

KANSAS LIFELINE CERTIFICATION FORM

KLC Form Issue Date: Mar 2012

COMPANY INFORMATION:

Company Name: KanOkla Networks

Company Address: 100 KanOkla Ave/Caldwell, KS 67022

Company Contact Name: Jennifer Brown

Telephone Number: 620-845-5682

Contact's E-mail Address: jbrown@kanokla.com

SUBSCRIBER INFORMATION:

Subscriber's Full Name:

Subscriber's Full Residential Address:

(No P.O. Boxes) Permanent Temporary

Temporary Residential Address:

(e.g. shelter, friend, family member, etc.)

In the case of addresses not recognized by the post office, including residences on Tribal land, provide a descriptive address that can be used to perform a check for duplicative support.

Subscriber's Lifeline Billing Address (P.O. Boxes Allowed):

Check if Same as Residential Address

Subscriber's Date of Birth: _____
MM / DD / YYYY

Subscriber's last Four Digits of SS No.: _____
XXXX

Subscriber's Tribal ID Number if no SS No.: _____
XXXXXXXXXXXX

Subscriber seeking to qualify for Lifeline under ***program-based criteria*** check all applicable boxes below:

Medicaid SNAP SSI FPHA (Section 8) LIHEAP TANF

National School Lunch Program (Free Lunch Program) General Assistance (GA) Food Dist. Program

Subscriber eligible resident on **Tribal Lands** check all applicable boxes below:

Tribally Admin Free School Lunch Program Tribal TANF FDPIR

Head Start (those meeting income standard) Bureau of Indian Affairs GA

Subscriber seeking to qualify for Lifeline under the ***income-based criterion***, provide the number of individuals in residential household: _____

Number in household

Note: A consumer must provide THREE CONSECUTIVE MONTHS of statements as documentation of income, or provide a copy of their tax return for the previous year.

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Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

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CERTIFY PROSPECTIVE SUBSCRIBER'S ELIGIBILITY

Each prospective subscriber must certify, under penalty of perjury for receiving Lifeline support, by initialing each applicable area:

____: The subscriber meets the income-based or program-based eligibility criteria listed above.

____: The subscriber must notify the carrier within 30 days if for any reason the subscriber no longer satisfies the criteria for receiving Lifeline support.

____: The subscriber qualifies for Lifeline support as an eligible resident of Tribal lands, and the subscriber must live on Tribal Lands.

____: When the subscriber moves to a new address the subscriber must provide that new address to the ETC within 30 days.

____: When subscriber provides a temporary residential address to the ETC, subscriber is required to verify their temporary residential address every 90 days.

____: Subscriber acknowledges that a household is eligible to receive only one Lifeline service and, to the best of his/her knowledge, the subscriber's household is not already receiving a Lifeline service. A household 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.

____: The information contained in this subscriber's certification form is true and correct to the best of the subscriber's knowledge.

____: Subscriber acknowledges that providing false or fraudulent information on this certification form to receive Lifeline benefits is punishable by law.

____: Subscriber acknowledges that he/she may be required to re-certify their eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to their continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to Section 54.405(e)(4).

____: Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

____: A household is not permitted to receive Lifeline benefits from multiple providers.

____: Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program.

SIGNATURES:

Subscriber's Signature

Date

Company's Signature

Date

Documentation provided to support eligibility:

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