



Lifeline Service
Certification of Eligibility for Lifeline Service Application
Oxford Networks

To enroll in the Lifeline Program, you must meet all qualifications, complete all sections of this application and provide proof of eligibility of benefit. Oxford Networks will confirm your eligibility for the Lifeline Program.

Applicant (Account Holder) First Name: _____ **MI** _____ **Last Name:** _____

Date of Birth: _____ **Social Security # (Provide last 4 digits only)** _____

Enter Physical Address: _____

Is this a temporary address? YES _____ NO _____ (Note: Temporary address requires re-certification every 90 days)

Enter Billing Address (if different from physical address): _____

Eligible Programs (please circle all that apply):

Medicaid (Federal Program including assistance in payment of Medicare Part B Premiums as well as Qualified Medicare Beneficiary Program (QMB), Specified Low Income Medicare Beneficiary Program (SLIMB), and/or Qualified Individual (QI)); Supplemental Nutrition Assistance Program (SNAP); Supplemental Security Income (SSI); Federal Public Housing Assistance; Low-Income Home Energy Assistance Program (LIHEAP); National School Lunch Program’s free lunch program and Temporary Assistance for Needy Families (TANF). An applicant is also eligible if they have a household income at or below 135% of the Federal Poverty Guidelines.

If the basis for qualification is income, enter the number of individuals in applicant’s household: _____

Enter Recipients Name on documentation demonstrating program participation (if different from name of applicant) and include relationship to Account Holder: _____

Certification that Recipient (named on documentation demonstrating program participation) is part of applicant’s household (if different from named applicant): _____

(Applicant Signature)

Certification that Recipient (named on documentation demonstrating program participation) does not already receive Lifeline credits from any other source (if different from named applicant):

_____ **(Applicant Signature)**

I give Oxford Networks permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to USAC, I will be denied Lifeline Program benefits.

_____ **(Applicant Signature)**

Oxford Networks completes the following:	
Basis for Qualification:	_____
Type of documentation reviewed:	_____
Date or expiration date of documentation:	_____
Identifying information about documentation:	_____
Date reviewed:	_____
Method documentation was provided:	_____
Name or Employee ID of reviewer:	_____



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One Per Household Requirements

Lifeline service may only be obtained for one telephone line or its wireless equivalent per household. This includes both wireless and land-line service. If you or any other member of your household are already receiving Lifeline service from any communications provider you are **not** eligible to obtain additional Lifeline service. 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. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of the Federal Communication Commission's rules and will result in the applicant's de-enrollment from the Lifeline program, and could result in criminal prosecution by the United States government. I also understand that Lifeline service is a non-transferable benefit, and that a Lifeline subscriber may not transfer his or her service to any other individual, including another eligible low-income consumer.

I have read and understand this information and I agree to comply: _____
(Applicant initials)

Re-certification Requirements

Applicant understands that they will be required to re-certify on an annual basis, under penalty of perjury, that they continue to qualify to receive Lifeline service. Applicant understands they may be required to re-certify his or her continued eligibility for Lifeline at any time. Failure to comply with re-certification requirements will result in the termination of the applicant's Lifeline benefits.

I have read and understand this information and I agree to comply: _____
(Applicant initials)

Notification Requirements

The applicant must notify its telephone service provider within 30 days if

- (1) the applicant ceases to participate in a federal or state qualifying program or programs or the applicant's annual household income exceeds 135% of the Federal Poverty Guidelines (if that is the criterion by which that applicant qualified for Lifeline);
- (2) the applicant is receiving more than one Lifeline-supported service; or
- (3) the applicant, for any other reason, no longer satisfies the criteria for receiving Lifeline support.
- (4) the applicant must notify its telephone service provider within 30 days of any change of the customer's address and provide its telephone service provider with the new address.

I have read and understand this information and I agree to comply: _____
(Applicant initials)

IMPORTANT: Applicant understands that Lifeline service is a Federal Government benefit and applicants who willfully make false or fraudulent statements in order to obtain the benefit can be punished by fine or imprisonment and/or can be barred from the program.

I have read and understand this information and I agree to comply: _____
(Applicant initials)



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Certification Under Penalty of Perjury

By signing below, the applicant (Account Holder) certifies and attests, under penalty of perjury, that the applicant understands all of the information set forth in this document and the information provided by the applicant is true and correct to the best of the applicant's knowledge; and the applicant understands the notification requirements set forth above; and the applicant understands that failure to follow these notification requirements and/or failure to provide true and accurate information may result in fines or imprisonment.

Date: _____

(Account Holder's Signature)

Mail your completed application and supporting documentation to:

Oxford Networks, 491 Lisbon St, Lewiston, ME 04240

We can be reached Monday - Friday 8:00 am - 5:00 pm at 1-800-520-9911