SOUTH DAKOTA PUBLIC UTILITIES COMMISSION LIFELINE/TRIBAL LINK UP ADVERTISING/OUTREACH ANNUAL REPORT JULY 1, 2019

Company:	Jefferson Telephone Company, LLC
Address:	104 4th Street
	Jefferson, SD 57038
Telephone number:	712-271-5535
Company contact:	Paul Bergmann
Study Area Code:	391666

Lifeline/Tribal Link Up Advertising/Outreach Activities:

Advertise in media of general distribution.* (See attached advertisement(s).)

Letter to existing and new customers regarding the availability of Lifeline/Tribal Link Up within 1st 30 days of service.* (See attached letter.)

Company's Lifeline/Tribal Link Up information in directory.

Company's Lifeline/Tribal Link Up information available on Company website. www.longlines/phone/lifeline.com

✓ Company's information posted on USAC website.

Other (describe):

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Long Lines is a telecommunications provider who provides basic and enhanced services within its service territory, including services supported by Federal Universal Service funds and eligible for Federal Lifeline assistance.

Basic residential service is available as a Lifeline service. Lifeline is a government benefit program which provides a monthly credit toward a qualified low-income subscriber's telephone bill, Only eligible low-income consumers may enroll in the Lifeline program. Consumers who meet eligibility criteria must also complete documentation necessary for enrollment. Lifeline assistance is non-transferable, and eligible subscribers may receive assistance from only one wireline or wireless telecommunications provider per household. Consumers who willfully make false statements in order to obtain Lifeline benefits can be punished by fine or imprisonment or can be barred from the program. If you have any questions regarding the company's services or you want to apply for Lifeline telephone assistance, application forms can be obtained from Long Lines at 501 4th St., Sergeant Bluff, IA, 712.271.4000. Longlines.com

Dear Customer:

Long Lines participates in the Lifeline Telephone assistance program. Lifeline assistance is available if the subscriber, one or more of the subscriber's dependents or the subscriber's household receives benefits from one of the following qualifying federal assistance programs:

- Medicate (example, Title XIX/Medical State Supplement Assistance)
- Supplemental Security Income (SSI)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance (Section 8)
- Supplemental Nutrition Assistance Program (formerly known as Food Stamps)
- Temporary Assistance to Need Families (TANF)
- National School Lunch Free Lunch Program

OR

 Individuals whose household income is at or below 135 percent of the Federal Poverty. Guidelines are also eligible for Lifeline assistance.

If you are eligible for Lifeline assistance under any of the programs listed above, please complete the enclosed application.

If you qualify for Lifeline assistance based on household income please complete the enclosed <u>application</u> and <u>Income certification Form</u>, attach the required documentation* and return it to our office in the enclosed envelope.

*Documentation of Income eligibility includes the previous year's state or federal tax return, a current income statement from an employer or paycheck stub, a Social Security statement of benefits, or other such official documents. If your documentation does not cover an entire year, please provide three consecutive months' worth of the same type of document. Please note that income is all income actually received by all members of the household. Income includes 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 and lottery winnings. The only exceptions are student financial aid, military housing and cost-of-living allowances and irregular income from occasional small jobs such as baby sitting or lawn mowing.

If you require assistance completing the forms, please feel free to stop by our office at $501 \ 4^{th}$ Street, Sergeant Bluff, IA or you may contact our business at 866-901-5664 and we will be happy to assist you.

Please note that Federal Communications Commission (FCC) guidelines require telephone companies, like ours, to annually verify a sample of Lifeline customers' for continued eligibility in the program. You may be required to complete the application and/or provide additional information on a yearly basis for random sampling process. This benefit can only be received on landline telephone service. Each customer can only receive one Lifeline subsidy.





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.

Recertify

To recertify for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 5.

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





2. Your Information

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

What is your f The name you use	u ll legal n on official d	a me? ocuments, lil	ke your Soc	ial Security	Card or St	ate ID. No	t a nickna	me.				
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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 you	r home address? (The address wi	nere you will get	service. Do not i	use a P.O. Box)		
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Street Number	and Name	\$					*
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Apt., Unit, etc.		City					
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State	Zip Code	_ii					
s this a tem	porary address?	Yes	No No	Check if	you live on Ti	ibal Lands*)
What is you	r mailing address	? (Only fill th	nis out if it is	not the same	e as your home	address.)	
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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 t	through a	government	program:
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	nental Nutrition Assistance Program (SNAP) (Food Stamps)
Supplen	nental Security Income (SSI)
Medicaid	I
Federal I	Public Housing Assistance (FPHA)
Veterans	Pension or Survivors Benefit Programs
mi may imprime de la constante	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)

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			
1	\$16,389	\$20,493	\$18,846 Yes No			
2	\$22,221	\$27,783	\$25,555.50 Yes No			
3	\$28,053	\$35,073	\$32,265 Yes No			
4	\$33,885	\$42,363	\$38,974.50 Yes No			
5	\$39,717	\$49,653	\$45,684 Yes No			
6	\$45,549	\$56,943	\$52,393.50 Yes No			
7	\$51,381	\$64,233	\$59,103 Yes No			
8	\$57,213	\$71,523	\$65,812.50 Yes No			
If more than 8, add this amount for each extra person:	Add \$5,832	Add \$7,290	Add \$6,709.50 Yes No			

135% of the 2018 Federal Poverty Guidelines

^{*}The Federal Poverty Guidelines are typically updated at the end of January.

Initial

initial

Initial

Initial

Initial

Initial

Initial





4. Agreement

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

You must initial next to each statement.

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).

Lagree that if Lmove Lwill give my service provider my new address within 30 days.

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).

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.

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.

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

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.

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.

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

Initial

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





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.
First	
Middle (optional)	Suffix (optional)
Last	and the state of t
What is the agent's ID number?	What is the agent's date of birth?





Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to recertify their eligibility to receive Lifeline services annually. 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 continued 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 form, 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 in this form. We will use the information that you provide to determine your eligibility for Lifeline services. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

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.