



FRED WILLIAMSON & ASSOCIATES, INC.  
Telecommunications Management Services

**VIA ECFS**

June 30, 2015

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of Secretary  
445 12<sup>th</sup> Street, S. W.  
Washington, D.C. 20554

**RE: Submission of information Pursuant to FCC 54.313 Rules and Request for Confidential Treatment – ETC Annual Reports and Certifications WC Docket No. 1458**

Dear Ms. Dortch:

In accordance with the annual reporting requirements of 47 C.F.R. §§54.313 and 54.422, Pine Cellular Phones, Inc. ("Pine"), Oklahoma, Study Area Code 439012, is submitting a completed FCC Form 481 to the Commission via its Electronic Comment Filing System (ECFS) in WC Docket No. 1458. Pine, by its authorized representative, hereby requests confidential treatment of one attachment to its FCC Form 481: the five-year service quality improvement plan identified on Form 100, Line 112 which is redacted in the ECFS submission. The request for confidential treatment of the five-year plan is being made pursuant to section 0.459 of the Commission's rules and Exemption 4 of the Freedom of Information Act (FOIA). This attachment contains competitively sensitive data that Pine maintains as confidential and does not normally make available to the public. Release of this information would have a substantial negative impact on the Company.

Pine is also transmitting the following information to the Commission in compliance with C.F.R. §§54.313 and 54.422:

- Submission to the Office of the Secretary, this cover letter and the Form 481 filing which includes the confidential information that is being requested to be withheld from public inspection. Confidential information has been designated in accordance with Confidentiality guidelines and the Protective Order.
- Two copies of the Form 481 filing in redacted form and an accompanying cover letter are also being provided with the confidential filing.
- Two copies of this cover letter and the Form 481 filing with the confidential information are also being delivered to Mr. Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau.

The confidential information has also been submitted to the Universal Service Administrative Company through its E-File system as an attachment to the FCC Form

121 East College Street • Broken Arrow, OK 74012 • 918-298-1618

**REDACTED - FOR PUBLIC INSPECTION**

481. Pine requests that the information contained in its five-year service quality improvement plan be withheld from public inspection because it contains competitively sensitive commercial and financial information that the Company keeps confidential. Public availability of this information would have a substantial negative impact on the Company. Pine offers the following information pursuant to section 0.459 of the Commission's rules and Exemption 4 of FOIA in support of this request:

*(1) Identification of the specific information for which confidential treatment is sought:*

Attachment to Line 112 of FCC Form 481 – Five-Year Service Quality Improvement Plan. Specifically, confidential treatment is sought for all information in the five-year plan related to the Company's future network plans and information concerning future services provided to customers.

*(2) Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission:*

The information was submitted in WC Docket Nos. 10-90 and 11-42 as an attachment to FCC Form 481- the Carrier Annual Reporting Data Collection Form. Section 100 of FCC Form 481 requires incumbent local exchange carriers receiving high cost support to attach a five-year service quality improvement plan, pursuant to 47 C.F.R. §§54.202(a)(1)(ii) and 54.313(a)(1).

*(3) Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged:*

The five-year service quality improvement plan contains information on the Company's future plans, number of customers served and other planning information that company does not make publicly available.

*(4) Explanation of the degree to which the information concerns a service that is subject to competition:*

Broadband is subject to increasing competition in the areas served by rural, rate-of-return incumbent local exchange carriers (RLECs). Virtually all RLECs face competition from one or more Internet service providers.

*(5) Explanation of how disclosure of the information could result in substantial competitive harm:*

Disclosure of the information contained in the five-year plan would provide competitors with detailed, granular information regarding the Company's strategic plans. This would provide competitors access to confidential information they could employ to develop their own plans a particular service area. This could cause competitive harm to the Company.

*(6) Identification of any measures taken by the submitting party to prevent unauthorized disclosure:*

The Company has continually treated information regarding its network and service plans as confidential and carefully controls the information to protect it from competitors.

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**REDACTED - FOR PUBLIC INSPECTION**

*(7) Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties:*

The redacted information in the five-year plan is not available to the public, and third party access is limited as described in (6) above.

*(8) Justification of the period during which the submitting party asserts that material should not be available for public disclosure:*

The Company requests that the extracted information be withheld from public inspection indefinitely. The five year planning period information would provide valuable information to competitors for several years beyond that period.

*(9) Any other information that the party seeking confidential information treatment believes may be useful in assessing whether its request for confidentiality should be granted:*

Exemption 4 of FOIA shields from public disclosure commercial or financial information obtained from a person that is privileged or confidential. Based on the responses provided above, the information in question satisfies this test.

Please contact me if you have any questions.

Sincerely,



Tim Morrissey  
President  
314-605-9220  
[tmorrissey@fwainc.com](mailto:tmorrissey@fwainc.com)

Enclosures

cc: Mr. Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, Federal Communications Commission, (2 hardcopies of confidential submission)

<010>	Study Area Code	439012
<015>	Study Area Name	PINE CELLULAR PHONES, INC. - CL
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	JANE MERZ
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5805843355 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jane@pinetelephone.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313</b>	<b>54.422</b>
	Completion Required	Completion Required

			(check box when complete)	
<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(attach descriptive document)</i>				
<320>	Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(attach descriptive document)</i>				
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; height: 40px; width: 100%;"><small>439012OR510.pdf</small></div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; height: 40px; width: 100%;"><small>439012OR610.pdf</small></div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	<div style="border: 1px solid black; height: 40px; width: 100%;"><small>439012OR1010.pdf</small></div>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	<input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b>				
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>				
<2000>		<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<2005>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>				
<3000>		<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<3005>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

<010> Study Area Code	439012
<015> Study Area Name	PINE CELLULAR PHONES, INC. - CL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	JANE MERZ
<035> Contact Telephone Number - Number of person identified in data line <030>	5805843355 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jane@pinetelephone.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	Yes
<114> Report how much universal service (USF) support was received	Yes
<115> How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	Not Applicable









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<039> Contact Email Address - Email Address of person identified in data line <030>	jane@pinetelephone.com

<910> Tribal Land(s) on which ETC Serves

CHOCTAW

<920> Tribal Government Engagement Obligation

439012OK920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable
Not Applicable

(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986 OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	439012
<015> Study Area Name	PINE CELLULAR PHONES, INC. - CL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	JANE MERZ
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<039> Contact Email Address - Email Address of person identified in data line <030>	jane@pinetelephone.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986; OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	439012
<015>	Study Area Name	PINE CELLULAR PHONES, INC. - CL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	JANE MERZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	5805843355 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jane@pinetelephone.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 8px;">439012OK1210.pdf</span> </div> <p style="margin-top: 5px;">Name of Attached Document</p>
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<1220> Link to Public Website	HTTP <hr style="border: 0.5px solid black;"/>
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"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |  |
|--------|---|--|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" style="width: 20px; height: 15px;" type="checkbox" value="checked"/> |
|--------|---|--|
- |        |  |  |
|--------|--|--|
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" style="width: 20px; height: 15px;" type="checkbox" value="checked"/> |
|--------|--|--|
- |        |  |  |
|--------|--|--|
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" style="width: 20px; height: 15px;" type="checkbox" value="checked"/> |
|--------|--|--|

<010>	Study Area Code	439012
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<030>	Contact Name - Person USAC should contact regarding this data	JANE MERZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	3685843333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jane@pinetelephone.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
- <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}  
 Certification Support Used to Build Broadband

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))     
Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))     
Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  (Yes/No)  
 (3014) If yes, does your company file the RUS annual report  (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)   
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation     
Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?  (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications   
 (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows   
 (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.   
 (3023) Underlying information subjected to a review by an independent certified public accountant   
 (3024) Underlying information subjected to an officer certification.   
 (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information     
Name of Attached Document Listing Required Information

<010> Study Area Code	439012
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Financial Data Summary

(3027) Revenue	<input type="text"/>
(3028) Operating Expenses	<input type="text"/>
(3029) Net Income	<input type="text"/>
(3030) Telephone Plant In Service (TPIS)	<input type="text"/>
(3031) Total Assets	<input type="text"/>
(3032) Total Debt	<input type="text"/>
(3033) Total Equity	<input type="text"/>
(3034) Dividends	<input type="text"/>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986; OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	jane@pinetelephone.com

TO BE COMPLETED BY THE REPORTING CARRIER IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986; OMB Control No. 3060-0819 July 2013
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<015> Study Area Name	PINE CELLULAR PHONES, INC. - CL
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<039> Contact Email Address - Email Address of person identified in data line <030>	jane@pinetelephone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF.

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Tom Karalis</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>Tom Karalis</u>
Name of Reporting Carrier:	<u>PINE CELLULAR PHONES, INC. - CL</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/30/2015</u>
Printed name of Authorized Officer:	<u>Jane Merz</u>
Title or position of Authorized Officer:	<u>Accounting Supervisor</u>
Telephone number of Authorized Officer:	<u>5805842100 ext.</u>
Study Area Code of Reporting Carrier:	<u>439012</u> Filing Due Date for this form: <u>07/01/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>PINE CELLULAR PHONES, INC. - CL</u>
Name of Authorized Agent or Employee of Agent:	<u>TOM KARALIS</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/30/2015</u>
Printed name of Authorized Agent or Employee of Agent:	<u>TOM KARALIS</u>
Title or position of Authorized Agent or Employee of Agent:	<u>CONSULTANT</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>9182981618 ext.</u>
Study Area Code of Reporting Carrier:	<u>439012</u> Filing Due Date for this form: <u>07/01/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

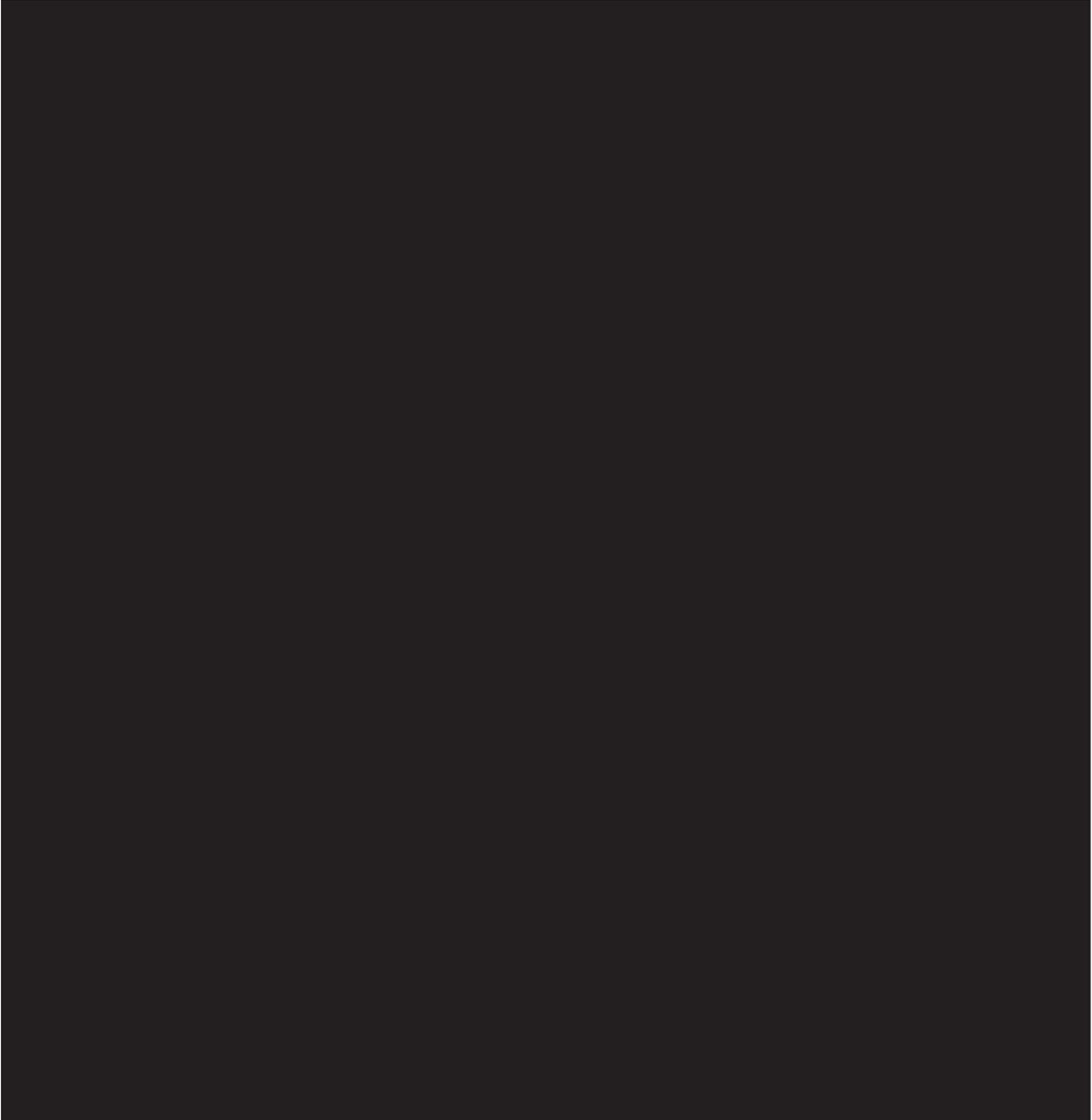




**PINE CELLULAR PHONES, INC.**  
**FIVE-YEAR QUALITY IMPROVEMENT PLAN**  
**(USAC DOCUMENT - 439012OK112.PDF)**

Company Name: Pine Cellular Phones, Inc.  
Company Headquarters: Broken Bow, Oklahoma

Narrative





REDACTED - FOR PUBLIC INSPECTION

**PINE CELLULAR PHONES, INC.**

**QUALITY OF SERVICE AND CUSTOMER PROTECTION PROCESS**

**(USAC DOCUMENT - 439012OK510.PDF)**

## **PINE CELLULAR**

### **QUALITY OF SERVICE & CUSTOMER PROTECTION PROCESSES**

1. **Available Customer Service Representatives to Answer Phones** – All calls received by PINE CELLULAR during business hours are answered by the third ring. When the assigned customer representatives are unable to answer calls by the third ring, additional representatives are available to help answer phones.
2. **Provide After Hours Emergency Customer Service** – Calls are answered by voice mail. Call logs are reviewed daily by personnel. Customer service representatives have been given a list of questions by PINE CELLULAR to ask to assist them in resolving any issues. Unresolved issues are reviewed the following work day. Issues requiring immediate attention are sent to the PINE CELLULAR service technician on call, who works to resolve the matter as quickly as possible. If that technician is unable to resolve the problem, additional technicians are called. After-hours customer service is also available.
3. **Provide 8 am to 8 pm 6 days a week Hour Internet Help Desk Service** – All calls are answered within 60 seconds. Call logs are reviewed daily by personnel with Managers available to review and address any issues.
4. **Online Bill Payments** – Payments made online are posted to the customer accounts and are viewable on the online customer account summaries within 24 hours. Any encountered problems are reported to the Office Supervisor, and resolved as quickly as possible.
5. **Give Customers Cut-off Warnings-** Notification of the payment due date and the cut-off date are prominently displayed on bills. Customers in danger of losing service will receive a notification to remind them of the late payment. If a customer complains that notice was not given, they are directed to speak with the Office Manager who will work to resolve the matter and prevent it from occurring again. Account balance reports are printed monthly internally using the company's billing system.
6. **Minimize Customer Downtime for Services & Make Requested Changes Promptly** – Contact customers regarding all service requests, with a goal of resolving all issues within 48 hours. Any unresolved issues will be resolved contingent on the technician/customer coordination of access to the premises.
7. **Proactively Monitoring in Case of Major Service Outages** – Service technicians will be made aware of outages affecting customers within an hour. It is the goal of PINE CELLULAR to resolve major outages in four hours or less. If an outage has not been resolved within four hours, technicians will begin utilizing all resources, both from within

and from without. Technicians establish and accomplish yearly training goals to be better equipped for managing all services.

## **CUSTOMER PRIVACY**

**Company Confidential Information Policy** – PINE CELLULAR has a company policy in place that holds employees accountable for a breach of confidentiality concerning customer data and company information. The policy states: "You are reminded that revealing any type of confidential information to unauthorized persons or tampering with or altering company records and/or property is a violation of trust that can result in disciplinary action up to and including discharge."

**Company CPNI Policy** – PINE CELLULAR also has a Customer Proprietary Network Information (CPNI) policy in place that ensures employee compliance with the FCC's CPNI guidelines. Outlined within the policy is a detailed description of CPNI as well as both acceptable and unacceptable CPNI practices. Employees are required to sign waivers stating they understand and agree to comply with the policy and acknowledge that "failure to protect this information result in disciplinary action up to and including discharge for the responsible employee." As a part of this policy, PINE CELLULAR has designated a Compliance Officer responsible for training employees, monitoring CPNI related activities, and reporting breaches.

**PINE CELLULAR PHONES, INC.**

**EMERGENCY SITUATION FUNCTIONALITY – AVAILABILITY OF BACK UP POWER**

**(USAC DOCUMENT - 439012OK610.PDF)**

## **PINE CELLULAR EMERGENCY SITUATION FUNCTIONALITY AVAILABILITY OF BACK-UP POWER**

PINE CELLULAR has 1 central office within its service area. The location is equipped with a back-up generator capable of providing power to the equipment within that office in the event of an external power source outage. After each power outage, generators are inspected and are also professionally serviced bi-annually to ensure functionality.

### **TRAFFIC ROUTING**

Voice traffic between the central office switch and the cell sites is carried across fiber optic cable and microwave in a redundant ring. Voice traffic between the central office switch and the upstream tandem is provisioned across redundant links.

### **MANAGING TRAFFIC SPIKES**

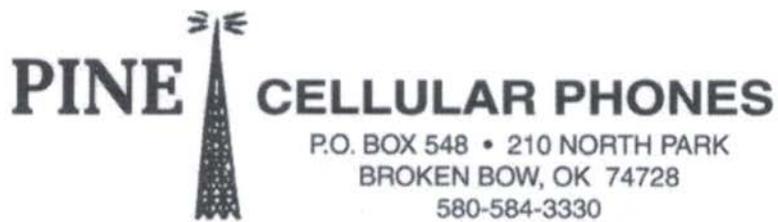
PINE CELLULAR's careful capacity planning has put multiple constraints and triggers in place on its Central Office equipment, outside plant equipment, and network backbone that will provide the company with the capability of handling traffic spikes during emergency situations.

- Usage rates are analyzed monthly internally by PINE CELLULAR using reports automatically generated by the switch to ensure that usage does not exceed 80% of total line capacity.
- PINE CELLULAR will monitor traffic internally on a monthly basis to ensure optimal efficiency.

**PINE CELLULAR PHONES, INC.**

**TRIBAL LANDS REPORTING**

**(USAC DOCUMENT - 439012OK920.PDF)**



December 5, 2013

Chief Pyle,

Pine Cellular Phones, Inc. is a rural independent cellular telephone company providing service to approximately 10,000 customers in Haskell, Latimer, Pittsburg, LeFlore, McCurtain, Pushmataha, Choctaw, Atoka, Bryan, and Coal counties in Southeast Oklahoma. This includes a number of exchanges in and customers on Choctaw Tribal Land. Pine Cellular offers wireless, high speed internet, and long distance services, as well as opportunities to bundle these services together.

Pine Cellular currently provides service to several local community anchor institutions. Most of these, while not receiving a discount for phone service, do receive a free or discounted rate for high speed internet through federal and/or state assistance programs. This partnership allows the institutions the ability to have connectivity worldwide and to offer services to the community at each location. Pine Cellular believes that anchor institutions such as community centers, fire stations and city halls are an integral part of the community and provide countless benefits and gathering places to area residents. Pine Cellular has the ability to provide service upon reasonable request to anyone in its service area including Tribal community anchor institutions.

Pine Cellular is currently deploying high speed internet and 4G cellular service in order to provide service and coverage to an increasing customer base. Through various partnerships, Pine Cellular has the ability to offer ever increasing internet speeds at competitive prices throughout its services territories. These speeds will allow customers to have access to services such as video streaming, telemedicine, offsite workplaces and remote study opportunities for education. Such services will allow for the growth of connectivity in a rural landscape enabling those customers the ability to be ever more connected to the retail business and service environments of urban areas.

Pine Cellular also provides Lifeline/LinkUp service in its study areas for those customers qualifying under state and federal guidelines. Pine Cellular also offers toll limitation service which helps households save money by blocking toll calls from being made, thus preventing costly long distance bills.

Should you have any questions or desire further information regarding Pine Cellular or its service offerings that may be provided to your Tribe and its members, or if you should have any service concerns or telecommunications needs that you would like to discuss with Pine Cellular, please do not hesitate to contact me.

Pine Cellular will be placing new sites through the Mobility Fund Phase I and would like to begin discussions to make sure that, in the areas covered by the Fund, Tribal institutions are covered, the new sites are feasible and sustainable, they are marketed in a culturally sensitive manner, the NEPA process is followed and verify all business and licensing requirements are met. Please have the appropriate person contact Lee Brown at 580 584 3300 or [leebrown@pine-net.com](mailto:leebrown@pine-net.com) to discuss further.

Sincerely,

Lee Brown

**PINE CELLULAR PHONES, INC.**  
**VOICE SERVICES RATE COMPARABILITY**  
**(USAC DOCUMENT - 439012OK1010)**

# Voice Services Rate Comparability

## Pine Cellular Phones, Inc.

In compliance with the 54.313 Rules, Pine Cellular Phones, Inc. (Pine Cell) must certify that its current rate for fixed voice services is no more than two standard deviations above the national average urban rate for voice service.

According to the 2015 Urban Rate Survey conducted by the FCC's Wireline Competition Bureau, the weighted average unlimited local rate is \$21.22. USAC Guidelines provide that two standard deviations above the \$21.22 would be \$47.48.

The rates for Pine Cell shown on the Voice Pricing Form (0700) are below \$47.48.

Consequently, Pine Cellular Phones, Inc. meets the above mentioned requirement.

**PINE CELLULAR PHONES, INC.**

**LIFELINE PLAN**

**(USAC DOCUMENT - 439012OK1210.PDF)**

## **Pine Cellular Company**

### **Lifeline Plan – Oklahoma**

Pine Cellular Company, Inc. (Pine) offers Lifeline Telephone Service to its customers. The eligibility criteria for Lifeline service is indicated on the attachment. Upon confirmation of eligibility, appropriate lifeline credits are provided to the customer. Oklahoma also qualifies for an additional credit that may not exceed \$25.00 for Tribal Lands. The rate for unlimited voice service in the Pine coverage area for Pine customers, the Willow Call Plan, in Oklahoma is \$34.25. The FCC Rules specify that the basic local exchange service charges net of lifeline credits can't be lower than \$1.00. Since, the total lifeline credits available in Oklahoma is equal to the rate charged for basic local exchange service, the lifeline eligible customer pays \$1.00 for basic local exchange service under the Willow Call Plan. Under, this plan, the customer does not have the ability to roam and thus can't incur additional charges for calling. The lifeline credit can also be applied to other Pine Cellular service plans, upon credit approval. Pine also offers a prepaid plan for roaming and/or long distance. Information regarding Pine Cellular's service plans is attached. Pine customers receive unlimited local calling as part of the service plans.

No other credits are applied to rates for remaining services, including toll, roamer, data, and text service.

Federal Poverty Guideline Certification Form  
Page 1 of 2

I certify that all the income actually received by all members of my household is less than or equal to 135% of the federal poverty level, as set forth below. I understand a "household" is any individual or group of individuals who live together at the same address and share income and expenses. I have provided the documentation verifying the income in the categories checked below to Pine Cellular in support of my application for Lifeline/LinkUp discounted service. I certify that there are \_\_\_\_ members of my household living with me at the address listed below. I also certify that I will notify Pine Cellular within 30 days if my household income exceeds 135% of the Federal Poverty Guidelines. I further certify that the Company representative returned all my documentation to me. I make these certifications under penalty of perjury, punishable by law.

Print Name of applicant: \_\_\_\_\_

Phone#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Federal law at 47 C.F.R. §54.400(f) has defined "income" for purposes of eligibility for Lifeline Assistance as all income actually received by all members of the household and includes the following. Please check all the categories of "income" that members of your household currently receive.

- \_\_\_\_\_ Salary before deductions for taxes
- \_\_\_\_\_ Public Assistance benefits
- \_\_\_\_\_ Social Security payments
- \_\_\_\_\_ Pensions
- \_\_\_\_\_ Unemployment compensation
- \_\_\_\_\_ Veteran's Benefits
- \_\_\_\_\_ Inheritances
- \_\_\_\_\_ Alimony
- \_\_\_\_\_ Child Support Payments
- \_\_\_\_\_ Worker's Compensation Benefits
- \_\_\_\_\_ Gifts
- \_\_\_\_\_ Lottery Winnings
- \_\_\_\_\_ Other \_\_\_\_\_

135% of the 2013 federal poverty level guidelines are as follows:

Persons In Household -----	Annual household income no higher than:
1 -----	\$15,755
2 -----	\$21,236
3 -----	\$26,717
4 -----	\$32,198
5 -----	\$37,679
6 -----	\$43,160
7 -----	\$48,641
8 -----	\$54,122

(For each additional person, add: \$5,481)

1 The only exceptions to "income" are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing, and the like.

2 This information is regularly updated by the Federal Government.



**PINE CELLULAR  
LIFELINE/LINK UP AMERICA ON TRIBAL LANDS PROGRAM  
AUTHORIZATION AND CERTIFICATION FORM**

**THE BENEFITS YOU RECEIVE UNDER THE ENHANCED LIFELINE/LINKUP PROGRAM WILL TERMINATE ON JUNE 1, 2014, UNLESS YOU COMPLETE ANOTHER AUTHORIZATION AND CERTIFICATION FORM WITHIN THIRTY DAYS OF MAY 1,2014, AND RETURN IT TO PINE CELLULAR.**

**A. YOU MUST MEET PROGRAM PARTICIPATION REQUIREMENTS OR HOUSEHOLD INCOME REQUIREMENTS**

1. I hereby certify that I participate in at least one of the following programs (CHECK ALL THAT APPLY) OR my household income is at or less than 135% of the federal poverty level:

- Supplemental Nutrition Assistance Program (SNAP a/k/a Food Stamps)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Medical Assistance (Medicaid/SoonerCare)
- Vocational Rehabilitation (including aid to the hearing impaired)
- Oklahoma Sales Tax Relief
- Food Distribution Program on Indian Reservations ("FDPIR")
- Federal Public Housing
- Low Income Energy Assistance Program
- Bureau of Indian Affairs General Assistance;
- Temporary Assistance for Needy Families (TANF) Tribally-administered block grant programs;
- Head Start Programs (only applicant or customer who satisfy the income qualifying eligibility provision);
- National School Lunch Program (only applicant or customer who satisfy the income standard of the program for free meals).

OR;

My household income is at or less than 135% of the federal poverty level. There are \_\_\_ individuals in my household. Customer must provide sufficient proof of income as set forth in 47 CFR §54.400(f).

**B. YOU MUST MEET THE "ONE PER HOUSEHOLD" REQUIREMENT**

- **ONLY ONE PERSON IN A HOUSEHOLD CAN QUALIFY TO RECEIVE PROGRAM BENEFITS.**
- **A "HOUSEHOLD" IS ANY INDIVIDUAL OR GROUP OF INDIVIDUALS WHO LIVE TOGETHER AT THE SAME ADDRESS AND SHARE INCOME AND EXPENSES.**
- **ONLY ONE RESIDENCE TELEPHONE SERVICE IN A HOUSEHOLD CAN RECEIVE PROGRAM SUPPORT.**
- **A HOUSEHOLD MAY NOT RECEIVE LIFELINE/LINKUP BENEFITS FROM MULTIPLE SERVICE PROVIDERS.**

\_\_\_\_\_ *My initials here certify that my household meets the one-per-household requirement. I understand that falsely certifying eligibility is a violation of the rules of the Federal Communications Commission and will result in my removal from the Lifeline/LinkUp Program and could result in criminal prosecution by the United States government.*

**Do you live at an address at which there are multiple households (for example, a nursing home or group home)?**

- Yes (If yes, you must complete a supplemental form to determine your eligibility.)**
- No**

**C. YOU MUST ACKNOWLEDGE AND CERTIFY THE FOLLOWING STATEMENTS AND NOTIFICATION OBLIGATIONS (You must read and initial all statements below to acknowledge and certify you understand your obligations.)**

\_\_\_\_\_ I certify that the telephone service location to which this certification applies is my primary/temporary (circle one) residential service address located at \_\_\_\_\_, and to the best of my knowledge this residential service address is located on former tribal land/reservation (as defined in 25 CFR § 20.1(v)).

\_\_\_\_\_ I also certify that if the address identified above is a temporary one, I will recertify my temporary residential address every 90 days.

\_\_\_\_\_ I also certify that if in the future, I no longer live at the address identified above, I will notify Pine Cellular within 30 days.

\_\_\_\_\_ I also certify that if in the future, I no longer participate in or qualify for at least one of the programs listed in item A.1 above or conditions change in any way, I will notify Pine Cellular within 30 days.

\_\_\_\_\_ I also certify that I will notify Pine Cellular within 30 days if I no longer live at the address identified above.

\_\_\_\_\_ I also certify that:

\_\_\_\_\_ a. The telephone service which I am requesting receipt of Lifeline and/or LinkUp benefits for is listed in my name.

\_\_\_\_\_ b. I am 18 years of older and am not claimed as a dependent on another person's tax return.

\_\_\_\_\_ c. The above service address is my primary/temporary residence, not a second home or business.

\_\_\_\_\_ d. My household will receive only one Lifeline/LinkUp service and, to the best of my knowledge, my household is not already receiving a Lifeline/LinkUp service.

**D. YOU MUST ACKNOWLEDGE THE FOLLOWING STATEMENTS (You must read and initial all statements below to acknowledge your understanding of the actions of Pine Cellular you hereby authorize.)**

\_\_\_\_\_ I authorize Pine Cellular or its duly appointed representative to access any records required to verify these statements in order to confirm my continued participation in the above program. I authorize representatives of the above programs to discuss with and/or provide copies to Pine Cellular, if requested by the company, to verify my participation in the above program and my eligibility for "Enhanced" Lifeline or "Expanded" Link Up benefits.

\_\_\_\_\_ I authorize Pine Cellular to transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, and the last four digits of my Social Security Number or Tribal Identification Number, the telephone number to be associated with Lifeline/LinkUp Program benefits, the date on which Lifeline/LinkUp service is begun, the date on which Lifeline/LinkUp Program benefits end, the amount of support sought by the Company and the means through which I qualify for Program benefits. I understand that transmission of this information is required to ensure the proper administration of the Lifeline/LinkUp Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Program benefits.

**E. CUSTOMER/APPLICANT INFORMATION**

Applicant's Name \_\_\_\_\_

Applicant's Billing Address, if different than identified above \_\_\_\_\_

Home Phone Number(\_\_\_\_\_) \_\_\_\_\_ Work Phone Number(\_\_\_\_\_) \_\_\_\_\_

(Your contact number during weekdays between 8 a.m. and 5 p.m.)

Social Security Number (SSN) last four or Tribal identification number if you do not have a SSN: \_\_\_\_\_

Date of Birth \_\_\_\_\_

**I AFFIRM, UNDER PENALTY OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND THAT PROVIDING FALSE OR FRAUDULENT INFORMATION TO RECEIVE LIFELINE/LINKUP BENEFITS IS PUNISHABLE BY LAW.**

\_\_\_\_\_  
Signature of benefit recipient

\_\_\_\_\_  
Date

PINE CELLULAR  
Lifeline Household Worksheet

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number \_\_\_\_\_

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

***You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.***

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) \_\_\_\_\_ YES \_\_\_\_\_ NO

If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.

If you checked NO, please answer question #2.

2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

- A. A parent \_\_\_\_\_ YES \_\_\_\_\_ NO    D. An adult roommate \_\_\_\_\_ YES \_\_\_\_\_ NO  
B. An adult son or daughter \_\_\_\_\_ YES \_\_\_\_\_ NO    E. Other \_\_\_\_\_ YES \_\_\_\_\_ NO  
C. Another adult relative \_\_\_\_\_ YES \_\_\_\_\_ NO  
(such as a sibling, aunt, cousin, grandparent,  
grandchild, etc.)

If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.

If you checked YES, please answer question #3.

3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and date the worksheet.

If you checked YES, then your address includes only one household. You may not sign up for Lifeline because someone in your household already receives Lifeline.

### CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to Pine Cellular along with your Lifeline application.

- A. \_\_\_\_\_ I certify that I live at an address occupied by multiple households.  
B. \_\_\_\_\_ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Lifeline/Link Up Applicant Enrollment  
Eligibility Documentation Review Form

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For Company Use Only

Date: \_\_\_\_\_

Name of Lifeline/Link Up Applicant:

\_\_\_\_\_

Name of Employee Who Reviewed Eligibility Documentation:

\_\_\_\_\_

Type of Eligibility Documentation received from applicant and reviewed:

\_\_\_\_\_  
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Lifeline Applicant is 18 years of age or older: \_\_\_\_\_