



ENTOUCH LIFELINE APPLICATION - OREGON

Lifeline Self-Certification Form | To enroll in the Lifeline program you need to complete this form. If you need help call 844.891.1800 or visit www.entouchwireless.com. The information is used to certify with the Federal Communications Commission that you are participating in Lifeline with us.

Lifeline Service Disclosure | Lifeline is a government assistance program 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 benefit 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. Violation of the one per household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and Lifeline is a non-transferable benefit and you may not transfer this benefit to any other person, regardless if they qualify for Lifeline.

Step 1 | Applicant Information

Legal First, MI, and Last Name: _____

Residential Address*: _____ *No PO Boxes for Residential. Check One:

Shipping Address: _____ Permanent
Temporary Housing

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Birth Date: _____ SSN # or Tribal ID**: _____ **Applicants living on Tribal lands who lack a Social Security Number may instead provide an official Tribal government identification card.

FOR TRIBAL RESIDENTS ONLY

_____ (init) I am seeking Tribal lands Lifeline support and certify that I reside on Federally-recognized Tribal lands.

If you self-certify that you live on tribal lands, which tribal lands do you live on? _____

Step 2 | Certifications - Assistance Programs

I, or another member in the household including children, participate in the following public assistance programs:

CIRCLE ONE:

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Veterans Pension and Survivors Benefit
- Federal Public Housing Assistance (FPHA)
- Food Distribution Program on Indian Reservations
- Tribally Administered TANF
- Bureau of Indian Affairs General Assistance
- Tribally Administered Head Start
(meeting the income qualifications of Head Start)

You may qualify through Public Assistance Programs



Through Household Income

Certifications - Household Income

My household income is at or below 135% of the federal poverty guidelines for 2017. I provided documentation confirming my household income level. **Circle # of People in Household.**
(add \$5,643 per additional person above 8 to determine income guidelines)

# of People in Household	Maximum Annual Income
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
5	\$38,853
6	\$44,496
7	\$50,139
8	\$55,782

If you do not participate in one of these programs but someone in your household does:

Relationship to Participant _____ I certify that the person demonstrating program participation is a member of my household.

Documents Reviewed for Certification _____ I certify that the person name on the participation documentation is not already receiving a Lifeline discount.

Name of Person Participating _____

Step 3 | Select Plan.

LIFELINE PLANS

<input type="checkbox"/> 500 Minute Plan	<input type="checkbox"/> 500MB Plan
500 Voice / 100 Text	100 (1 Text = 1 Min.)
Y	Y
Y	Y
Y	Y
Y	Y
Y	Y
10MB	500MB
N	N

Features

Talk / Text Units
Local Calls
National Long Distance
Voicemail
Nationwide Text
Free 411
Data Enabled (Websites & Email)
Carry Over Month to Month

TRIBAL LIFELINE PLAN*

<input type="checkbox"/> UNLTD & 750MB
UNLTD (1 Text = 1 Min.)
Y
Y
Y
Y
750MB
N

This plan will be reloaded to your phone monthly as long as you are eligible & certified.



YOU MUST SEND WITH YOUR APPLICATION COPIES OF YOUR GOVERNMENT ID AND ELIGIBILITY DOCUMENTS.

YOU WILL NOT QUALIFY FOR THE LIFELINE PROGRAM WITHOUT THESE.

...Continue on Back

Multiple households sharing an address:

(init) I hereby certify that I reside at an address occupied by multiple households, including adults who do not contribute income to my household and/or share in my household's expenses, and I will complete a separate additional form.

Activation and usage requirement disclosures: This service is a prepaid service and you must personally activate it by dialing 611 from your handset. *To keep your account active, you must use your Lifeline service at least once during any 30-day period by completing an outbound call, sending a text message, using your mobile broadband connection, purchasing additional minutes or data from enTouch Wireless, answering an in-bound call from someone other than enTouch Wireless, or by responding to a direct contact from enTouch Wireless confirming that you want to continue receiving Lifeline service from enTouch Wireless.* If your service goes unused for 30 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to enTouch Wireless's customer care center) subject to a 15-day cure period during which you may use the service (as described above) or contact enTouch Wireless to confirm that you want to continue receiving Lifeline service from enTouch Wireless.

(init) I hereby certify, under penalty of perjury, that I have read and understood the disclosures listed above regarding activation and usage requirements.

Authorizations:

(init) I hereby authorize enTouch Wireless to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize enTouch Wireless to release any records required for the administration of the Lifeline program (name, telephone number, address, date of birth, last 4 digits of SSN or Tribal ID Number, amount of support being sought, means of qualification for support, and dates of service initiation and termination), including to the Universal Service Administrative enTouch Wireless, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

(init) I understand I have the right to enroll in the Lifeline service using non-electronic methods. I further understand that I have the right to withdraw this consent at any time prior to activation of my service. enTouch Wireless has advised me that I may request a paper copy of my contract and associated fees by calling 611 from my wireless handset.

(init) I hereby authorize enTouch Wireless to send text messages to my enTouch Wireless provided wireless number about my Lifeline benefit. Text messages sent by enTouch Wireless will not decrement my available wireless minutes or texts. Standard voice, data and text rates will apply to all messages to and from anyone other than enTouch Wireless.

(init) I acknowledge that I am providing the information I have included in this application to CGM, LLC and further authorize CGM, LLC to receive and use my information for enrollment verification and waste, fraud and abuse mitigation purposes. Additionally, I authorize CGM to receive and use my historic Lifeline enrollment information for enrollment verification and waste, fraud and abuse mitigation purposes.

Additional certifications: I hereby certify, under penalty of perjury, that (initial for each statement to which you certify):

(init) I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required.

(init) I hereby certify that I participate in the following program [Lifeline program name ex: TennCare (Medicaid)].

(init) I will notify enTouch Wireless within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement.

(init) I am not listed as a dependent on another person's tax return (unless over the age of 60).

(init) The Residential Address listed above is my primary residence, not a second home or business.

(init) If I move to a new address, I will provide that new address to enTouch Wireless within 30 days.

(init) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

(init) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

(init) The information contained in this certification form is true and correct to the best of my knowledge.

(init) I reside on Federally-recognized Tribal lands or Hawaiian Home Lands (only applicable to enrollments in Hawaii).

(init) I certify that the individual named on the documentation used to demonstrate program participation or income eligibility is part of my household.

(init) I certify that the individual named on the documentation used to demonstrate program participation or income eligibility is not already receiving a Lifeline subsidy.

(init) I certify that my household will receive only one Lifeline service and, to the best of my knowledge, no one in my household, including myself, is receiving a Lifeline-supported service from any other landline or wireless service provider.

(init) If enTouch Wireless finds that I am already receiving a Lifeline discount benefit from another provider, I agree that I want to transfer my Lifeline discount benefit from that Lifeline provider to enTouch Wireless. I understand that once the transfer is complete, I will lose my Lifeline Program benefit with any other Lifeline provider from which I am currently receiving a Lifeline discount. enTouch Wireless has explained to me and I understand that I may not have multiple Lifeline Program benefits with the same or different providers.

(init) If I am subject to a benefit port freeze with another Lifeline provider and I am transferring my benefit to enTouch Wireless pursuant to an exception to the benefit port freeze, I understand that I am not required to provide proof of eligibility for Lifeline until the end of my port freeze, but I consent to providing such proof of eligibility to enTouch Wireless at this time.

By my signature immediately below, I hereby certify, under penalty of perjury, that the information included in this certification form is true and correct to the best of my knowledge.

**See page 3 for the
Lifeline Household Form.**

*We may not be able to complete processing your
application if you do not fill out this section.*

STOP

**YOU ARE DONE: SIGN AND DATE BELOW TO COMPLETE YOUR FORM. MAKE SURE YOU HAVE SIGNED
STEP 5 ON PAGE 3 ALSO, TO ENSURE THAT WE CAN COMPLETE PROCESSING YOUR LIFELINE APPLICATION.**

Applicant's Signature

Date



MAIL US YOUR APPLICATION & ELIGIBILITY DOCUMENTATION:

enTouch Wireless - 955 Kacena Rd, Ste A | Hiawatha, IA 52233

STOP!!!

**DON'T
FORGET TO
INCLUDE
COPIES
OF YOUR
ELIGIBILITY
DOCUMENTS!**



Legal First, MI, and Last Name: Residential Address*: City: State: Zip: **Lifeline Household Form***We may not be able to complete processing your application if you do not fill out this section.*

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

Please initial the certifications below and sign and date this worksheet.

A. I certify that I live at an address occupied by multiple households.

B. I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature Date

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner)

_____ YES _____ NO

- If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.

- If you checked NO, please answer question #2.

2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent _____ YES _____ NO

B. An adult son or daughter _____ YES _____ NO

C. Another adult relative _____ YES _____ NO
(such as a sibling, aunt, cousin, grandparent, etc.)

D. An adult roommate _____ YES _____ NO

E. Other _____ YES _____ NO

- If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.

- If you checked YES, please answer question #3.

3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2?

_____ YES _____ NO

- If you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and date the worksheet.

- If you checked YES, then your address includes only one household. You may not sign up for Lifeline because someone in your household already receives Lifeline.