# Lifeline Calling Plan **Application**



# **Application Information and Instructions**

In these uncertain economic times Cellcom believes it is more important than ever to stay connected. Cellcom offers affordable and reliable wireless service through Lifeline.

### What is Lifeline Service?

Lifeline calling plans offer qualified customers a discount on their monthly bill. This is not a free service. To continue to receive service, you are responsible for paying all monthly access charges and fees incurred during each billing period. Your wireless service will be terminated if you do not pay your monthly bill on time.

### Who's Eligible for Lifeline Calling Plan Service?

Eligible wireless subscribers must be at least 18 years of age, have a physical address and reside in Cellcom's Wisconsin licensed markets. Only one federally subsidized Lifeline service is available per household. Additional lines of service are not eligible to receive the Lifeline calling plan discount. Applicants must participate in one of the following programs:

- Badger Care
- Food Stamps
- Low-income Home Energy Assistance Program (LIHEAP)
- Medical Assistance (MA)
- Supplemental Security Income (SSI)
- Wisconsin Homestead Credit
- Wisconsin Work

- Supplemental Nutrition
- Medicaid
- Temporary Assistance for Needy Families
- Head Start
- National School Lunch Program (NSLP)
- Federal Housing Public Assistance
- Bureau of Indian Affairs General Assistance
- Tribally Administered Temporary Assistance for Needy Families (TANF)

It is the responsibility of the Lifeline participant to advise Cellcom when you are no longer eligible for at least one of the above programs. Lifeline service will terminate upon loss of eligibility. For continuous eligibility for Lifeline, the participant may be required to re-verify his/her eligibility on an annual basis.

Lifeline Assistance is a federally subsidized program which provides a reduced price on your monthly calling plan to qualified low-income individuals. *This is not a free service.* 



## Application for Lifeline/Link Up Service Assistance Program

☐ Initial Enrollement

☐ Recertification of Enrollment

SECTION 1 - APPL	LICANT (Please Print)					
lame:					Social Security #:	
(Last Name	:)	(First Name)		Initial)	Social Security #:	
Billing Address:					Date of Birth (MM/DD/YYYY):/	/
	contain a P.O. Box)	(City)	(State)	(Zip)		
esidence Address:						_
	(Street address is r	required for Lifeline veri	fication)	(Ap	pt. # or Unit #)	
ddress:						_
(Cit □ Select it	**	(Stat	:e) you must re-verify elig	(Zip) iihility every 90	(County)	
			gnized Tribal lands. [		adys.	
ŕ		·		」Yes □ No		
ace of Employmen	t: (Name)			(Length of Emp	oloyment)	_
mployer's Address:	(Street)			(City)		_
hone number (if ex	isting service) or for r	messages: ( )		•		
	_	_			llowing information about the child:	
		_	map program, picase	-	Social Security #:	
(Last Name		(First Name)	(Middle		Date of Birth (MM/DD/YYYY): /	
					Date of Birth (MM/DD/1111) /	
SECTION 2 - ELIGI	IBILITY FOR LIFELIN	IE ASSISTANCE <i>(CHEC</i>	CK ALL THAT APPLY)			
I.) I am applying for			eless service discount ge discount-waiving a	ctivation charg	je	
	igible to receive ben	nefits from one or mo	ore of the following p			
☐ Badger Care		□ Supplemental Security Income (SSI)				
☐ Food Stamps ☐ Low-income Home Energy Assistance Program (LIHEAP)			☐ Wisconsin Homestead Tax Credit ☐ Wisconsin Works			
☐ Medical Assista		Le i Togram (Linear)	□ WISCOTISHT WO	K3		
Programs listed reviewed and se	below require docun curity retained but is	nentation proving p s not returned or sha	articipation in progra	m at time of ap	pplication. Documentation will be	
☐ Supplemental Nutrition			□ Medicaid			
☐ Bureau of Indian Affairs General Assistance			☐ Temporary Assistance for Needy Families			
☐ Head Start (must satisfy income qualifying standard) ☐ National School Lunch Program's Free Lunch Program			•	☐ Tribally Administered Temporary Assistance for Needy Families (TANF) ☐ Federal Housing Public Assistance (Section 8)		
	on Lunch Programs Fie	ee Lunch Program	□ rederal Housi	ig rublic Assisti	arice (section o)	
OR □ Mv total house	hold income is at or l	below 135% of the Fe	ederal Poverty Guidlin	es.*		
	r of people in househ		,		INTERNAL USE ONLY - SALES	
	1250/ OF THE FEDERAL I	DOVERTY CHIEFE INEC. 2	016		Address Searched: YES or NO	
135% OF THE FEDERAL POVERTY GUIDELINES - 201 Persons in Family or Household 48 Contiguous Sta				*Program Document Rec'd: YES or NO		
1 (130/13 111	1	\$16,0			MDN:	
	2	\$21,6			MIN:	

135% OF THE FEDERAL POVERTY GUIDELINES - 2016						
Persons in Family or Household	48 Contiguous States and D.C.					
1	\$16,038					
2	\$21,627					
3	\$27,216					
4	\$32,805					
5	\$38,394					
6	\$43,983					
7	\$49,586					
8	\$55,202					
For Each Additional Person	Add \$5.616					

\*To apply using income eligibility, you are required to provide documentation proving you meet the income eligibility requirements at the time of application. The documentation is reviewed and securely retained but is not returned to you or shared with others. Acceptable documents to demonstrate proof of income for entire household include: prior year's state or federal tax return, current income statement from employer, Social Security statement of benefits, or retirement/pension statement of benefits.

INTERNAL USE ONLY - SALES
Address Searched: YES or NO
*Program Document Rec'd: YES or NO
MDN:
MIN:
Date Assigned:
Personnel:
Faxed Provisioning on:
INTERNAL USE ONLY - PROVISIONING
Eligible: YES or NO
Documentation Verified (description):
Dravisianina Dan

Date Info Received: \_

# **SECTION 3** - APPLICANT CERTIFICATION AND AGREEMENT

Calling Plan & Feature Options: Please select the monthly service you wish to receive.
□ \$19.95/mo., Cellcom's Lifeline Calling Plan □ \$14.95/mo., Cellcom's Tribal Lifeline Calling Plan (Includes: Voicemail and Caller ID) □ \$19.95/mo., Cellcom's Tribal Lifeline Limited Calling Plan (Includes: Voicemail and Caller ID)
Available Services for an additional monthly fee: (Not available in Cellcom's Lifeline Limited calling plan.)
<ul> <li>□ Voicemail \$4.95/mo.</li> <li>□ Caller ID \$3.95/mo.</li> <li>□ Nquire/411 Directory Assistance \$1.99/use</li> <li>□ Tier 1 Handset Protection (\$50 deductible per occurrence) \$4.99/mo.</li> <li>□ Tier 2 Handset Protection (\$100 deductible per occurrence, \$50 extended warranty deductible per occurrence) \$6.99/mo.</li> <li>□ Tier 2 Handset Protection (\$100 deductible per occurrence, \$50 extended warranty deductible per occurrence) \$6.99/mo.</li> </ul>
☐ I AGREE to pay 2-year retail price + tax, and the cost of the first month's service.
I ALSO HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT;
<ul> <li>I acknowledge that Lifeline is a federal government benefit and that willfully making false statements to obtain the benefit can result in fines,</li> <li>imprisonment, de-enrollment or being barred from the program.</li> </ul>
☐ I acknowledge that only one Lifeline service is available per household, and that, to the best of my knowledge, no other person in my household is receiving a Lifeline service.  (For purposes of Lifeline, a "household" is any individual or group of individuals who live together at the same address and share income and expenses.)
□ I acknowledge that a household is not permitted to receive Lifeline benefits from multiple providers and that violation of this limitation constitutes a violation of the rules of the Federal Communications Commission and will result in de-enrollment from the Lifeline program.
☐ If I am participating in another Lifeline program at the time I apply for Cellcom Lifeline service, I agree to cancel that Lifeline service with any other provider.
☐ I acknowledge that Lifeline is non-transferable and that I may not transfer my benefit to any other person.
☐ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
<ul> <li>I will notify Cellcom within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline services, such as no longer participating in any of the qualifying programs, or if I or a member of my household receives another Lifeline benefit.</li> </ul>
□ I acknowledge that I may be required to re-certify to my continued eligibility for Lifeline at any time, and that my failure to re-certify will result in de-enrollment and termination of my Lifeline benefits.
☐ If I move to a new address, I will provide the new address to Cellcom within 30 days.
☐ If I provided a temporary address, I will be required to verify my temporary address every 90 days. If I do not provide verification within 30 days, I will be de-enrolled from the Lifeline program.
☐ I acknowledge I meet the income-based or program-based eligibility criteria for receiving Lifeline.
☐ I acknowledge that I qualify for Lifeline as an eligible resident of Tribal lands, living on Tribal lands.
$\Box$ I acknowledge the information contained in this application is true and correct to the best of my knowledge
(Must initial)
I ACKNOWLEDGE THAT IN ORDER TO CONTINUE RECEIVING A REDUCED CALLING PLAN ON THE LIFELINE PROGRAM, I AM RESPONSIBLE FOR PAYING ALL MONTHLY ACCESS CHARGES AND FEES INCURRED DURING EACH BILLING PERIOD.
I UNDERSTAND COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE IMMEDIATE ACCEPTANCE INTO THIS PROGRAM. I AUTHORIZE CELLCOM OR ITS' DULY APPOINTED REPRESENTATIVE TO ACCESS ANY RECORDS NECESSARY TO VERIFY THESE STATEMENTS TO CONFIRM MY CONTINUED PARTICIPATION IN THE ABOVE PROGRAMS. I AUTHORIZE REPRESENTATIVES OF THE ABOVE PROGRAMS, IF REQUESTED, TO DISCUSS WITH AND/OR PROVIDE COPIES TO CELLCOM TO VERIFY MY PARTICIPATION IN THE ABOVE PROGRAMS AND ELIGIBILITY FOR LIFELINE OR LINK-UP SERVICE. I FURTHER AGREE UPON REQUEST FROM CELLCOM TO PROVIDE DOCUMENTATION OF ELIGIBILITY.
I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THE LIFELINE/LINKUP ASSISTANCE PROGRAMS.
Printed Name:
Applicant's Signature: Date: / /
Please return application to:
Cellcom Lifeline Program P.O. Box 5370

De Pere, WI 54115