

Lifeline Program Application Form



1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

You may need to show other documents

You will need to show your phone or internet company an official document from one of the government qualifying programs or prove your annual income. Please provide copies of your official documents with this application. Include the documents in option 1 or option 2 below:

1. If you qualify through a government program: copies of your state ID card and an official document from the program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
2. If you qualify through your income: copies of your state ID card and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit lifelinesupport.org to see the full list of accepted documents.

Visit lifelinesupport.org to see the full list of accepted documents.

Apply

To apply for a Lifeline benefit, fill out every section of this form, initial every agreement statement, and sign the last page.

To apply, bring or mail this form to your phone or internet company.

Bluesky American Samoa
Laufou Shopping Center
PO BOX 478
Pago Pago, American Samoa 96799

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2. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

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First

--	--

Middle (optional) Suffix (optional)

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Last

What is your phone number (if you have one)? **What is your date of birth?**

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Month Day Year

What is your email address (if you have one)?

What are the last 4 numbers of your Social Security Number (SSN)?

If you do not have a SSN, what is your Tribal Identification Number?

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What is the best way to reach you?

email
 phone
 text message
 mail

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2. Your Information (continued)

*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

What is your home address? (The address where you will get service. Do not use a P.O. Box)

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Street Number and Name

--	--

Apt., Unit, etc. City

--	--

State Zip Code

Is this a temporary address? Yes No **Check if you live on Tribal Lands***

What is your mailing address? (Only fill this out if it is not the same as your home address.)

--	--	--

Street Number and Name

--	--

Apt., Unit, etc. City

--	--

State Zip Code

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2. Your Information (continued)

Only fill this section out if you are applying through a child or dependent.

Check if you are qualifying through a child or dependent in your household. If so, answer the following questions:

What is their full legal name?

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First

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Middle (optional)

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Suffix (optional)

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Last

What is their date of birth?

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Month Day Year

What are the last 4 numbers of their Social Security Number (SSN)?

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If they do not have a SSN, what is your Tribal Identification Number?

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3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:

Check all programs that you or someone in your household have:

- Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance (FPHA)
- Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

- Bureau of Indian Affairs (BIA) General Assistance
- Tribal Temporary Assistance for Needy Families (Tribal TANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- Tribal Head Start (only households that meet the income qualifying standard)

Or

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)	Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size)				
	All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii	Yes	No
<input type="checkbox"/> 1	\$17,388	\$21,722	\$20,007	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2	\$23,517	\$29,390	\$27,054	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3	\$29,646	\$37,058	\$34,101	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4	\$35,775	\$44,726	\$41,148	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5	\$41,904	\$52,394	\$48,195	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6	\$48,033	\$60,062	\$55,242	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7	\$54,162	\$67,730	\$62,289	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8	\$60,291	\$75,398	\$69,336	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$6,129	Add \$7,668	Add \$7,047	<input type="checkbox"/>	<input type="checkbox"/>

135% of the 2019 Federal Poverty Guidelines
*The Federal Poverty Guidelines are typically updated at the end of January.

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4. Agreement

I agree, under penalty of perjury, to the following statements:

You must initial next to each statement.

Initial I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

Initial I agree that if I move I will give my service provider my new address within 30 days.

Initial I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

Initial I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

Initial I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

Initial All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

Initial I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

Initial My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

Initial I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Signature	Today's Date
<input type="text"/>	<input type="text"/>

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Application Form**



5. Agent Information

Answer only if a sales person submits this form.

What is the agent's full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

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First

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Middle (optional)

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Suffix (optional)

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Last

What is the agent's ID number?

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What is the agent's date of birth?

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Month Day Year

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Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

*Please select with a check mark the Prepaid Plan selected for your Lifeline Service

LIFELINE PRODUCT PLAN INFORMATION

LIFELINE FREE

1000 Local Calling Minutes
 No SMS
 4.5GB Data
 No Rollover
 \$0.00 Annual

LIFELINE TERMS (Please Select One):

- 3 Months 6 Months 12 Months

LIFELINE PRODUCT TERMS AND CONDITIONS

- The Lifeline program entitles the customer to 1 year of prepaid phone service.
- Enrolled customers will receive allotted Lifeline minutes on the 1st of every month for a year.
- The customer understands that these minutes may only be used for local calls, local SMS and Data only as specified on the allotted Plans. (To make long distance calls, to send International text messages (SMS) or participate in Call or Text in promotions, customer will be required to eCharge or purchase a prepaid wireless card).
- The customer also understands that the allotted Lifeline minutes must be used within the calendar month as any unused Lifeline minutes will not roll over into the new month. Use it or Lose it. (This is not the case with the minutes you purchase - expiration will be based on the denomination used for recharge).
- Allotted Lifeline minutes will be issued within 3 Business Days once validation process is completed.
- The customer understands that for free service plans where service is not billed, if customer does not use service for consecutive 30 days, the lifeline service shall be subject to service termination.
- To check balance customer dials *888# and they will receive an SMS with details of their remaining allotment and their prepaid balance.
- The customer understands that Lifeline can only be applied to one wireline or wireless phone per household and that Lifeline benefits will be discontinued when the customer no longer meets the eligibility requirements or when proof of eligibility is not received.
- The customer understands that Lifeline can only be applied through one of the eligible telecommunications carriers (ETCs) and that receiving Lifeline from another provider violates the Federal Communications Commission’s rules.

Applicant’s Signature

[Signature line]

Date

[Date line]

FOR BLUESKY USE ONLY

PLEASE READ AND FILL CAREFULLY AND COMPLETELY

(1) SIGN UP APPLICATION AND CERTIFICATION VERIFICATION

Application Complete	Certification Signed	Documents Reviewed			Date of Birth/SSN Reviewed Signed	NLAD Verified/Valid
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	E2	E13	E15	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
New Lifeline Customer	<input type="checkbox"/> New CK				<input type="checkbox"/> Payment Collected	<input type="checkbox"/> Y <input type="checkbox"/> N
Existing Prepaid Customer	<input type="checkbox"/> Previous CK				<input type="checkbox"/> Receipt Issued	<input type="checkbox"/> Y <input type="checkbox"/> N

Retail Representative	Date
<input type="text"/>	<input type="text"/>
Retail Manager/Supervisor	Reviewed Date
<input type="text"/>	<input type="text"/>
Remarks	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

(2) ENROLLMENT AND SERVICE INITIATION

Application Date		Registration Date		Document Expiry Date	
Enrollment Date		Service Initiation Date		Eligibility Follow Up Date	
Certification Date		Customer Confirmation Date		Lifeline Plan End Date	
Service Authorization Date		Recertification Date		De-Enrollment Date	

Customer Service Representative - Lifeline	Date
<input type="text"/>	<input type="text"/>
CSC Manager/Supervisor	Reviewed Date
<input type="text"/>	<input type="text"/>
Remarks	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

CUSTOMER INFORMATION PASSWORD CONTROL



PASSWORD AND PIN RECOVERY

Service Providers are required by law to obtain and implement Customer Proprietary Network Information. Carriers must implement Password or PIN protections for the customer's account and all customers must establish a password or PIN at the time of service initiation/activation.

Please provide a 4-digit PIN (Numeric only):

***NOTE: PIN must NOT be Birth date or Social Security Number*

Please select one of the recovery questions:

What year did you graduate from High School?

What is your Medical Record Number?

What is your Passport Number?

What is your Driver's License Number?

Please provide an "Authorized Designee." This designee will be able to access your Customer Information.

Name of Authorized Designee

Relationship to Customer

WARRANTY TERMS AND CONDITIONS

This warranty effectively covers the purchased from Bluesky from the date of purchase up to 30 days. found to be defective within 30 days of the original purchase date will be replaced.

Warranty does not cover:

- Misuse and abuse including damage from accidents, negligence and damage caused by food or liquid.
- Scratches, dings, dents or marks
- Damage to antennas, screen and displays and accessories included
- Product serial number removed or made illegible
- Lost and Stolen device purchased within the 30 day period
- Device has a lock code or security code that is set up by the customer

There is a 15% restocking fee, within 30 days of the date of purchase. All accessories, sim cards, phone cards, wifi passes and echarge sales are final and non refundable.

All accessories and packaging material must be intact in the original manufacturer's box upon return with a copy of customer receipt.

Bluesky reserves the right to determine whether equipment has been physically damaged or tampered with.

I understand and have read the information provided and I agree to the warranty terms as stated above.

Customer

RSSR Initial

Date