SAC: 351097
State: Iowa
Andrew Telephone Company, Inc.
Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

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(4) Eligible carriers may not collect a service deposit in order to initiate Lifeline service, if the qualified applicant voluntarily elects toll blocking where available.

39.3(3) *Qualified applicants.* To be eligible for Lifeline or Link-Up assistance, an applicant must either have income that is at or below 135 percent of the Federal Poverty Guidelines or participate in one of the following programs:

a. Medicaid (e.g., Title XIX/Medical, State Supplemental Assistance);
b. Food stamps;
c. Supplemental Security Income;
d. Federal Public Housing Assistance Section 8;
e. Low-income Home Energy Assistance Program;
f. Temporary Assistance to Needy Families;
g. National School Lunch Program's free lunch program.

39.3(4) *Certification.* The certification of eligibility for Lifeline or Link-Up rate assistance shall be upon a form as set forth below. The form shall be supplied to the applicant by the eligible carrier.

LINK-UP AND LIFELINE RATE ASSISTANCE CERTIFICATION

Name _____ SSN _____
Address _____
_____
_____
City _____ State _____ Zip _____
Phone Number where you may be reached or receive messages (____)_____

Please answer the following questions (indicate by check mark):

1. By filling out this application I (the applicant) request:
   ___ Low-income telephone connection assistance (Line-Up) and/or
   ___ Low-income telephone Lifeline assistance.
2. Have you received Link-Up assistance at the above address in the past?
   ___ Yes
   ___ No

If the answer is "yes", you are not eligible for Link-Up assistance.

3. Are you participating in any of the following programs?
   ___ Medicaid (e.g., Title XIX/Medical, State Supplemental Assistance)
   ___ Food stamps
   ___ Supplemental Security Income
   ___ Federal Public Housing Assistance Section 8
   ___ Low-income Home Energy Assistance Program
   ___ Temporary Assistance to Needy Families
   ___ National School Lunch Program's free lunch program
4. Is your income at or below 135 percent of the Federal Poverty Guidelines?
   ___ Yes
   ___ No

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I understand completion of this application does not constitute immediate acceptance into these programs. I agree to notify the telecommunications carrier if I cease to participate in any of the public assistance programs I checked above or if my income becomes greater than 135 percent of the Federal Poverty Guidelines.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from these programs.

SIGNATURE _____ DATE _____

39.3(5) *Data collection.* Eligible carriers shall keep records of the number of subscribers receiving Link-Up and Lifeline assistance. Each eligible carrier must keep accurate records of the revenues it forgoes in providing Lifeline and Link-Up. The board requires that the carrier file information with the federal administrator demonstrating the carrier's Lifeline and Link-Up plans meet the federal criteria, indicating the number of qualifying low-income consumers, and stating there are no state contributions.

In addition, eligible carriers shall mail each year to Lifeline and Link-Up subscribers the verification form set out below (or another form that requests the same information), in a sample size consistent with the formulas and table set forth in Appendix J of In the Matter of Lifeline and Link-Up, Report and Order and Further Notice of Proposed rulemaking, WC Docket No. 03-109, Release No. 04-87, 199 FCC Rcd 8302 (April 29, 2004). Subscribers who receive the verification form should be selected at random. Eligible carriers shall then verify on their annual report that they have performed the required verification.

LINK-UP AND LIFELINE RATE ASSISTANCE VERIFICATION

Failure to return this verification within 30 days may cause you to no longer be eligible for this subsidy.

Name _____ SSN _____
Address _____
_____
_____
City _____ State _____ Zip _____

I am currently receiving low-income monthly telephone bill assistance (Lifeline) at the following:

Phone Number: _____
Address: _____

I am currently participating in the following program(s):

____ Medicaid (e.g., Title XIX/Medical, State Supplemental Assistance);
____ Food stamps;
____ Supplemental Security Income;
____ Federal Public Housing Assistance Section 8;
____ Low-income Home Energy Assistance Program;
____ Temporary Assistance to Needy Families;
____ National School Lunch Program's free lunch program; or
____ My income is at or below 135 percent of the Federal Poverty Guidelines.

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I agree to notify the telecommunications carrier if I cease to participate in any of the public assistance program I checked above or if my income becomes greater than 135 percent of the Federal Poverty Guidelines.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from these programs.

SIGNATURE _____ DATE _____

39.3(6) *Customer notification.*

a. Eligible carriers shall inform all persons ordering new or transferring existing residential service of the Link-Up and Lifeline assistance programs and shall inquire whether the customer wants to have further information concerning the programs provided, unless it is apparent that the customer would not be eligible.

b. The eligible carrier shall provide informational brochures and application forms to the county offices of the Iowa department of human services, division of community services for the counties served, to the area agency on aging, and to the community action offices of the department of human rights for the region served. In counties or regions served by more than one eligible carrier, the carriers are encouraged to cooperate in providing the brochures and forms jointly.

c. The eligible carriers shall pursue media coverage of the Link-Up and Lifeline assistance programs. This may include advertising where appropriate.

RECEIVED
May 1, 2013
TF-2013-0083

SERVICE CHARGES

A. LIFELINE ASSISTANCE

1. The Federal Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced by the federal support amount defined in 47 CFR 54.403.

2. Eligibility Requirements
To be eligible for assistance, an applicant must provide documentation showing the applicant (1) meets income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines, OR (2) participates in at least one of the following programs as defined by 47 CFR 54.409:

   a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
   b. Supplemental Nutrition Assistance Program (SNAP)
   c. Supplemental Security Income (SSI)
   d. Federal public housing assistance
   e. Low-Income Home Energy Assistance Program (LHEAP)
   f. Temporary Assistance for Needy Families Program (TANF)
   g. National School Lunch Program

   The Lifeline customer is responsible for notifying the Company if the customer ceases to participate in any of the public assistance programs listed above.

   A Lifeline customer may only receive assistance from one wireline or one wireless telephone provider per household.

3. Application for Assistance
An applicant shall request telephone assistance through completion of a certification form provided by the Company as governed by 47 CFR 54.410.

4. Rates
   a. The Lifeline customer will receive a monthly credit toward their local exchange service rate. The total monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline customer's rate.

   b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

REDACTED:

Andrew Telephone Company, Inc.

Financial Data 2013