

**CHICKASAW TELEPHONE COMPANY
LIFELINE/LINKUP AMERICA
AUTHORIZATION AND CERTIFICATION FORM**

Federal law requires that you complete and sign this certification form in order to be enrolled and/or continue to be enrolled in the federal Lifeline and Link Up America programs. This authorization and certification is only for the purpose of enrolling you in these programs and will not be used for any other purpose.

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 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 FCC rules and will result in the subscriber's de-enrollment from the program.

Lifeline service is a non-transferable benefit, and a Lifeline subscriber is prohibited from transferring their Lifeline service to any other person.

FAILURE TO COMPLETE THIS CERTIFICATION FORM AND RETURN IT TO CHICKASAW TELEPHONE COMPANY WITHIN 60 DAYS WILL RESULT IN YOUR DE-ENROLLMENT FROM THE LIFELINE BENEFIT PROGRAM AND WILL CAUSE YOU TO BE SOLELY RESPONSIBLE FOR MONTHLY CHARGES FOR YOUR SERVICE.

A. CUSTOMER/APPLICANT INFORMATION (Please print)

Applicant's **Full Name** _____

Applicant **Telephone Number** _____

Applicant's **Service Address** (No PO Boxes):

Street: _____ City _____ State _____ Zip Code _____

This address is my Permanent or Temporary address. (check one)

Do you live at an address at which there are multiple households (for example, a nursing home or group home)? Yes

No (If yes, you must complete a supplemental form to determine your eligibility)

Applicant's **Billing Address**, if different from service address (may include a post office box):

Street Address: _____ City _____ State _____ Zip Code _____

Applicant's Date of Birth _____

Last four digits of Applicant's Social Security Number or Tribal identification number: _____

B. PROGRAM-BASED ELIGIBILITY (CHECK ALL THAT APPLY)

I hereby certify that I qualify for and receive benefits from at least one of the following programs

_____ Medicaid (*SoonerCare*)

_____ Supplemental Nutrition Assistance Program (SNAP)

_____ Supplemental Security Income (SSI)

_____ Federal Public Housing Assistance (FPHA)

_____ Veterans or Survivors Pension Benefit

_____ Bureau of Indian Affairs General Assistance

_____ Tribally administered Temporary Assistance for Needy Families (TANF)

_____ Head Start Programs (only applicant or customer who satisfies the income qualifying eligibility provision)

Recipients Full Name _____ **SS#** _____ **DOB** _____

_____ Food Distribution Program on Indian Reservations ("FDPIR")

C. INCOME-BASED ELIGIBILITY

_____My household income is at or less than 135% of the federal poverty level; there are ____ individuals in my household.

135% of the 2017 Federal Poverty Guideline Information

Household Size	Annual Household Income No Higher Than:
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
5	\$38,853
6	\$44,496

For each additional person, add \$5,643

D. YOU MUST READ AND INITIAL THE STATEMENTS BELOW

_____I certify that I meet the income-based or program-based eligibility under one of the above criteria for receiving Lifeline Service

_____ I certify that I will notify Chickasaw Telephone Company within 30 days if for any reason I no longer satisfy one of the above criteria for receiving Lifeline Service, including if my income exceeds the federal poverty guidelines above, if I no longer receive benefits from one of the programs described above, if I am receiving more than one Lifeline Service benefit, or if another member of my household is receiving a Lifeline Service benefit.

_____ I certify that I live on Tribal Lands (as defined in 47 C.F.R. § 54.400(e)).

_____ I certify that if I move to a new address, I will provide that address to Chickasaw Telephone Company within 30 days.

_____ I certify that my household will receive only one Lifeline Service and to the best of my knowledge, my household is not already receiving a Lifeline Service.

_____ I certify that the information contained herein is true and correct to the best of my knowledge.

_____ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline Service at any time and my failure to re-certify as to my continued eligibility will result in de-enrollment and termination of my Lifeline Service benefits under 47 C.F.R. § 54.405(e)(4).

_____ I certify that I have provided proof of eligibility to Chickasaw Telephone Company.

_____ I acknowledge that I understand that providing false or fraudulent information to receive Lifeline benefits is punishable by law

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge and I authorize Chickasaw Telephone Company to transmit any information from this form to any authorized governmental entity or its designee handling the National Lifeline Accountability Database. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. (Failure to provide consent will result in being denied Lifeline service.)

Signature of Applicant/Subscriber _____
Date

Account# _____ NLAD Enrolled _____

Name of Employee Who Verified Eligibility: _____