

Bristol Bay
TELEPHONE
COOPERATIVE
INC

P.O. Box 259, King Salmon, AK 99613
907-246-3403 / 800-478-9100 / 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.

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 Telephone Cooperative 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 Telephone Cooperative 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)

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.

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

Disconnection Policy

BBTC 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, BBTC shall apply the partial payment to local service first, unless the customer directs otherwise.

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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: _____ / _____ / _____