



**West Virginia Department of Health and Human Resources**  
**TEL-ASSISTANCE/LIFELINE PROGRAM APPLICATION**

Case Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ County: \_\_\_\_\_

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

Selected Telephone Provider: \_\_\_\_\_

To qualify for Tel-Assistance/Lifeline service, your annual household income must be at or below 135% of the Federal Poverty Guidelines (see table on fact sheet provided), or you must participate in at least one of the public assistance programs listed on the provided fact sheet.

Please select one of the following options:

\_\_\_\_\_ I am a Qualified Low-Income Customer and am currently participating in at least one of the qualifying public assistance programs.

\_\_\_\_\_ My annual household income is at or below 135% of the Federal Poverty Guidelines.  
How many people are in your household? \_\_\_\_\_

**NOTE:** To qualify based on your income, you must verify all household income by providing copies of one or more of the documents listed on the fact sheet that accompanies this application form.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Under penalty of perjury, I certify that I acknowledge and understand the statements below.  
(Please initial each statement.)

\_\_\_\_\_(1) Tel-Assistance/Lifeline is a federal benefit and the information contained in my application is true and accurate to the best of my knowledge. Willfully providing false or fraudulent information to receive Tel-Assistance/Lifeline service is punishable by law, may lead to fines, imprisonment, and/or de-enrollment and may result in my being barred from the program.

\_\_\_\_\_(2) I am a current recipient of public assistance or have an annual household income at or below 135% of the Federal Poverty Guidelines.

\_\_\_\_\_(3) My household can only have one Tele-Assistance/Lifeline service, and violation of the one per household requirement constitutes a violation of Tel-Assistance/Lifeline rules and will result in my de-enrollment from the Tel-Assistance/Lifeline program. **A “household” is defined as any individual or group of individuals who live together at the same address and share income and expenses.**

\_\_\_\_\_(4) I attest to the best of my knowledge that neither I nor anyone else in my household receives Tel-Assistance/Lifeline service from any other landline or wireless company.

\_\_\_\_\_(5) Tele-Assistance/Lifeline service is non-transferable, and I may not transfer my service to any individual including any other eligible low-income customer.

\_\_\_\_\_(6) I will notify my Tel-Assistance/Lifeline provider if I no longer qualify for Tel-Assistance/Lifeline service. Specifically if: 1) I cease to participate in the above federal or state program, or if my annual household income exceeds the income guidelines; 2) I am receiving more than one Tel-Assistance/Lifeline service; or 3) I no longer satisfy the criteria for receiving Tel-Assistance/Lifeline service.

\_\_\_\_\_(7) I will notify my telephone company within 30 days of moving.

\_\_\_\_\_(8) I am required each year (or as requested) to recertify my continued eligibility for Tel-Assistance/Lifeline service. Failure to do so within 30 days will result in the termination of my Tel-Assistance/Lifeline service.

\_\_\_\_\_(9) I agree to allow my Tel-Assistance/Lifeline provider to exchange any necessary information related to my account to state and federal agencies for the purpose of complying with the Tel-Assistance/Lifeline program including, but not limited to, my name, date of birth, last four digits of my social security number, address and phone number.

\_\_\_\_\_(10) My telephone number, date of birth, last four digits of my social security number, and address may be provided to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Tel-Assistance/Lifeline service.

\_\_\_\_\_(11) If USAC identifies that I am receiving more than one Tel-Assistance/Lifeline service, all carriers involved may be notified, and I may select one service and be de-enrolled from the other.

**Send the completed application to your selected telephone company. DO NOT RETURN THIS FORM TO DHHR. If you have questions about this service in your area, contact your selected telephone company.**