



**dartphone**  
**Oklahoma Wireless Lifeline Service Application and Certification**

Mail or fax form completed and signed form to:  
PO Box 939  
Stillwater, OK 74076-9936  
Fax 405-533-5290/ Customer Service: 1-888-360-2030

A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in Head Start Telecom, Inc. dba dartphone's ("the Company's") Lifeline service program in your state. This Certification is for the purpose of verifying your eligibility for Lifeline service and will not be used for any other purpose. Service requests will not be processed until this Form has been received and verified by Company.

**One Lifeline service per household disclosures:** Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

☐ I hereby certify under penalty of perjury that I have read and understood the disclosures listed above and that, to the best of my knowledge, my household is not already receiving a Lifeline service benefit.

**Customer eligibility certification:** I hereby certify that I am over the age of 18 and that I participate in at least one of the following programs (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Food Stamps | <input type="checkbox"/> Income at or below 135% of Federal Poverty Guidelines     |
| <input type="checkbox"/> Section 8 Federal Public Housing Assistance (FPHA)           | <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR)  |
| <input type="checkbox"/> SoonerCare/Medicaid (not Medicare)                           | <input type="checkbox"/> Bureau of Indian Affairs General Assistance (BIA)         |
| <input type="checkbox"/> Supplemental Security Income (SSI)                           | <input type="checkbox"/> Tribally Administered TANF (TATNF)                        |
| <input type="checkbox"/> Veterans Pension and Survivors Pension                       | <input type="checkbox"/> Head Start (meeting income qualifying standards) (Tribal) |

**Customer Application Information:**

Full Legal Name: \_\_\_\_\_ Home Telephone Number (if available): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four Digits of Social Security Number (or Tribal ID Number): \_\_\_\_\_

If Qualifying for Lifeline by income, number of Individuals in Household: \_\_\_\_\_

**Residential Address (P.O. Box NOT sufficient)**

Address is (choose one): ☐ Permanent ☐ Temporary

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ OK \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Billing Address (if different from Residential Address) (P.O. Box IS sufficient)**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Multiple households sharing an address:**

- ☐ Only if applicable: I hereby certify that I reside at an address occupied by multiple households, including adults who do not contribute income to my household and/or share in my household's expenses, and I will complete a separate additional form.

**Activation and usage requirement disclosures:** This service is a prepaid service and you must personally activate it by calling customer service (dialing 611 from your device). To keep your account active, you must use your Lifeline service at least once during any 30 day period by completing an outbound call, sending a text message, using your mobile broadband connection, purchasing additional minutes or data from Company, answering an in-bound call from someone other than Company or by responding to a direct contact from Company

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confirming that you want to continue receiving Lifeline service from Company. If your service goes unused for 30 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to the Company's customer care center) subject to a 15 day cure period during which you may use the service (as described above) or contact the Company to confirm that you want to continue receiving Lifeline service from Company.

☐ I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

**Authorizations:**

☐ I hereby authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program (name, telephone number, address, date of birth, last four digits of SSN or Tribal ID number, amount of support being sought, means of qualification for support, and dates of service initiation and termination), including to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

**Additional certifications: I hereby certify, under penalty of perjury, that:  
(INITIAL each selection below)**

- \_\_\_\_\_ I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required
- \_\_\_\_\_ I will notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement
- \_\_\_\_\_ I am head of my household and not listed as a dependent on another person's tax return (unless over the age of 60)
- \_\_\_\_\_ The Residential address listed above is my primary residence, not a second home or business
- \_\_\_\_\_ If I move to a new address, I will provide that new address to the Company within 30 days
- \_\_\_\_\_ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law
- \_\_\_\_\_ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits
- \_\_\_\_\_ The information contained in this certification form is true and correct to the best of my knowledge
- \_\_\_\_\_ I hereby certify that I reside on Federally-recognized Tribal lands.
- \_\_\_\_\_ I certify that the individual named on the documentation used to demonstrate program participation or income eligibility is part of my household.
- \_\_\_\_\_ I certify that the individual named on the documentation used to demonstrate program participation or income eligibility is not already receiving a Lifeline subsidy.
- \_\_\_\_\_ I certify that my household will receive only one Lifeline service and, to the best of my knowledge, no one in my household, including myself, is receiving a Lifeline-supported service from any other landline or wireless service provider.
- \_\_\_\_\_ If I am subject to a benefit port freeze with another Lifeline provider and I am transferring my benefit to Head Start Telecom, Inc. dba dartphone pursuant to an exception to the benefit port freeze, I understand that I am not required to provide proof of eligibility for Lifeline until the end of my port freeze, but I consent to providing such proof of eligibility to Head Start Telecom, Inc. dba dartphone at this time.
- \_\_\_\_\_ **New Service Only:** If Head Start Telecom, Inc dba dartphone finds that I am already receiving a Lifeline discount benefit from another provider; I agree that I want to transfer my Lifeline discount benefit from that Lifeline provider to Head Start Telecom, Inc dba dartphone. I understand that once the transfer is complete, I will lose my Lifeline benefit with any other Lifeline provider from which I am currently receiving a Lifeline discount. Head Start Telecom, Inc dba Dartphone has explained to me and I understand that I may not have multiple Lifeline Program benefits with the same or different providers.
- \_\_\_\_\_ By my signature immediately below, I hereby certify, under penalty of perjury, that the information included in this certification form is true and correct to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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