

KanOkla Networks

**LIFELINE/LINK UP AMERICA ON TRIBAL LANDS PROGRAM
AUTHORIZATION AND SELF CERTIFICATION FORM**

You are required to complete and sign this certification form in order to enroll you in KanOkla Networks "Tribal" Lifeline and/or "Expanded" Link Up programs. 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. Lifeline service is a non-transferable benefit, and a Lifeline subscriber is prohibited from transferring the Lifeline service to another, including another person eligible for Lifeline service. This authorization and certification is only for the purpose of enrolling you in these programs and will not be used for any other purpose.

THE BENEFITS YOU RECEIVE UNDER THE ENHANCED LIFELINE PROGRAM WILL TERMINATE ON _____, UNLESS YOU COMPLETE ANOTHER AUTHORIZATION AND SELF CERTIFICATION FORM WITHIN THIRTY DAYS OF _____ AND RETURN IT TO KANOKLA NETWORKS.

A. YOU MUST MEET PROGRAM PARTICIPATION REQUIREMENTS OR HOUSEHOLD INCOME REQUIREMENTS

I hereby certify that I participate in at least one of the following programs (**CHECK ALL THAT APPLY**) OR my household income is at or less than 135% of the federal poverty level:

- ____(S) Supplemental Nutrition Assistance Program (SNAP a/k/a Food Stamps)
- ____(S) Temporary Assistance for Needy Families (TANF)
- ____(S) Supplemental Security Income (SSI)
- ____(S) Medical Assistance (Medicaid/*SoonerCare*)
- ____(S) Vocational Rehabilitation (including aid to the hearing impaired)
- ____(S) Oklahoma Sales Tax Relief
- ____(S) Food Distribution Program on Indian Reservations ("FDPIR")
- ____(S) Federal Public Housing
- ____(S) Low Income Energy Assistance Program
- ____(F) Bureau of Indian Affairs General Assistance;
- ____(F) Temporary Assistance for Needy Families (TANF) Tribally-administered block grant programs;
- ____(F) Head Start Programs (only applicant or customer who satisfy the income qualifying eligibility provision)
- ____(F) National School Lunch Program (only applicant or customer who satisfy the income standard of the program for free meals).
- ____(F) My income is at or less than 135% of the federal poverty level. Customer has provided sufficient proof of income as set forth in 47 C.F. R. § 54.400(f). There are ____ individuals in my household.

B. YOU MUST READ AND INITIAL ALL STATEMENTS BELOW TO ACKNOWLEDGE YOU UNDERSTAND YOUR OBLIGATIONS

_____ I certify that my residential telephone service address listed on the front of this form is my permanent/temporary (circle one) residential service address, and to the best of my knowledge this residential service address is located on former tribal land/reservation (as defined in title 25-Code of Federal Regulation, section 20.1, paragraph (v)).

_____ I certify that if the residential telephone service address listed on the front of this form is a temporary one, upon request by the Company approximately every 90 days, I will recertify that I still live at that address. I understand that if I do not respond to the Company's verification request within 30 days I may be de-enrolled and will lose my benefits under the Lifeline program.

_____ I certify that if in the future, I no longer live at the residential telephone service address listed on the front of this form, I will notify the Company within 30 days after moving.

_____ I certify that I will notify the Company within 30 days if:

- 1) I no longer participate in at least one of the programs listed on the front of this form; or
- 2) If I am receiving more than one Lifeline-supported service; or
- 3) If I for any reason no longer satisfy the criteria for receiving Lifeline support.

_____ I certify that the telephone service which I am requesting receipt of Lifeline and/or Linkup programs for is listed in my name.

_____ I certify that I have provided documentation of eligibility, if required to do so and that such documentation was returned to me.

_____ *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. My household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

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

Yes (If yes, you must complete a supplemental form to determine your eligibility.)

No

I certify that I understand that 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.

I certify that I understand that lifeline service is a non-transferable benefit, and a Lifeline subscriber is prohibited from transferring the Lifeline service to another, including another person eligible for Lifeline service.

I authorize my provider to transmit to the authorized Governmental entity or its designee handling the Lifeline accountability database my full name, my full residential address, my date of birth, and the last four digits of my Social Security Number, the telephone number to be associated with Lifeline Program benefits, the date on which Lifeline service is begun, the date on which Lifeline Program benefits end, the amount of support sought by the Company and the means through which I qualify for Program benefits. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Program benefits.

C. CUSTOMER/APPLICANT INFORMATION

Print Applicant's Name _____

Applicant's Date of Birth _____

The last four digits of Applicant's Social Security Number or Tribal Identification number if you do not have a SSN _____

Applicant's Telephone Service Address _____
(CANNOT be a post office box)

Phone Number for which Lifeline service is requested for (____) _____

Contact number during weekdays between 8 a.m. and 5 p.m. (____) _____

Signature of benefit recipient

Date

For Company Use Only

Name of Employee Who Verified Eligibility: _____

Type of documentation Reviewed: _____

If the customer qualified under the Federal Poverty Guidelines refer to the Federal Poverty Guideline Form.