



**KANSAS LIFELINE SERVICE PROGRAM  
SELF CERTIFICATION FORM FOR  
ELIGIBILITY**

The Kansas Lifeline Service Program (KLSP), a telephone assistance plan that provides eligible residential telephone service customers with a reduction in the price of basic local service, includes income based eligibility criteria. These criteria are based on the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health & Human Services (HHS) under authority of 42 U.S.C. 9902 (2) for KSLP eligibility, the total household income at the customer's household must be at or below 150% of the federal poverty guidelines published yearly by HHS. Customers eligible under the KSLP criteria, set out below, are required to self-certify such eligibility and certify income eligibility by providing prior year's state of federal tax return, current benefits, retirement statement of benefits, Unemployment/Workers Compensation statement of benefit, divorce decree of child support documents for income verification. Any type of documentation other than a previous year's taxes as evidence of income the consumer must present **THREE CONSECUTIVE MONTHS** of statements. The present KLSP income-based eligibility criteria are as follows:

<b>SIZE OF FAMILY UNIT RESIDING AT LOCATION FOR WHICH LIFELINE ASSISTANCE IS SOUGHT</b>	<b>MAXIMUM ANNUAL INCOME</b>
1	\$ 17,235
2	\$ 23,265
3	\$ 29,295
4	\$ 35,325
5	\$ 41,355
6	\$ 47,385
7	\$ 53,415
8 Each Additional Person Add:	\$ 6,030

I, \_\_\_\_\_, state that total household income, at the location for which Lifeline Telephone. Rate assistance is sought, is at or below 150% of the federal poverty guidelines.

I CERTIFY I AM CURRENTLY RECEIVING AT LEAST ONE OF THE FOLLOWING:

- |   |  |
|---|--|
| <input type="checkbox"/> SUPPLEMENT NUTRITION ASSISTANCE PROGRAM(SNAP)    | <input type="checkbox"/> MEDICAID                                  |
| <input type="checkbox"/> SSI (SUPPLEMENTAL SECURITY INCOME)               | <input type="checkbox"/> PUBLIC HOUSING ASSISTANCE                 |
| <input type="checkbox"/> TEMPORARY ASSISTANCE TO NEEDY FAMILIES           | <input type="checkbox"/> FOOD DISTRIBUTION PROGRAM (UNITED TRIBES) |
| <input type="checkbox"/> NATIONAL SCHOOL LUNCH PROGRAM (FREE LUNCH)       |  |
| <input type="checkbox"/> LOW INCOME HOME ENERGY ASSISTANCE PROGRAM-LIHEAP |  |

Proof of participation in the above programs will be needed to qualify for Kansas Lifeline Program. Applicants must provide either a copy of the SRS medical card or copy of the Vision card to verify participation in the eligible programs as well as a Statement of Benefits from SRS. Lifeline is a non-transferable benefit, may not be transferred to any other person. If a subscriber moves to new address, he/she will notify the ETC within 30 days and provide the new address. If a subscriber provides temporary residential address to the carrier, he/she will be required to verify the temporary address every 90 days. The subscriber will notify carrier within 30 days if for any reason he/she no longer satisfies the criteria for receiving Lifeline.

**NOTE: CUSTOMER IS REQUIRED TO SELF-CERTIFY JUNE 01 AND EACH JUNE 01 THEREAFTER TO CONTINUE RECEIVING BENEFITS, FAILURE TO DO SO WILL RESULT IN TERMINATION OF BENEFITS. ONLY 1(one) LIFELINE SERVICE IS AVAILABLE PER HOUSEHOLD.**

**I CERTIFY I AM CURRENTLY NOT RECEIVING LIFELINE SERVICES FROM ANOTHER PROVIDER.**

**Subscriber acknowledges that providing false or fraudulent information to receive Lifeline benefits is punishable by law!**

\_\_\_\_\_  
(Signature of Applicant) (Date Received) (Phone Number)

\_\_\_\_\_  
(Print Full Name) (Address) (Account Number)

INDATE \_\_\_\_\_ OUTDATE \_\_\_\_\_

\_\_\_\_\_  
CTC Representative

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