>			
Billing Address (If different from above): Street: City, Town, Zip: _____			

I understand the following obligations and provisions about the Lifeline programs:

- The Lifeline programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline benefit is available per household.
- A household is defined, for 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 benefits from multiple providers.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline program benefits are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

You must initial by each item.

___ My household meets the eligibility criteria for the Lifeline program.

___ I will provide notification to my telecommunications provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I receive more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.

___ If I move to a new address I will provide that new address to my telecommunications provider within 30 days.

___ If I have a temporary residential address then I will be required to verify my address with my telecommunications provider every 90 days.

___ My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service from any company.

___ I acknowledge the obligation to re-certify my continued eligibility for Lifeline benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline benefits.

___ I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and the Florida Public Service Commission, who oversee the Lifeline programs.

_____ I certify I have _____ individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline benefits is punishable by law.

Signature of Customer

Date

Signature must match name of beneficiary or proof of legal Guardianship or Power of Attorney must be provided.

Submit a completed signed form and proof of eligibility.

2017 Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$16,389	\$22,221	\$28,053	\$33,885	\$39,717	\$45,549	\$51,381	\$57,213	+ \$5,832/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

Company Use Only:

I have reviewed the form to be complete and hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official

Signature

Date

Documentation Reviewed by Company: _____

NLAD database queried? Yes or No

Lifeline household Worksheet ? Yes or No

De-enroll Date: _____

Mail application and proof of eligibility (if applicable) to:

MoKan Dial, Inc.

112 South Broadway – P.O. Box 429

Louisburg, KS 66053-0429

Phone: (913) 837-2219

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