



LIFELINE PROGRAM CERTIFICATION FORM (front)

The Lifeline Program is a federal program that helps eligible consumers pay for home or wireless telephone service or internet service by discounting monthly service bills for eligible households. At least once a year, consumers who receive Lifeline Program-supported services must recertify that 1) they remain eligible, and 2) no one else in their household receives Lifeline Program-supported service.

You must complete all sections of this form and provide eligibility documentation to receive Lifeline program benefits.

SECTION 1: Lifeline Benefits

If you have Lifeline program benefits with another company, do you give Dakota Central permission to transfer this Lifeline service? *If you answer Yes, you will lose the discount with the other company. If you answer No, you will not receive Lifeline program benefits.*

Yes, transfer my Lifeline No, do not transfer my Lifeline I do not currently have Lifeline

SECTION 2: Subscriber Information

Telephone Number	First Name	Last Name
Service Location Address (include Apt #, Room #, etc. / No PO Boxes)		
Billing Address (if different from Service Address / PO Boxes allowed)		
Last 4 Digits of Social Security Number OR Tribal Identification Number		Date of Birth
SSN:	TRIBAL:	

SECTION 3: Program Requirement - Eligibility

PLEASE CHECK program(s) in which you or your household currently participate & **ATTACH A COPY OF ELIGIBILITY DOCUMENTATION**

Medicaid Federal Public Housing Assistance (Section 8)
 Supplemental Nutrition Assistance Program (SNAP) Veterans Pension and Survivors Benefit Program
 Supplemental Security Income (SSI)

If you are applying for Lifeline Program benefits because a member of your household besides you participates in one of these programs, complete the following section:

Eligible Person in the Household: _____ Date of Birth: _____
Last 4 Digits of Social Security Number: _____ Relationship to Applicant (Spouse, Child, Dependent, Etc.): _____

OR My household income is at or below 135 percent of the Federal Poverty Guidelines.
(PLEASE CHECK # of Household Members)

Number in Household	2016 Federal Poverty Guidelines - 135%	Number in Household	2016 Federal Poverty Guidelines - 135%
<input type="checkbox"/> 1	\$16,038	<input type="checkbox"/> 6	\$43,983
<input type="checkbox"/> 2	\$21,627	<input type="checkbox"/> 7	\$49,586
<input type="checkbox"/> 3	\$27,216	<input type="checkbox"/> 8	\$55,202
<input type="checkbox"/> 4	\$32,805	<input type="checkbox"/> _____	For each additional household member add \$5,616.
<input type="checkbox"/> 5	\$38,394		(Include total number of members)

PLEASE COMPLETE BOTH SIDES OF THIS FORM FOR ELIGIBILITY

Effective December 2, 2016, Lifeline customers are required to remain with their service providers for a minimum period before they can transfer their benefit to another carrier.

- Telephone Only - 60 days**
- Premium Connection - 60 days**
- Basic or Social Internet Only - 12 months**
- Net Connection, Ultimate Connection or VIP Connection - 12 months**

SECTION 4: Required Certifications

- The information provided on this certification is true and correct to the best of my knowledge and I understand that providing false or fraudulent information to receive Lifeline Program benefits is punishable by law. The Lifeline Program is a government benefit program and I understand that if I make false statements in order to obtain the benefit I can be punished by fine or imprisonment or may be barred from the program.
- I have read the information on this certification and I meet at least one of the qualifications to receive the Lifeline Program benefits on my telephone or internet service. I will notify Dakota Central within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline, including no longer meeting the income-based or program-based criteria, I receive more than one Lifeline Program benefit, or another member of my household is receiving a Lifeline Program benefit. I understand that I may be penalized if I do not make the above notifications.
- I am aware that my household can receive only one Lifeline Program benefit for one telephone or one internet service and, to the best of my knowledge, no one in my household is receiving a Lifeline Program benefit from Dakota Central or another telephone company.
- I understand that Lifeline Program benefits are non-transferable and I am not able to transfer my Lifeline-supported service to any other individual, including another eligible low-income consumer.
- If I move to a new address, I will provide that new address to Dakota Central within 30 days. If I have provided a temporary residential address to Dakota Central I understand that I am required to verify my temporary residential address every 90 days.
- I understand that I may be required to re-certify my continued eligibility for Lifeline Program benefits at any time, I am also aware that there is an annual re-certification requirement, and failure to re-certify my continued eligibility will result in de-enrollment and the terminations of my Lifeline Program benefits.
- I authorize Dakota Central to give my name, telephone number and address to the Universal Service Administration Company (USAC) and or its agents for the purpose of verifying that I do not receive more than one Lifeline Program benefit. In the event that USAC identifies that I, or my household, am receiving more than one Lifeline Program benefit all carriers involved may be notified so that I may select one service and be de-enrolled from the other.
- **I have read the above information and I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.**

Signature

Daytime Contact #

Date

PLEASE SEND THE FOLLOWING DOCUMENTS - 1) COMPLETED FORM AND 2) PROOF OF ELIGIBILITY:
(do not send original documents as proof of eligibility)

Mail the completed application to:

 Dakota Central
PO Box 299
Carrington, ND 58421

Or Stop by our office:

 Dakota Central
630 5th St N, Carrington ND

Or Email:

customerservice@dakotacentral.com

 Dakota Central
604 18 St SW, Jamestown, ND

For DCT Use Only - Eligibility Verification

Type of Documentation: _____

CSR: _____

 Office Mail Fax Other _____

Date: _____

 Voice Broadband Bundle NLAD iVUE - Customer iVUE - Vault