

Kansas Lifeline Service Program

Self-Certification Form for Income Eligibility

The Kansas Lifeline Service Program (KLSP) is a telephone assistance plan, which provides eligible residential telephone service customers with a reduction in the price of basic local service. The KLSP is designed to promote the provision of universal service by local exchange carriers to persons with low income, and shall be targeted to maintain affordable rates for residential local exchange service.

Eligible customers receive a reduction per month from their local exchange telephone service as follows:

Basic local service of \$11.27 plus a credit equal to the Federal End User Line Charge of \$6.50, and waiver of the FUSC surcharge. Additional calling features are not eligible for the discount. The Kansas Lifeline Service Program is limited to one discount per residence.

The Kansas Lifeline Service Program (KLSP) 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 and Human Services (HHS) under authority of 42 U.S.C. § 9902(2). For KLSP eligibility, a customer's household income must be below 150% of the federal poverty guidelines published yearly by HHS. Customers eligible under the KLSP criteria, set out below, are required to self-certify such eligibility. The KLSP income-based eligibility criteria are as follows:

Number in Family	Kansas Lifeline Maximum Annual Income
1	\$16,245
2	\$21,855
3	\$27,465
4	\$33,075
5	\$38,685
6	\$44,295
7	\$49,905
8	\$55,515

Each Additional person add: \$5,610

Documentation for program certification:

- | | |
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| <input type="checkbox"/> Prior Year's state or Federal Tax Return
<input type="checkbox"/> Veterans Administration Statement of Benefits
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> Low Income Home Energy Assistance Program
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Divorce Support Documents
<input type="checkbox"/> Foods Stamps or United Tribes Food Distribution Program
<input type="checkbox"/> General Assistance or BIA General Assistance
<input type="checkbox"/> Unemployment/Workmen's Compensation Statement of Benefits
<input type="checkbox"/> Current income statement from employer or paycheck stub (Pay stubs or employer statements must represent 3 consecutive months worth of employment) | <input type="checkbox"/> Social Security Statement of Benefits
<input type="checkbox"/> Retirement/Pension Statement of Benefits
<input type="checkbox"/> National School Lunch Program (NSLP)
<input type="checkbox"/> Federal Public Housing Assistance (Sec 8)
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Child Support Document
<input type="checkbox"/> Head Start (Income qualifying standard) |
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I, _____, state that my household income is at or below 150% of the federal poverty guidelines and that I have provided documentation for program verification.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on _____.

(Signature of Applicant)

Send form along with copy of documentation of participating program to: MoKan Dial, Inc., PO Box 429, Louisburg, Ks. 66053. (Office # 913-837-2219)