

California LifeLine Forms/Instructions/Letters

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California LifeLine Telephone Service
www.cpuc.ca.gov

CERTIFICATION FORM

Please return form to:

California LifeLine Program
PO Box 6033
Artesia, CA 90702-6033

1-877-858-7463 TTY 1-888-858-7889

PART B Billing Address

PART B Service Address

PART A Carrier Information

This completed form must be received by _____ to qualify for the
California LifeLife discount program.

This form is valid only for the person listed in Part B Billing Address above.

DO NOT COPY THIS FORM.



California LifeLine Certification Form

PART C Eligibility -You may use either Method 1 OR Method 2 below to qualify for California LifeLine.

Method 1 Program-Based: If you or another person in your household is enrolled in any of the programs below, please identify the program by filling in the correct bubble and provide the name of that person in the name box. Sample: Correct

<input type="radio"/> Medicaid/Medi-Cal <input type="radio"/> Supplemental Security Income (SSI) <input type="radio"/> Food Stamps <input type="radio"/> Healthy Families Category A <input type="radio"/> Tribal TANF <input type="radio"/> Women, Infant and Children Program (WIC)	<input type="radio"/> Low Income Home Energy Assistance Program (LIHEAP) <input type="radio"/> Federal Public Housing Assistance or Section 8 <input type="radio"/> Temporary Assistance for Needy Families (TANF) <input type="radio"/> National School Lunch's FREE Lunch Program (NSL) <input type="radio"/> Bureau of Indian Affairs General Assistance <input type="radio"/> Head Start Income Eligible (Tribal Only)																				
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(If you complete Method 1 above, do not complete Method 2 below)

Method 2 Income-Based: If the income level for your household is at or less than the California LifeLine maximums listed below, please identify your household size by filling in the correct bubble.
YOU MUST PROVIDE PROOF OF YOUR TOTAL HOUSEHOLD INCOME.

TOTAL # OF ADULTS AND CHILDREN IN YOUR HOUSEHOLD	MAXIMUM California LifeLine YEARLY INCOME	Provide <u>COPIES</u> of income documents. Do not tape or staple to this form.
<input type="radio"/> 1-2 Members <input type="radio"/> 3 Members <input type="radio"/> 4 Members <input type="radio"/> 5 Members For each additional member after 5 members add \$5,100 to \$35,300 <input type="radio"/> _____ Members	\$21,300 \$25,100 \$30,200 \$35,300 \$_____	Prior year's state, federal, or tribal tax return; or any of the following income documents that represent your total household income: <ul style="list-style-type: none"> ● Income statements or paycheck stubs for three consecutive months within the calendar year ● Child support document ● Statement of benefits from Social Security, Veterans Administration, retirement/pension, unemployment compensation, and/or workmen's compensation ● A divorce decree ● Other official documents

Part D Signature By signing below, I certify, under penalty of perjury, that the service address is my principal place of residence, I have not been claimed as a dependent on another person's income tax return, and that information in this form is true and correct. Please note the printed name must match the person's name in Part B of this form unless this form is signed by a Legal Guardian or a person with Power of Attorney.

Applicant Signature (required)	M M D D Y Y Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
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PART E Please fill in if you prefer to receive future notifications in: Large Print Braille



UNIVERSAL LIFELINE TELEPHONE SERVICE (CALIFORNIA LIFELINE)

INSTRUCTIONS FOR COMPLETING THE CALIFORNIA LIFELINE CERTIFICATION FORM PLEASE READ ALL INSTRUCTIONS CAREFULLY

Upon your request, your telephone company has enrolled you in the California LifeLine program. This is a discount program for low-income customers provided by the local telephone companies and sponsored by the California Public Utilities Commission (CPUC). You must certify your eligibility by completing the enclosed form. The completed form and support documents, if any, must be received by:

A self-addressed return envelope is provided for your use. If a completed form is not received by the above date, the CPUC will direct your telephone company to:

- remove you from the California LifeLine program
- change your service to full-priced residential telephone service back to the California LifeLine Start Date listed in Part A Carrier Information of the attached form;
- back bill you for the California LifeLine discounts that you should not have received including the non-recurring charges, the monthly recurring rate, the end-user common line charge, related surcharges, taxes and fees; and
- require a service deposit from you, if applicable.

California LifeLine Eligibility

The Commission or the Commission's agent may audit your eligibility to participate in the California LifeLine program at any time. If the audit finds that you are not eligible, you will be removed from the California LifeLine program and billed for previous California LifeLine discounts that you should not have received plus interest at the 3-month commercial paper rate.

**IF YOU HAVE QUESTIONS ABOUT THESE FORMS:
Call toll-free from 7:00 AM to 7:00 PM on regular business days.
Toll-free 1-877-858-7463 or TTY 1-888-858-7889**

INSTRUCTIONS FOR COMPLETING CERTIFICATION FORM

Part A Carrier Information This part identifies your telephone company, your California LifeLine phone number(s), and the date your California LifeLine service begins. If any information in Part A is incorrect, please call the telephone company at the phone number listed on the form next to the telephone company's name.

Part B Billing Address and Service Address Service Address as shown on the form should be your principal place of residence. If any information in **Part B** is incorrect, please call the telephone company at the phone number listed on the form next to the telephone company's name in **Part A**.

Part C Eligibility You may use either Method 1 **OR** Method 2 to qualify for California LifeLine. Do NOT choose both.

If you are using **Method 1 Program-Based**, fill in the bubble relating to the program you or another person in your household is enrolled in and provide the name of that person in the box marked "**Name:**".

California LifeLine Certification Form Instructions

If you are using **Method 2 Income-Based**, fill in the bubble relating to the combined number of adults and children in your household. **You must provide proof that your total household income is at or below the California LifeLine maximums when returning the certification form.** Acceptable income documents are:

- Prior year's state, federal, or tribal tax return; or
any of the following income documents that represent your total household income
- Income statements or paycheck stubs for three consecutive months within the calendar year
 - Child support document
 - Statement of benefits from Social Security, Veterans Administration, retirement/pension, unemployment compensation, and/or workmen's compensation
 - A divorce decree
 - Other official documents

Do not staple or tape the income documents to the form, and be sure to send only copies because these documents will not be returned to you.

Household income is defined as all revenues received by everyone in your household, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support, grants, gifts, allowances, stipends, public assistance payments, social security and pensions, rental income, income from self-employment and cash payments from other sources, and all employment-related, non-cash income.

Part D Signature By signing the form, you are certifying, under penalty of perjury, that the service address is your principal place of residence and you have not been claimed as a dependent on another person's income tax return, and that the information in the certification form is true and correct. You must print your name under your signature. Use only black or blue ink. If the form is signed by a Legal Guardian or a person with Power of Attorney, please fill in the bubble.

Part E How do you prefer to receive future notifications? You will be notified in writing once it is determined whether you qualify for the California LifeLine program. Also, to continue on the California LifeLine program, you must verify your eligibility each year. If you prefer to receive future notifications including your next verification form in Braille (English only) or in large-font, please specify your preference by filling in the correct bubble.

PLEASE REMEMBER:

1. **Keep these instructions for your files, do not send with application.**
2. **We must receive your completed form by**
3. **Do not send your original income document(s), send COPIES only because they will NOT be returned to you.**

California LifeLine Telephone Service
www.cpuc.ca.gov

CERTIFICATION FORM

Please return form to:

California LifeLine Program
PO Box 6033
Artesia, CA 90702-6033

1-877-858-7463 TTY 1-888-858-7889

PART B Billing Address

PART B Service Address

Part A Carrier Information

This completed form must be received by _____ to qualify for the
California LifeLife discount program.

This form is valid only for the person listed in Part B Billing Address above.

DO NOT COPY THIS FORM.



California LifeLine Certification Form

PART C Eligibility -You may use either Method 1 OR Method 2 below to qualify for California LifeLine.

Method 1 Program-Based: If you or another person in your household is enrolled in any of the programs below, please identify the program by filling in the correct bubble and provide the name of that person in the Name box. Sample: Correct

<input type="radio"/> Medicaid/Medi-Cal <input type="radio"/> Supplemental Security Income (SSI) <input type="radio"/> Food Stamps <input type="radio"/> Healthy Families Category A <input type="radio"/> Tribal TANF <input type="radio"/> Women, Infant and Children Program (WIC)	<input type="radio"/> Low Income Home Energy Assistance Program (LIHEAP) <input type="radio"/> Federal Public Housing Assistance or Section 8 <input type="radio"/> Temporary Assistance for Needy Families (TANF) <input type="radio"/> National School Lunch's FREE Lunch Program (NSL) <input type="radio"/> Bureau of Indian Affairs General Assistance <input type="radio"/> Head Start Income Eligible (Tribal Only)																				
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Name:																					

(If you complete Method 1 above, do not complete Method 2 below)

Method 2 Income-Based: If the income level for your household is at or less than the California LifeLine maximums listed below, please identify your household size by filling in the correct bubble.
YOU MUST PROVIDE PROOF OF YOUR TOTAL HOUSEHOLD INCOME.

TOTAL # OF ADULTS AND CHILDREN IN YOUR HOUSEHOLD	MAXIMUM California LifeLine YEARLY INCOME	Provide COPIES of income documents. Do not tape or staple to this form.
<input type="radio"/> 1-2 Members	\$21,300	Prior year's state, federal, or tribal tax return; or any of the following income documents that represent your total household income: <ul style="list-style-type: none"> ● Income statements or paycheck stubs for three consecutive months within the calendar year ● Child support document ● Statement of benefits from Social Security, Veterans Administration, retirement/pension, unemployment compensation, and/or workmen's compensation ● A divorce decree ● Other official documents
<input type="radio"/> 3 Members	\$25,100	
<input type="radio"/> 4 Members	\$30,200	
<input type="radio"/> 5 Members	\$35,300	
For each additional member after 5 members add \$5,100 to \$35,300		
<input type="radio"/> _____ Members	\$ _____	

2nd California LifeLine Line- You have a disabled person in your household and this person has immediate and continuous access to a TTY. Please provide the name of the disabled person using the TTY in the name box and fill in the correct bubble below.

Name:	
<input type="radio"/> who uses a TTY issued by Deaf and Disabled Telecommunications Program. <input type="radio"/> who uses a TTY but not issued by DDTP. (You must attach a medical certificate indicating the person's need for a TTY.)	

PART D Signature By signing below, I certify, under penalty of perjury, that the service address is my principal place of residence, I have not been claimed as a dependent on another person's income tax return, and that information in this form is true and correct. Please note the printed name must match the person's name in Part B of this form unless this form is signed by a Legal Guardian or a person with Power of Attorney.

Applicant Signature (required)	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	M	M	D	D	Y	Y														
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PART E Please fill in if you prefer to receive future notifications in: Large Print Braille



UNIVERSAL LIFELINE TELEPHONE SERVICE (CALIFORNIA LIFELINE)

INSTRUCTIONS FOR COMPLETING THE CALIFORNIA LIFELINE CERTIFICATION FORM PLEASE READ ALL INSTRUCTIONS CAREFULLY

Upon your request, your telephone company has enrolled you in the California LifeLine program. This is a discount program for low-income customers provided by the local telephone companies and sponsored by the California Public Utilities Commission (CPUC). You must certify your eligibility by completing the enclosed form. The completed form and support documents, if any, must be received by:

A self-addressed return envelope is provided for your use. If a completed form is not received by the above date, the CPUC will direct your telephone company to:

- remove you from the California LifeLine program
- change your service to full-priced residential telephone service back to the California LifeLine Start Date listed in Part A Carrier Information of the attached form;
- back bill you for the California LifeLine discounts that you should not have received including the non-recurring charges, the monthly recurring rate, the end-user common line charge, related surcharges, taxes and fees; and
- require a service deposit from you, if applicable.

California LifeLine Eligibility

The Commission or the Commission's agent may audit your eligibility to participate in the California LifeLine program at any time. If the audit finds that you are not eligible, you will be removed from the California LifeLine program and billed for previous California LifeLine discounts that you should not have received plus interest at the 3-month commercial paper rate.

**IF YOU HAVE QUESTIONS ABOUT THESE FORMS:
Call toll-free from 7:00 AM to 7:00 PM on regular business days.
Toll-free 1-877-858-7463 or TTY 1-888-858-7889**

INSTRUCTIONS FOR COMPLETING CERTIFICATION FORM

Part A Carrier Information This part identifies your telephone company, your California LifeLine phone number(s), and the date your California LifeLine service begins. If any information in Part A is incorrect, please call the telephone company at the phone number listed on the form next to the telephone company's name.

Part B Billing Address and Service Address Service Address as shown on the form should be your principal place of residence. If any information in **Part B** is incorrect, please call the telephone company at the phone number listed on the form next to the telephone company's name in **Part A**.

Part C Eligibility You may use either Method 1 **OR** Method 2 to qualify for California LifeLine. Do NOT choose both.

If you are using **Method 1 Program-Based**, fill in the bubble relating to the program you or another person in your household is enrolled in and provide the name of that person in the box marked "**Name:**"

If you are using **Method 2 Income-Based**, fill in the bubble relating to the combined number of adults and children in your household. **You must provide proof that your total household income is at or below the California LifeLine maximums when returning the certification form.** Acceptable income documents are:

- Prior year's state, federal, or tribal tax return; or
any of the following income documents that represent your total household income
- Income statements or paycheck stubs for three consecutive months within the calendar year
 - Child support document
 - Statement of benefits from Social Security, Veterans Administration, retirement/pension, unemployment compensation, and/or workmen's compensation
 - A divorce decree
 - Other official documents

Do not staple or tape the income documents to the form, and be sure to send only copies because these documents will not be returned to you.

Household income is defined as all revenues received by everyone in your household, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support, grants, gifts, allowances, stipends, public assistance payments, social security and pensions, rental income, income from self-employment and cash payments from other sources, and all employment-related, non-cash income.

Your telephone company has enrolled you for a 2nd California LifeLine line because you have a disabled person in your household. To qualify for the 2nd California LifeLine line, you must complete this part of the form. To qualify for the 2nd California LifeLine line, the disabled person must have immediate and continuous access to a telephone-text device (TTY). If the TTY is not issued by the Deaf and Disabled Telecommunications program, remember to attach a medical certificate indicating the person's need for a TTY when submitting the form.

Part D Signature By signing the form, you are certifying, under penalty of perjury, that the service address is your principal place of residence and you have not been claimed as a dependent on another person's income tax return, and that the information in the certification form is true and correct. You must print your name under your signature. Use only black or blue ink. If the form is signed by a Legal Guardian or a person with Power of Attorney, please fill in the bubble.

Part E How do you prefer to receive future notifications? You will be notified in writing once it is determined whether you qualify for the California LifeLine program. Also, to continue on the California LifeLine program, you must verify your eligibility each year. If you prefer to receive future notifications including your next verification form in Braille (English only) or in large-font, please specify your preference by filling in the correct bubble.

PLEASE REMEMBER:

1. **KEEP THESE INSTRUCTINS FOR YOUR FILES, DO NOT SEND WITH APLICATION.**
2. **We must receive your completed form by**
3. **Do not send your original income document(s), send COPIES only because they will NOT be returned to you.**

California LifeLine Verification Form
www.cpuc.ca.gov

VERIFICATION FORM

Please return form to:

California LifeLine Program
PO Box 6033
Artesia, CA 90702-6033

1-877-858-7463 TTY 1-888-858-7889

PART B Billing Address

PART B Service Address

PART A Carrier Information

This completed form must be received by <insert date> to qualify for the California LifeLife discount program.

This form is valid only for the person listed in Part B Billing Address above.

DO NOT COPY THIS FORM.

UNIVERSAL LIFELINE TELEPHONE SERVICE (CALIFORNIA LIFELINE)

**INSTRUCTIONS FOR COMPLETING CALIFORNIA LIFELINE VERIFICATION FORM
PLEASE READ ALL INSTRUCTIONS CAREFULLY**

You are enrolled in the California LifeLine program. This is a discount program for low income-customers provided by the local telephone companies and sponsored by the California Public Utilities Commission (CPUC). To remain in the program, you must re-certify your eligibility by completing the enclosed verification form. The completed form must be received by:

<insert date>.

A self-addressed return envelope is provided for your use. If a completed form is not received by the above date, the CPUC will direct your telephone company to:

- remove you from the California LifeLine program
- change your service to full-priced residential telephone service starting from the California LifeLine Verification Date listed in Part A of the form;
- back bill you for discounts you received from the Verification Date, if any; and
- require you to make a service deposit, if applicable.

California LifeLine Eligibility

The Commission or the Commission's agent may audit your eligibility to participate in the California LifeLine program at any time. If the audit finds that you are not eligible, you will be removed from the California LifeLine program and billed for previous California LifeLine discounts that you should not have received plus interest at the 3-month commercial paper rate.

**IF YOU HAVE QUESTIONS ABOUT THESE FORMS:
Call toll-free from 7:00 AM to 7:00 PM on regular business days.
Toll-free 1-877-858-7463 or TTY 1-888-858-7889**

INSTRUCTIONS FOR COMPLETING THE FORM

Part A Carrier Information This part identifies your telephone company, your California LifeLine phone number(s), and your California LifeLine Verification date, i.e. your annual re-certification date. If this information is incorrect because you recently changed telephone company or California LifeLine phone number(s), please continue to fill out and return this form because these changes will not affect your California LifeLine qualification. We will receive your changed information from your telephone company. If this information is incorrect and you have made no changes recently, please report the problem to your telephone company.

Part B Billing Address and Service Address Service address listed on the form should be your principal place of residence. If any information in Part B is incorrect, please call your telephone company at the phone number listed on the form next to the telephone company's name in Part A.

Part C Eligibility You may use either Method 1 OR Method 2 to qualify for California LifeLine. Do NOT choose both.

If you are using **Method 1 Program-Based**, fill in the bubble relating to the program you or another person in your household is enrolled in and provide the name of that person in the box marked "**Name:**"

If you are using **Method 2 Income-Based**, fill in the bubble relating to the combined number of adults and children in your household.

Household income is defined as all revenues received by everyone in your household, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support, grants, gifts, allowances, stipends, public assistance payments, social security and pensions, rental income, income from self-employment and cash payments from other sources, and all employment-related, non-cash income.

Part D Signature By signing the form, you are certifying, under penalty of perjury, that the service address is your principal place of residence and you have not been claimed as a dependent on another person's income tax return, and the information in this form is true and correct. You must print your name under your signature. Use only black or blue ink. If the form is signed by a Legal Guardian or a person with Power of Attorney, please fill in the bubble.

Part E How would you prefer to receive future notifications? To continue on the California LifeLine program, you must verify your eligibility every year. If you prefer to receive future notifications including your next verification form in Braille (English Only) or in large-font, please specify your preference by filling in the applicable bubble.

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PART B Service Address

PART A Carrier Information

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This form is valid only for the person listed in Part B Billing Address above.

DO NOT COPY THIS FORM.



California LifeLine Verification Form

PART C Eligibility -You may use either Method 1 OR Method 2 below to qualify for California LifeLine.

Method 1 Program-Based: If you or another person in your household is enrolled in any of the programs below, please identify the program by filling in the correct bubble and provide the name of that person in the Name box. **Sample:** Correct

<input type="radio"/> Medicaid/Medi-Cal <input type="radio"/> Supplemental Security Income (SSI) <input type="radio"/> Food Stamps <input type="radio"/> Healthy Families Category A <input type="radio"/> Tribal TANF <input type="radio"/> Women, Infant and Children Program (WIC)	<input type="radio"/> Low Income Home Energy Assistance Program (LIHEAP) <input type="radio"/> Federal Public Housing Assistance or Section 8 <input type="radio"/> Temporary Assistance for Needy Families (TANF) <input type="radio"/> National School Lunch's FREE Lunch Program (NSL) <input type="radio"/> Bureau of Indian Affairs General Assistance <input type="radio"/> Head Start Income Eligible (Tribal Only)																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">Name.</td> <td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td> </tr> </table>		Name.																			
Name.																					

(If you complete Method 1 above, do not complete Method 2 below)

Method 2 Income-Based: If the income level for your household is at or less than the California LifeLine maximums listed below, please identify your household size by filling in the correct bubble below.

	TOTAL # OF ADULTS AND CHILDREN IN YOUR HOUSEHOLD	MAXIMUM California LifeLine YEARLY INCOME
<input type="radio"/>	1-2 Members	\$21,300
<input type="radio"/>	3 Members	\$25,100
<input type="radio"/>	4 Members	\$30,200
<input type="radio"/>	5 Members	\$35,300
	For each additional member after 5 members, add \$5,100 to \$35,300	
<input type="radio"/>	_____ Members	\$ _____

2nd California LifeLine line- You have been qualified for and subscribe to a 2nd California LifeLine line. To continue your qualification, please fill in the correct bubble and appropriate information below:

<input type="radio"/> < insert name > is a household member and has immediate and continuous access within the household to a TTY. <input type="radio"/> A new household member is using the TTY issued by DDTP. <input type="radio"/> A new household member is using the TTY. (You must attach a medical certificate indicating the member's need for a TTY.)																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Name of the new household member.</td> <td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td> </tr> </table>	Name of the new household member.																			
Name of the new household member.																				

PART D Signature By signing below, I certify, under penalty of perjury, that the service address is my principal place of residence, I have not been claimed as a dependent on another person's income tax return, and that information in this form is true and correct. Please note the printed name must match the person's name in Part B of this form unless this form is signed by a Legal Guardian or a person with Power of Attorney.

Applicant Signature (required)	<table style="margin-left: auto;"> <tr> <td style="padding: 0 5px;">M</td><td style="padding: 0 5px;">M</td><td style="padding: 0 5px;">D</td><td style="padding: 0 5px;">D</td><td style="padding: 0 5px;">Y</td><td style="padding: 0 5px;">Y</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Date:	M	M	D	D	Y	Y														
M	M	D	D	Y	Y																
Printed Name (required)	<input type="radio"/> Fill in if signed by a Legal Guardian or a person with Power of Attorney																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td> </tr> </table>																					

PART E Please fill in if you prefer to receive future notifications in: Large Print Braille



UNIVERSAL LIFELINE TELEPHONE SERVICE (CALIFORNIA LIFELINE)

INSTRUCTIONS FOR COMPLETING CALIFORNIA LIFELINE VERIFICATION FORM PLEASE READ ALL INSTRUCTIONS CAREFULLY

You are enrolled in the California LifeLine program. This is a discount program for low income-customers provided by the local telephone companies and sponsored by the California Public Utilities Commission (CPUC). To remain in the program, you must re-certify your eligibility by completing the enclosed verification form. The completed form must be received by:

<insert date>

A self-addressed return envelope is provided for your use. If a completed form is not received by the above date, the CPUC will direct your telephone company to:

- remove you from the California LifeLine program
- change your service to full-priced residential telephone service back to the California LifeLine Start Date listed in Part A Carrier Information of the attached form;
- back bill you for the California LifeLine discounts that you should not have received including the non-recurring charges, the monthly recurring rate, the end-user common line charge, related surcharges, taxes and fees; and
- require a service deposit from you, if applicable.

California LifeLine Eligibility

The Commission or the Commission's agent may audit your eligibility to participate in the California LifeLine program at any time. If the audit finds that you are not eligible, you will be removed from the California LifeLine program and billed for previous California LifeLine discounts that you should not have received plus interest at the 3-month commercial paper rate.

**IF YOU HAVE QUESTIONS ABOUT THESE FORMS:
Call toll-free from 7:00 AM to 7:00 PM on regular business days.
Toll-free 1-877-858-7463 or TTY 1-888-858-7889**

INSTRUCTIONS FOR COMPLETING THE FORM

Part A Carrier Information This part identifies your telephone company, your California LifeLine phone number(s), and your California LifeLine Verification date, i.e. your annual re-certification date. If this information is incorrect because you recently changed telephone company or California LifeLine phone number(s), please continue to fill out and return this form because these changes will not affect your California LifeLine qualification. We will receive your changed information from your telephone company. If this information is incorrect and you have made no changes recently, please report the problem to your telephone company.

Part B Billing Address and Service Address Service address listed on the form should be your principal place of residence. If any information in Part B is incorrect, please call your telephone company at the phone number listed on the form next to the telephone company's name in Part A.

Part C Eligibility You may use either Method 1 OR Method 2 to qualify for California LifeLine. Do NOT choose both.

If you are using **Method 1 Program-Based**, fill in the bubble relating to the program you or another person in your household is enrolled in and provide the name of that person in the box marked "**Name:**"

If you are using **Method 2 Income-Based**, fill in the bubble

Household income is defined as all revenues received by everyone in your household, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support, grants, gifts, allowances, stipends, public assistance payments, social security and pensions, rental income, income from self-employment and cash payments from other sources, and all employment-related, non-cash income.

You have been qualified for and subscribe to a 2nd California LifeLine line. To continue the qualification of the 2nd California LifeLine line, you must complete this part of the form.

Part D Signature By signing the form, you are certifying, under penalty of perjury, that the service address is your principal place of residence and you have not been claimed as a dependent on another person's income tax return, and the information in this form is true and correct. You must print your name under your signature. **Use only black or blue ink.** If the form is signed by a Legal Guardian or a person with Power of Attorney, please fill in the bubble.

Part E How would you prefer to receive future notifications? To continue on the California LifeLine program, you must verify your eligibility every year. If you prefer to receive future notifications including your next verification form in Braille (English Only) or in large-font, please specify your preference by filling in the applicable bubble.

California LifeLine Telephone Service
www.cpuc.ca.gov
REQUIRED PROOF VERIFICATION FORM

Please return form to:

California LifeLine Program
PO Box 6033
Artesia, CA 90702-6033

1-877-858-7463 TTY 1-888-858-7889

PART B Billing Address

PART B Service Address

PART A Carrier Information

This completed form must be received by _____ to qualify for the
California LifeLife discount program.

This form is valid only for the person listed in Part B Billing Address above.

DO NOT COPY THIS FORM.

UNIVERSAL LIFELINE TELEPHONE SERVICE (CALIFORNIA LIFELINE)

INSTRUCTIONS FOR COMPLETING CALIFORNIA LIFELINE REQUIRED PROOF VERIFICATION FORM PLEASE READ ALL INSTRUCTIONS CAREFULLY

You are enrolled in the California LifeLine program. This is a discount program for low income-customers provided by the local telephone companies and sponsored by the California Public Utilities Commission (CPUC). The CPUC has directed the Certifying Agent to randomly select 3% of the existing California LifeLine customers and request proof of eligibility from these customers before their continued participation in the California LifeLine program is approved. Following these guidelines, you have been selected to provide proof of eligibility. Please complete and return the enclosed Required Proof Verification Form by

A self-addressed return envelope is provided for your use. If a completed form is not received by the above date, your telephone company will:

- remove you from the discount program;
- change your service to full-priced residential telephone service starting from the California LifeLine Verification Date listed in Part A of the form;
- back bill you for discounts you received from the Verification Date, if any; and
- require you to make a service deposit, if applicable.

California LifeLine Eligibility

The Commission or the Commission's agent may audit your eligibility to participate in the California LifeLine program at any time. If the audit finds that you are not eligible, you will be removed from the California LifeLine program and billed for previous California LifeLine discounts that you should not have received plus interest at the 3-month commercial paper rate.

**IF YOU HAVE QUESTIONS ABOUT THESE FORMS:
Call toll-free from 7:00 AM to 7:00 PM on regular business days.
Toll-free 1-877-858-7463 or TTY 1-888-858-7889**

INSTRUCTIONS FOR COMPLETING THE FORM

Part A Carrier Information This part identifies your telephone company, your California LifeLine phone number(s), and your California LifeLine Verification date, i.e. your annual re-certification date. If this information is incorrect because you recently changed telephone company or California LifeLine phone number(s), please continue to fill out and return this form because these changes will not affect your California LifeLine qualification. We will receive your changed information from your telephone company. If this information is incorrect and you have made no changes recently, please report the problem to your telephone company.

Part B Billing Address and Service Address Service address listed on the form should be your principal place of residence. If any information in Part B is incorrect, please call your telephone company at the phone number listed on the form next to the telephone company's name in Part A.

Part C Eligibility You may use either Method 1 **OR** Method 2 to qualify for California LifeLine. Do NOT choose both.

If you are using Method 1 Program-Based, fill in the bubble relating to the program you or another person in your household is enrolled in and provide the name of that person in the box marked "**Name:**". **You must provide proof of participation in the program(s) you selected. Do not staple or tape these to the form.**

If you are using **Method 2 Income-Based**, fill in the bubble relating to the combined number of adults and children in your household. **You must provide proof that your total household income is at or below the California LifeLine maximums when returning the audit form.** Acceptable income documents are:

Prior year's state, federal, or tribal tax return; or

Any of the following income documents that represent your total household income:

- Income statements or paycheck stubs for three consecutive months within the calendar year
- Child support document
- Statement of benefits from Social Security, Veterans Administration, retirement/pension, unemployment compensation, and/or workmen's compensation
- A divorce decree
- Other official documents

Household income is defined as all revenues received by everyone in your household, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support, grants, gifts, allowances, stipends, public assistance payments, social security and pensions, rental income, income from self-employment and cash payments from other sources, and all employment-related, non-cash income.

Part D Signature By signing the form, you are certifying, under penalty of perjury, that the service address is your principal place of residence, you have not been claimed as a dependent on another person's income tax return, and the information in this form is true and correct. You must print your name under your signature. **Use only black or blue ink.** If the form is signed by a Legal Guardian or a person with Power of Attorney, please fill in the bubble.

Part E How would you prefer to receive future notifications? To continue on the California LifeLine program, you must verify your eligibility every year. If you prefer to receive future notifications including your next verification form in Braille (English Only) or in large-font, please specify your preference by filling in the applicable bubble.

PLEASE REMEMBER:

1. **Keep these instructions for your files, do not send with application.**
2. **We must receive your completed form by**
3. **Do not send your original program participation document(s) or income document(s), send COPIES only because they will NOT be returned to you.**

California LifeLine Telephone Service
www.cpuc.ca.gov

REQUIRED PROOF VERIFICATION FORM

Please return form to:

California LifeLine Program
PO Box 6033
Artesia, CA 90702-6033

1-877-858-7463 TTY 1-888-858-7889

PART B Billing Address

PART B Service Address

PART A Carrier Information

This completed form must be received by _____ to qualify for the
California LifeLife discount program.

This form is valid only for the person listed in Part B Billing Address above.

DO NOT COPY THIS FORM.

UNIVERSAL LIFELINE TELEPHONE SERVICE (CALIFORNIA LIFELINE)

INSTRUCTIONS FOR COMPLETING CALIFORNIA LIFELINE REQUIRED PROOF VERIFICATION FORM PLEASE READ ALL INSTRUCTIONS CAREFULLY

You are enrolled in the California LifeLine program. This is a discount program for low income-customers provided by the local telephone companies and sponsored by the California Public Utilities Commission (CPUC). The CPUC has directed the Certifying Agent to randomly select 3% of the existing California LifeLine customers and request proof of eligibility from these customers before their continued participation in the California LifeLine program is approved. Following these guidelines, you have been selected to provide proof of eligibility. Please complete and return the enclosed Required Proof Verification Form by

A self-addressed return envelope is provided for your use. If a completed form is not received by the above date, your telephone company will:

- remove you from the discount program;
- change your service to full-priced residential telephone service starting from the California LifeLine Verification Date listed in Part A of the form;
- back bill you for discounts you received from the Verification Date, if any; and
- require you to make a service deposit, if applicable.

California LifeLine Eligibility

The Commission or the Commission's agent may audit your eligibility to participate in the California LifeLine program at any time. If the audit finds that you are not eligible, you will be removed from the California LifeLine program and billed for previous California LifeLine discounts that you should not have received plus interest at the 3-month commercial paper rate.

**IF YOU HAVE QUESTIONS ABOUT THESE FORMS:
Call toll-free from 7:00 AM to 7:00 PM on regular business days.
Toll-free 1-877-858-7463 or TTY 1-888-858-7889**

INSTRUCTIONS FOR COMPLETING THE FORM

Part A Carrier Information This part identifies your telephone company, your California LifeLine phone number(s), and your California LifeLine Verification date, i.e. your annual re-certification date. If this information is incorrect because you recently changed telephone company or California LifeLine phone number(s), please continue to fill out and return this form because these changes will not affect your California LifeLine qualification. We will receive your changed information from your telephone company. If this information is incorrect and you have made no changes recently, please report the problem to your telephone company.

Part B Billing Address and Service Address Service address listed on the form should be your principal place of residence. If any information in Part B is incorrect, please call your telephone company at the phone number listed on the form next to the telephone company's name in Part A.

Part C Eligibility You may use either Method 1 **OR** Method 2 to qualify for California LifeLine. Do NOT choose both.

If you are using **Method 1 Program-Based**, fill in the bubble relating to the program you or another person in your household is enrolled in and provide the name of that person in the box marked "**Name:**" **You must provide proof of participation in the program(s) you selected. Do not staple or tape these to the form.**

If you are using **Method 2 Income-Based**, fill in the bubble relating to the combined number of adults and children in your household. **You must provide proof that your total household income is at or below the California LifeLine maximums when returning the audit form.** Acceptable income documents are:

Prior year's state, federal, or tribal tax return; or
any of the following income documents that represent your total household income:

- Income statements or paycheck stubs for three consecutive months within the calendar year
- Child support document
- Statement of benefits from Social Security, Veterans Administration, retirement/pension, unemployment compensation, and/or workmen's compensation
- A divorce decree
- Other official documents

Household income is defined as all revenues received by everyone in your household, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support, grants, gifts, allowances, stipends, public assistance payments, social security and pensions, rental income, income from self-employment and cash payments from other sources, and all employment-related, non-cash income.

You have been qualified for and subscribe to a 2nd California LifeLine Line. To continue the qualification of the 2nd California LifeLine Line, you must complete this part of the form.

Part D Signature By signing the form, you are certifying, under penalty of perjury, that the service address is your principal place of residence, you have not been claimed as a dependent on another person's income tax return, and the information in this form is true and correct. You must print your name under your signature. **Use only black or blue ink.** If the form is signed by a Legal Guardian or a person with Power of Attorney, please fill in the bubble.

Part E How would you prefer to receive future notifications? To continue on the California LifeLine program, you must verify your eligibility every year. If you prefer to receive future notifications including your next verification form in Braille (English Only) or in large-font, please specify your preference by filling in the applicable bubble.

PLEASE REMEMBER:

1. **Keep these instructions for your files, do not send with application.**
2. **We must receive your completed form by**
3. **Do not send your original program participation document(s) or income document(s), send COPIES only because they will NOT be returned to you.**

California LifeLine Program
PO Box 6033
Artesia, CA 90702-6033



<Name>
<Address>
<City, ST ZIP>

Form 3 v3 03-06

REMINDER NOTICE

At your request, your telephone company has enrolled you in the California LifeLine program subject to your qualification being confirmed by us, the Certifying Agent for the California Public Utilities Commission (CPUC). We have mailed a Certification form to you more than 2 weeks ago but have not received your completed form. If you have completed and mailed in the form, please ignore this reminder notice. If not, please complete the form and submit the information required. We **must** receive your **completed form and supporting documents, if any, by:**

[insert date].

If you do not submit the form by the above date, you will be removed from the discount program. Your telephone company will back bill you for the California LifeLine discounts that you should not have received and may require you to make a service deposit.

If you need a new form or have any questions, please call 1-877-858-7463.

Form 3 v3 03-06

<Date>

<Name>

<Address>

<City, ST ZIP>



Based on the Certification form you submitted, the Certifying Agent for the California Public Utilities Commission (CPUC) has determined that you qualify for the California LifeLine program.

As a California LifeLine customer, you are required to:

- re-certify your qualification every year;
- notify your telephone company when you no longer qualify for California LifeLine; and
- if you are subscribing to a 2nd Line, notify your telephone company when you no longer qualify for the second California LifeLine line.

The CPUC or the Commission's agent may audit your eligibility to participate in the California LifeLine program at any time. If the audit finds that you do not meet the California LifeLine qualification, you will:

- be removed from the California LifeLine program; and
- be billed for previous California LifeLine discounts that you should not have received plus interest at the 3-month commercial paper rate.

Thank you for participating in the California LifeLine program.

California LifeLine Telephone Service

California LifeLine Program
PO Box 6033
Artesia, CA 90702-6033

Form 4 v3 03-06

<Date>

<Name>

<Address>

<City, ST ZIP>



The Certifying Agent for the California Public Utilities Commission (CPUC) has reviewed your submitted Certification form for qualification under the California LifeLine program. Based on the form you submitted, you are not qualified for the California LifeLine program because:

- < We do not have evidence that the Certification Form was returned to us. >
- < Income does not meet program guidelines. >
- <Documentation provided does not meet program guidelines.>
- <Signature on form does not match applicant's name.>
- <Your form and documentation were received after the due date.>

Your telephone company will now:

- remove you from the discount program;
- convert your service to full residential telephone service back from **[insert date]**;
- back bill you for discounts you should not have received; and
- require you to make a service deposit, if applicable.

If you believe you have been disqualified improperly, you may file an informal complaint with the CPUC at:

California Public Utilities Commission
Consumer Affairs Branch
505 Van Ness Ave.
San Francisco, CA 94102-3298

Your complaint must include:

- Your name and the name the account is billed under (if different)
- Service address
- Mailing address and phone number
- Name of the company you are complaining about, i.e. California LifeLine Certifying Agent
- A brief description of your complaint (please limit your complaint to two pages or less)

Although you have been disqualified, if changes occur that allow you to meet the California LifeLine qualification criteria, **you may reapply for the California LifeLine Program** by calling your local telephone company.

California LifeLine Telephone Service

California LifeLine Program
PO Box 6033
Artesia, CA 90702-6033

Form 5v3 03-06

<Date>

<Name>

<Address>

<City, ST ZIP>



Based on the Certification form you submitted, the Certifying Agent for the California Public Utilities Commission (CPUC) has determined that you do not qualify for the California LifeLine program because:

<The signature was missing.>

<You failed to identify qualifying program or number of members in household.>

<You did not provide evidence to substantiate your income.>

<You failed to identify the name of the person in your household who is approved for a qualifying program.>

<You failed to identify the member of household who uses a TTY.>

If you can correct the above deficiency, you may re-submit a new Certification form by completing the attached form. Your completed form including required documents, if any, **must be received by <15 days from date of letter>** for your qualification to be reconsidered. If not, your telephone company will:

- remove you from the discount program;
- convert your service to full residential telephone service back from **[insert date]**;
- back bill you for discounts you should not have received; and
- require you to make a service deposit, if applicable.

California LifeLine Telephone Service

California LifeLine Program
PO Box 6033
Artesia, CA 90702-6033

Form 6 v3 03-06

<Date>

<Name>

<Address>

<City, ST ZIP>



The Certifying Agent for the California Public Utilities Commission (CPUC) has reviewed your 2nd Certification form for qualification under the California LifeLine program. Based on the forms you submitted, you **now** qualify for California LifeLine.

As a California LifeLine customer, you are required to:

- re-certify your qualification every year;
- notify your telephone company when you no longer qualify for California LifeLine and;
- if you are subscribing to a 2nd Line, notify your telephone company when you no longer qualify for the second California LifeLine line.

The CPUC or the Commission's agent may audit your eligibility to participate in the California LifeLine program at any time. If the audit finds that you do not meet the California LifeLine qualification, you will:

- be removed from the California LifeLine program; and
- be billed for previous California LifeLine discounts that you should not have received plus interest at the 3-month commercial paper rate.

California LifeLine Telephone Service



<Date>

<Name>

<Address>

<City, ST ZIP>

The Certifying Agent for the California Public Utilities Commission (CPUC) has reviewed your 2nd Certification form for qualification under the California LifeLine program. Based on the forms you submitted, you are not qualified for the California LifeLine program because:

- <The signature was missing.>
- <You failed to identify qualifying program or number of members in household.>
- <You did not provide evidence to substantiate your income.>
- <You failed to identify the name of the person in your household who is approved for a qualifying program.>
- <You failed to identify the member of household who uses a TTY.>
- <Your form and documentation were received after the due date.>

Your telephone company will now:

- remove you from the discount program;
- convert your service to full residential telephone service back from **[insert date]**;
- back bill you for discounts you should not have received; and
- require you to make a service deposit, if applicable.

If you believe you have been disqualified improperly, you may file an informal complaint with CPUC at:

California Public Utilities Commission
Consumer Affairs Branch
505 Van Ness Ave.
San Francisco, CA 94102-3298

Your complaint must include:

- Your name and the name the account is billed under (if different)
- Service address
- Mailing address and phone number
- Name of the company you are complaining about, i.e. California LifeLine Certifying Agent
- A brief description of your complaint (please limit your complaint to two pages or less)

Although you have been disqualified, if changes occur that allow you to meet the California LifeLine qualification criteria, **you may reapply for the California LifeLine Program** by calling your local telephone company.

<Date>

<Name>

<Address>

<City, ST ZIP>



The Certifying Agent for the California LifeLine program cannot process your request to transfer your California LifeLine eligibility from <carrier 1> to <carrier 2>.

Because you are only eligible for one California LifeLine line, please call <carrier 1> at <number> and ask them to remove you from the California LifeLine program. Unless this is done, we will not be able to transfer your eligibility.

California LifeLine Telephone Service

<Date>

<Name>

<Address>

<City, ST ZIP>



Based on the Required Proof Verification Form you submitted, the Certifying Agent for the California Public Utilities Commission (CPUC) has determined that you continue to qualify for the California LifeLine program.

As a California LifeLine customer, you are required to:

- re-certify your qualification every year;
- notify your telephone company when you no longer qualify for California LifeLine; and
- if you are subscribing to a 2nd Line, notify your telephone company when you no longer qualify for the second California LifeLine line.

The CPUC or the Commission's agent may audit your eligibility to participate in the California LifeLine program at any time. If the audit finds that you do not meet the California LifeLine qualification, you will:

- be removed from the California LifeLine program; and
- be billed for previous California LifeLine discounts that you should not have received plus interest at the 3-month commercial paper rate.

Thank you for participating in the California LifeLine program.

California LifeLine Telephone Service



<Date>

<Name>

<Address>

<City, ST ZIP>

The Certifying Agent for the California Public Utilities Commission (CPUC) has completed its review of your Required Proof Verification Form for your qualification under the California Lifeline program. Based on the form you submitted, you are not qualified for the California LifeLine program because:

- <We do not have evidence that the Required Proof Verification Form was returned to us.>
- <Income does not meet program guidelines.>
- <Documentation provided does not meet program guidelines.>
- <Signature on form does not match applicant's name.>
- < Unable to confirm a member of your household participates in a Qualifying Program.>
- <Your form and documentation were received after the due date.>

Your telephone company will now:

- remove you from the discount program;
- convert your service to full residential telephone service starting **[insert date]**
- back bill you for discounts you received from the above date, if any; and
- require you to make a service deposit, if applicable

If you believe you have been disqualified improperly, you may file an informal complaint with CPUC at:

California Public Utilities Commission
Consumer Affairs Branch
505 Van Ness Ave.
San Francisco, CA 94102-3298

Your complaint must include:

- Your name and the name the account is billed under (if different)
- Service address
- Mailing address and phone number
- Name of the company you are complaining about, i.e. California LifeLine Certifying Agent
- A brief description of your complaint (please limit your complaint to two pages or less)

Although you have been disqualified, if changes occur that allow you to meet the California LifeLine qualification criteria, **you may reapply for the California LifeLine Program** by calling your local telephone company.

California LifeLine Telephone Service

California LifeLine Program
PO Box 6033
Artesia, CA 90702-6033

Form 14 v4 04-06

<Date>

<Name>

<Address>

<City, ST ZIP>



Based on the Required Proof Verification form you submitted, the Certifying Agent for the California Public Utilities Commission (CPUC) has determined that you do not qualify for the California LifeLine program because:

<The signature was missing.>

<You failed to identify qualifying program or number of members in household.>

<You did not provide evidence to substantiate your income.>

<You failed to identify the name of the person in your household who is approved for a qualifying program.>

<You failed to identify the member of household who uses a TTY.>

If you can correct the above deficiency, you may re-submit a new Required Proof Verification Form by completing the attached form. Your completed form including required documents, if any, **must be received by <15 days from date of letter>** for your qualification to be reconsidered. If not, your telephone company will:

- remove you from the discount program;
- convert your service to full residential telephone service starting **[insert date]**;
- back bill you for discounts you received from the above date, if any; and
- require you to make a service deposit, if applicable.

California LifeLine Telephone Service

<Date>

<Name>

<Address>

<City, ST ZIP>



The Certifying Agent for the California Public Utilities Commission (CPUC) has reviewed your 2nd Required Proof Verification Form for continued qualification under the California LifeLine program. Based on the forms you submitted, you **now** qualify to remain in the California LifeLine program.

As a ULTS customer, you are required to:

- re-certify your qualification every year;
- notify your telephone company when you no longer qualify for California LifeLine; and
- if you are subscribing to a 2nd Line, notify your telephone company when you no longer qualify for the second California LifeLine line.

The CPUC or the Commission's agent may audit your eligibility to participate in the California LifeLine program at any time. If the audit finds that you do not meet the California LifeLine qualification, you will:

- be removed from the California LifeLine program; and
- be billed for previous California LifeLine discounts that you should not have received plus interest at the 3-month commercial paper rate.

California LifeLine Telephone Service



<Date>

<Name>

<Address>

<City, ST ZIP>

The Certifying Agent for the California Public Utilities Commission (CPUC) has reviewed your 2nd Required Proof Verification Form for continued qualification under the California LifeLine program. Based on the forms submitted, you are not qualified for the California LifeLine program because:

<The signature was missing.>

<You failed to identify qualifying program or number of members in household.>

<You did not provide evidence to substantiate your income.>

<You failed to identify the name of the person in your household who is approved for a qualifying program.>

<You failed to identify the member of household who uses a TTY.>

<Your form and documentation were received after the due date.>

Your telephone company will now:

- remove you from the discount program;
- convert your service to full residential telephone service starting **[insert date]**
- back bill you for discounts you received from the above date, if any; and
- require you to make a service deposit, if applicable

If you believe you have been disqualified improperly, you may file an informal complaint with CPUC at:

California Public Utilities Commission
Consumer Affairs Branch
505 Van Ness Ave.
San Francisco, CA 94102-3298

Your complaint must include:

- Your name and the name the account is billed under (if different)
- Service address
- Mailing address and phone number
- Name of the company you are complaining about, i.e. California LifeLine Certifying Agent
- A brief description of your complaint (please limit your complaint to two pages or less)

Although you have been disqualified, if changes occur that allow you to meet the California LifeLine qualification criteria, **you may reapply for the California LifeLine Program** by calling your local telephone company.

California LifeLine Telephone Service

California LifeLine Program
PO Box 6033
Artesia, CA 90702-6033

Form 17 v3 03-06

<Date>

<Name>

<Address>

<City, ST ZIP>



Based on the Verification form you submitted, the Certifying Agent for the California Public Utilities Commission (CPUC) has determined that you continue to qualify for the California LifeLine program.

As a California LifeLine customer, you are required to:

- re-certify your qualification every year;
- notify your telephone company when you no longer qualify for California LifeLine; and
- if you are subscribing to a 2nd Line, notify your telephone company when you no longer qualify for the second California LifeLine line.

The CPUC or the Commission's agent may audit your eligibility to participate in the California LifeLine program at any time. If the audit finds that you do not meet the California LifeLine qualification, you will:

- be removed from the California LifeLine program; and
- be billed for previous California LifeLine discounts that you should not have received plus interest at the 3-month commercial paper rate.

Thank you for participating in the California Lifeline program.

California LifeLine Telephone Service



<Date>

<Name>

<Address>

<City, ST ZIP>

The Certifying Agent for the California Public Utilities Commission (CPUC) has completed its review of your Verification form for continued qualification under the California LifeLine program. Based on the form you submitted, you are not qualified for the California LifeLine program because:

- <We do not have evidence that the Verification Form was returned to us.>
- <Income does not meet program guidelines.>
- <Documentation provided does not meet program guidelines.>
- <Signature on form does not match applicant's name.>
- <Unable to confirm a member of your household participates in a Qualifying Program.>
- <Your form and documentation were received after the due date.>

Your telephone company will now:

- remove you from the discount program;
- convert your service to full residential telephone service starting **[insert date]**
- back bill you for discounts you received from the above date, if any; and
- require you to make a service deposit, if applicable

If you believe you have been disqualified improperly, you may file an informal complaint with CPUC at:

California Public Utilities Commission
Consumer Affairs Branch
505 Van Ness Ave.
San Francisco, CA 94102-3298

Your complaint must include:

- Your name and the name the account is billed under (if different)
- Service address
- Mailing address and phone number
- Name of the company you are complaining about, i.e. California LifeLine Certifying Agent
- A brief description of your complaint (please limit your complaint to two pages or less)

Although you have been disqualified, if changes occur that allow you to meet the California LifeLine qualification criteria, **you may reapply for the California LifeLine Program** by calling your local telephone company.

California LifeLine Telephone Service

California LifeLine Program
PO Box 6033
Artesia, CA 90702-6033

Form 21 v3 03-06

<Date>

<Name>

<Address>

<City, ST ZIP>



Based on the Verification form you submitted, the Certifying Agent for the California Public Utilities Commission (CPUC) has determined that you no longer qualify for the California LifeLine program because:

<The signature was missing.>

<You failed to identify qualifying program or number of members in household.>

<You did not provide evidence to substantiate your income.>

<You failed to identify the name of the person in your household who is approved for a qualifying program.>

<You failed to identify the member of household who uses a TTY.>

If you can correct the above deficiency, you may re-submit a new Verification form by completing the attached form. Your completed form including required document, if any, **must be received by <15 days from date of letter>** for your continued qualification to be reconsidered. If not, your telephone company will:

- remove you from the discount program;
- convert your service to full residential telephone service starting **[insert date]**;
- back bill you for discounts you received from the above date, if any; and
- require you to make a service deposit, if applicable.

California LifeLine Telephone Service

<Date>

<Name>

<Address>

<City, ST ZIP>



The Certifying Agent for the California Public Utilities Commission (CPUC) has reviewed your 2nd Verification form for continued qualification under the California LifeLine program. Based on the forms you submitted, you **now** qualify to remain in the California LifeLine program.

As a California LifeLine customer, you are required to:

- re-certify your qualification every year;
- notify your telephone company when you no longer qualify for California LifeLine; and
- if you are subscribing to a 2nd Line, notify your telephone company when you no longer qualify for the second California LifeLine line.

The CPUC or the Commission's agent may audit your eligibility to participate in the California LifeLine program at any time. If the audit finds that you do not meet the California LifeLine qualification, you will:

- be removed from the California LifeLine program; and
- be billed for previous California LifeLine discounts that you should not have received plus interest at the 3-month commercial paper rate.

California LifeLine Telephone Service

<Date>

<Name>

<Address>

<City, ST ZIP>



The Certifying Agent for the California LifeLine Program has reviewed your 2nd Verification form for continued qualification under the California LifeLine program. Based on the forms you submitted, you are not qualified for the California LifeLine Program because:

- <The signature was missing.>
- <You failed to identify qualifying program or number of members in household.>
- <You did not provide evidence to substantiate your income.>
- <You failed to identify the name of the person in your household who is approved for a qualifying program.>
- <You failed to identify the member of household who uses a TTY.>
- <Your form and documentation were received after the due date.>

Your telephone company will now:

- remove you from the discount program;
- convert your service to full residential telephone service starting **[insert date]**;
- back bill you for discounts you received from the above date, if any; and
- require you to make a service deposit, if applicable.

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California LifeLine Telephone Service