



Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20554

September 5, 2012

VIA ELECTRONIC SUBMISSION

WC Docket No. 11-42

In the matter of)
)
)
Lifeline Link up and Reform)
Modernization)
_____)

Vermont Telephone Company Inc.
Supplemental Information

Pursuant to requests from program administrators for supplemental information on portions of VTel's proposal for participation in the FCC's Broadband Adoption Lifeline Pilot Program, the following information is confirmed:

1. VTel confirms that Broadband Pilot Program materials will be in the English.
2. VTel confirms that a line of consent has been included in Broadband Pilot Program Application Form.

Pursuant to requests from the program administrators; VTel is submitting a revised and updated Broadband Pilot Program Application Form to reflect reforms in the FCC Lifeline Program. Please find the form on the following pages.

Please direct any questions regarding this filing to the undersigned.

Respectfully submitted,

Tess Gauthier
Vermont Telephone Company Inc.
tgauthier@vermontel.com

cc: Jonathan Lechter – FCC (Jonathan.Lechter@fcc.gov)
Kimberly Scardino – FCC – (Kimberly.Scardino@fcc.gov)

Instructions for Broadband Pilot Program

What is the Broadband Pilot Program?

The Broadband Pilot Program is a government program developed in conjunction with the Lifeline program and only eligible consumers may enroll. Those who qualify for the program could receive subsidies for broadband Internet.

Who is part of a household?

A household is any adult or group of adults, 18 years or older, who are living together at the same address who share in the income and expenses of the household. A household may include related and unrelated persons.

Who is eligible for the program?

You are eligible if you reside in Vermont and participate in at least one of the following programs.

- Supplemental Nutrition Assistance Program (SNAP)
- You will be 65 or older by June 15, 2012 and your household income is less than \$25,743
- You are under 65 and your household income is less than \$22,065
- Supplemental Security Income (SSI)
- Section 8 Federal Public Housing Assistance (FPHA)
- Low Income Home Energy Assistance Plan (LIHEAP)
- National School Lunch Program (NSLP)
- Temporary Assistance for Needy Families (TANF)
- Medicaid (not Medicare)

When and how do you apply?

Eligible subscribers should mail the completed application to:

Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401

Electronic submissions are not accepted.

The application may be submitted with your Vermont tax forms. If you are not required to file taxes, you may send just this application to the VT Department of Taxes. The Vermont Department For Children and Families processes your application. Vermont Telephone Company will receive notice of your eligibility and apply the credit to your account.

What income must be included?

You must include your Adjusted Gross Income (Federal Form 1040, Line 37; or 1040A, Line 21; or 1040EZ Line 4). This is done before deduction of any loss from a trade or business, partnership, small business corporation, rental property or capital loss. This is added to all other taxable and nontaxable income such as alimony, support money, cash public assistance and relief, cost of living allowance, serviceman's dependent allowances, gross amount of pensions and annuities, railroad retirement benefits, Social Security payment, veteran's benefit act payments, nontaxable interest received from Federal or State instrumentality, unemployment and worker's compensation, inheritances, cash gifts, lottery winnings, gross amount of "lost time" insurance and total capital gains. It does not include student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing. or payments made by the State for foster care or care of a developmentally disabled person.

I have questions about the program

For help completing this application:

Seniors call the Senior HelpLine at 1-800-642-5119 to reach your local area agency on aging

Under 65 call the DCF's Economic Services Division at 1-800-479-6151.

Persons who receive Reach Up, Food Stamps, Supplemental Nutrition Assistance Program, Medicaid, Supplemental Security Income, Federal Public Housing Assistance (Section 8), National School Lunch Program's free lunch program, Temporary Assistance for Needy Families, or Fuel Assistance benefits may be eligible to apply year-round for Broadband Pilot Program through the DCF's Economic Services Division. For questions about the credit, call the DCF's Economic Services Division Benefits Service Center at 1-800-479-6151.

BOTH SIDES OF THE APPLICATION MUST BE COMPLETED. FAILURE TO COMPLETE APPLICATION IN ITS ENTIRETY MAY RESULT IN DENIAL OR DELAY OF BENEFIT.

2012 Broadband Pilot Program Application

You may be eligible to participate in a Broadband Pilot Program to subsidize the cost of broadband Internet if you participate in at least one of the following programs. Evidence of program eligibility is required.

If you answer "Yes" to any of these questions, you are eligible

Check all the programs below in which you participate

- | | |
|---|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> You will be 65 or older by June 15, 2012 and your household income is less than \$25,743 | <input type="checkbox"/> Low Income Home Energy Assistance Plan (LIHEAP) |
| <input type="checkbox"/> You are under 65 and your household income is less than \$22,065 | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Section 8 Federal Public Housing Assistance (FPHA) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| | <input type="checkbox"/> Medicaid (not Medicare) |

The following section must be filled out completely or your application will be returned and benefits will be delayed

Your Name _____ Spouse or CU Partner Name _____
 Name on Phone Bill _____ Name of your telephone company _____
 Street Address _____ Billing Address _____
 Address permanent or temporary _____ Telephone Number _____
 City _____ State _____ Zip Code _____ Number of people in household _____
 Social Security Number, Applicant _____ Spouse or CU Partner _____
 Date of Birth, Applicant (MM/DD/YYYY) _____ Spouse or CU Partner _____

INCOME (Total household income)

- | | |
|--|----------|
| a. Cash public assistance/welfare | a. _____ |
| b. Social Security/railroad retirement/veterans' benefits, taxable and nontaxable | b. _____ |
| c. Unemployment compensation/worker's compensation..... | c. _____ |
| d. Wages, salaries, tips, etc. | d. _____ |
| e. Interest and dividends..... | e. _____ |
| f. Interest on U.S., state and municipal obligations, taxable and nontaxable | f. _____ |
| g. Alimony, support money/child support..... | g. _____ |
| h. Business Income: If you have a loss, enter -0- | h. _____ |
| i. Capital gains, taxable and nontaxable..... | i. _____ |
| j. Pensions and annuities, taxable and nontaxable | j. _____ |
| k. Rental income: If you have a loss, enter -0- | k. _____ |
| l. Farm/partnership/Subchapter S income: If you have a loss, enter -0- | l. _____ |
| m. Other income. Please specify | m. _____ |
| n. SUBTOTAL: Add Lines a through m..... | n. _____ |
| o. LESS adjustments to income from Federal Form 1040, Line 36 or 1040A, Line 20..... | o. _____ |
| p. TOTAL INCOME: Subtract Line o from Line n and enter the result here | p. _____ |

I declare under penalty of perjury this application is true, correct, and complete to the best of my knowledge and acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law. If prepared by a person other than the applicant, this declaration further provides that under 32 V.S.A. §5901 this information has not been and will not be used for any other purpose, or made available to any other person other than for the preparation of this application unless a separate valid consent form is signed by the applicant and retained by the preparer. I authorize the VT Department of Taxes to disclose this information and other information necessary to process the Lifeline Credit to the Secretary of Human Services.

Subscriber's signature _____ Date _____

Signature of preparer if other than taxpayer _____ Date _____

Spouse or Civil Union Partner signature (if filing jointly) _____ Date _____

Address of preparer _____

Terms and Conditions

1. I understand that Broadband Pilot Program is a federal benefit and willfully making false statements to obtain the benefit can result in fines, prosecution by the United States government, imprisonment, de-enrollment or being barred from the program.

2. I understand only one Broadband Pilot Program benefit is available per household and to the best of my knowledge, no one in my household is currently receiving a Broadband Pilot Program benefit.

3. I understand a household is not permitted to receive Broadband Pilot Program benefits from multiple providers.

4. I understand that a violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (FCC) rules and will result in the my de-enrollment from the program

5. I understand that Broadband Pilot Program is a non-transferable benefit and that I may not transfer my benefit to any other person.

6. I will notify DCF and my telephone company within 30 days if for any reason I am no longer eligible to receive Broadband Pilot Program, including if another member of my household receives Broadband Pilot Program benefit or if I am receiving more than one Broadband Pilot Program benefit.

7. I will notify DCF and my telephone company within 30 days of any change to my address or residence or change in my income.

8. If a temporary address has been provided on this application, I understand I am required to verify my temporary residential address every 90 days. I further understand that should I not respond to efforts by DCF or my telephone company to verify my temporary address within 30 days, I may be de-enrolled from the Broadband Pilot Program program.

9. I understand I will be required to file a Broadband Pilot Program application annually, or at any time upon request, and failure to do so will result in termination of my Broadband Pilot Program benefit.

10. I understand that Broadband Pilot Program is a non-transferrable benefit and I may not transfer my benefit to any other individual, including another income eligible person.

11. I authorize DCF to access any records required to verify my statements on this form and to confirm my eligibility for participation in the VTel Broadband Pilot Program. I give permission to the duly authorized official(s) administering the above programs to provide to VTel my participation status in any of the above program(s). I give this permission on the condition that the information in this Application and any information about my participation in the above programs provided by officials be maintained by VTel as confidential customer account information.

12. I give my consent to VTel to release any records required for the administration and/or reporting requirements of the VTel Broadband Pilot Program (including my name, telephone number and address), including to the Universal Service Administrative Company, to be used in a Broadband Pilot Program database and for information gathering, and to ensure the proper administration of the Broadband Pilot Program. Failure to consent will result in denial of participation in the Broadband Pilot Program.

I do _____ do not _____ live at an address occupied by multiple households

I do _____ do not _____ share an address with other adults who do not contribute income to my household and/or share in the household's expenses.

I certify that to the best of my knowledge, no one in my household is receiving a Broadband Pilot Program-supported service from any other provider.

_____ Subscriber's signature Date