



P.O. Box 456, King Salmon, AK 99613  
907-246-6399 / fax: 907-246-1115

## **Lifeline and/or Link Up Services** **Program Description**

If you obtain state or federal assistance from certain programs, or if your household qualifies as low-income, you may be eligible to apply for the federal *Lifeline* and *Link-up* programs, which offer residential telephone service for just \$1 a month, with greatly reduced installation charges.

You may qualify for these services if you are enrolled in any of the following programs:

- ✓ Medicaid Program
- ✓ Food stamps Program
- ✓ Supplemental Security Income (SSI) Program
- ✓ Federal Public Housing Assistance Program
- ✓ Low Income Home Energy Assistance Program
- ✓ Bureau of Indian Affairs General Assistance Program
- ✓ Temporary Assistance to Needy Families
- ✓ Head Start programs (only those meeting its income-qualifying standards)
- ✓ National School Lunch Program's *Free Lunch Program*
- ✓ Alaska Temporary Assistance Program
- ✓ Alaska Adult Public Assistance Program
- ✓ Another state or federal "means test" social services assistance program

If you are not enrolled in any of the above programs, but your annual combined household income is at or below 135% of the Federal Poverty Guidelines for Alaska, you may also qualify for Lifeline and/or Link Up. You must provide income documentation. Call our office for qualifying income levels and documentation requirements.

### ***Lifeline (for new or existing customers):***

\$1.00 per month recurring charge for telephone service on *one* residential line.

Free Toll Blocking if requested.

Any extra features such as Caller ID are billed as separate charges on the customer's account.

### ***Link Up (for new customers):***

50% off new residential phone connection charges for *one* residential line.



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Name: \_\_\_\_\_  
Principal Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

## **Lifeline and/or Link Up Services Qualification Form (State or Federal Assistance)**

As an applicant for federal Lifeline and/or Link Up services, I certify under penalty of perjury that I am currently receiving assistance from (check all that apply):

- Medicaid Program
- Food stamps Program
- Supplemental Security Income (SSI) Program
- Federal Public Housing Assistance Program
- Low Income Home Energy Assistance Program
- Bureau of Indian Affairs General Assistance Program
- Temporary Assistance to Needy Families
- Head Start programs (only those meeting its income-qualifying standards)
- National School Lunch Program's *Free Lunch Program*
- Alaska Temporary Assistance Program
- Alaska Adult Public Assistance Program
- Another state or federal "means test" social services assistance program  
(please describe) \_\_\_\_\_

\_\_\_\_\_ I agree to notify Bristol Bay Cellular Partnership when I am no longer receiving the  
Initials assistance I have indicated.

\_\_\_\_\_ I am applying for service at my principal place of residence and that this is the primary  
Initials Phone provided to this household.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## **Lifeline and/or Link Up Services Qualification Form (Low Income)**

**Qualifying Income Levels** (135% of the 2009 Federal Poverty Guidelines for Alaska)

Number of Persons in Household	1	2	3	4	5	6	7	8
Annual Combined Household Income	\$18,265	\$24,583	\$30,901	\$37,219	\$43,537	\$49,855	\$56,173	\$62,491

For each additional person, add \$6,318 to the annual combined household income.

As an applicant for federal Lifeline and/or Link Up services, I certify under penalty of perjury that my household's combined annual income is at or below the figures in the chart above. I understand that the term "household" means all persons who occupy my housing unit, whether they are related to each other or not.

Number of individuals in my household: \_\_\_\_\_ Combined annual income: \$ \_\_\_\_\_

I have attached the following documentation covering at least three consecutive months:

- a previous year's state, federal or tribal tax return
- a current income statement from an employer or paycheck stub
- a statement of benefits from the U.S. Social Security Administration
- a statement of benefits from the U.S Department of Veterans Affairs
- a retirement or pension statement of benefits
- an unemployment or workers' compensation statement of benefits
- a federal or tribal notice letter of participation in general assistance
- a divorce decree or child support document
- another official document demonstrating proof of income (please describe) \_\_\_\_\_

\_\_\_\_\_ I agree to notify Bristol Bay Cellular Partnership when my household's combined  
Initials annual income exceeds the qualifying levels listed above.

\_\_\_\_\_ I am applying for service at my principal place of residence.  
Initials

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Qualifying Income Levels (135% of the 2009 Federal Poverty Guidelines for Alaska)**

<b>Number of Persons in Household</b>	1	2	3	4	5	6	7	8
<b>Annual Combined Household Income</b>	\$18,265	\$24,583	\$30,901	\$37,219	\$43,537	\$49,855	\$56,173	\$62,491

For each additional person, add \$6,318 to the annual combined household income.

**Documentation of Income**

The following documentation may be used to establish low income:

- a previous year's state, federal or tribal tax return;
- a current income statement from an employer or paycheck stub;
- a statement of benefits from the U.S. Social Security Administration;
- a statement of benefits from the U.S Department of Veterans Affairs;
- a retirement or pension statement of benefits;
- an unemployment or workers' compensation statement of benefits;
- a federal or tribal notice letter of participation in general assistance;
- a divorce decree or child support document; or
- any other official document demonstrating proof of income.

If the customer provides documentation that does not cover a full year, the documentation must cover at least three consecutive months in the current calendar year.

**Continuing Eligibility**

1. BBCP must verify continued eligibility for Lifeline service by conducting an annual verification review. BBCP shall select a random sample of Lifeline customers for verification. However, BBCP is not required to verify the eligibility of a specific customer more often than every three years.
2. BBCP may either accept self-certification by the customer or require the customer to provide written documentation of continued eligibility.
3. BBCP must retain a customer's signed self-certification of eligibility as long as the customer receives Lifeline service from us. BBCP is not required to retain any other documentation of eligibility that the customer may provide.

**Disconnection Policy**

BBCP may not disconnect Lifeline service or refuse to provide Lifeline and Link Up service to an eligible customer for non-payment for any of the following:

1. Inter-exchange carrier charges;
2. cable television charges;
3. satellite television charges;
4. cellular telephone charges;
5. any other non-regulated charges (such as Internet);
6. charges for a bundle of services where local service is part of the bundle.

If a Lifeline customer makes a partial payment on a bill that includes both local and non-local services, BBCP shall apply the partial payment to local service first, unless the customer directs otherwise.

# Bristol Bay CELLULAR

PARTNERSHIP

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## Establishment of Account Password

So that BBTC employees are free to discuss and/or provide call detail information to me during a call that I initiate to your business office, please establish the following password for my account.

Password: \_\_\_\_\_

Should I forget or lose my password please use the following question to authenticate my password. (Select one)

Secret Question:      \_\_\_ Favorite Vacation City                      \_\_\_ Pet's Name  
                                 \_\_\_ Favorite Color                                      \_\_\_ Favorite Fruit  
                                 \_\_\_ Make of First Auto                                      \_\_\_ Favorite Author

Answer: \_\_\_\_\_

Primary Customer Name: \_\_\_\_\_

Secondary Customer Name: \_\_\_\_\_

Additional Authorized Contacts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_