

KANSAS LIFELINE CERTIFICATION FORM

COMPANY INFORMATION



1009 Lincoln St
PO Box 25
Wamego, KS 66547
785-456-1000

Representative: _____

Account Number: _____

SUBSCRIBER INFORMATION

Subscriber's Full Name: _____

Subscriber's Full Residential Address: _____

City: _____ State: _____ Zip: _____

Landline Telephone Number: _____

Other Contact Number: _____

Subscriber's Lifeline Billing Address: _____

Check if Same as Residential Address

Subscriber's Date of Birth: _____ Subscriber's last 4 Digits of SSN: _____
MM / DD / YYYY XXXX

1. Subscriber seeking to qualify for Lifeline under program-based criteria check all applicable boxes below:

Medicaid SNAP SSI FPHA (Section 8) LIHEAP TANF General Assistance (GA)

National School Lunch Program (Free Lunch Program) Food Distribution Program

2. Subscriber seeking to qualify for Lifeline under the income-based criteria (150% of federal poverty level), provide the number of individuals in residential household: _____ (number in household)

Number in Household	Maximum Annual Income
1	\$17,505
2	\$23,595
3	\$29,685
4	\$35,775
5	\$41,865
6	\$47,955
7	\$54,045
8	\$60,135
For each additional person, add	\$6,080

Note: If a prospective subscriber presents documentation of income that does not cover a full year, such as paystubs, the prospective subscriber must present the same type of documentation covering **Three Consecutive Months** within the previous twelve months.

SEE BACK OF FORM

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, disenrollment or being barred from the program.

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CERTIFY PROSPECTIVE SUBSCRIBER'S ELIGIBILITY

Each prospective subscriber must certify, under penalty of perjury for receiving Lifeline support, by initialing each applicable area:

- The subscriber meets the income-based or program-based eligibility criteria.
- The subscriber must notify the carrier within 30 days if for any reason the subscriber no longer satisfies the criteria for receiving Lifeline support.
- When the subscriber moves to a new address the subscriber must provide that new address to WTC within 30 days.
- When subscriber provides a temporary residential address to WTC, subscriber is required to verify their temporary residential address every 90 days.
- Subscriber acknowledges that a household is eligible to receive only one Lifeline service and, to the best of his/her knowledge, the subscriber's household is not already receiving a Lifeline service. A household 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.
- The information contained in this subscriber's certification form is true and correct to the best of the subscriber's knowledge.
- Subscriber acknowledges that providing false or fraudulent information on this certification form to receive Lifeline benefits is punishable by law.
- Subscriber acknowledges that he/she may be required to re-certify their eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to their continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to Section 54.405(e)(4).
- Lifeline is a **non-transferable benefit** and the subscriber may **not** transfer his or her benefit to any other person.
- A household is not permitted to receive Lifeline benefits from multiple providers.
- Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program.

SIGNATURES

Subscriber's Signature: _____ Date: _____

Company Rep's Signature: _____ Date: _____

Documentation provided to support eligibility: _____

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