Federal Lifeline Program
RENEWAL FORM
To continue receiving your discounts with federal Lifeline renew before...
RESPONSE DATE: 02/17/2014

You can renew online at www.californialifeline.com/federallifeline using the PIN below

1234

There are two ways for you to renew your telephone discounts from this federal program:

For the quickest processing, renew online at www.californialifeline.com/federallifeline using your PIN.

Mail to:
California LifeLine Administrator
P.O. Box 8417,
Westminster, CA 92684

Keep this sheet for your records.
Continue your discounts...RENEW today!

Here’s how:

Step 1  Check that your personal information is correct.

Step 2  Is your household already getting the federal Lifeline discounts?

Step 3  Are you a Program-Based participant?

Step 4  Are you an Income-Based participant?

Final Step  Submit your form online or by mail before the response date.

You do not need to provide any supporting documentation with your renewal form.

Call your phone company to report any mistakes within 30 days. The phone company will fix them. Corrections on this sheet will NOT be accepted.

Billing Address
JOHN SAMPLE
1234 ANYSTREET
APT. 1
ANYTOWN, CA 55555

Participant's Phone Number: 555-555-5555
Anniversary Date: 04/17/2014

Permanent Service Address
JOHN SAMPLE
1234 ANYSTREET APT. 1
ANYTOWN, CA 55555

Carrier's Phone Number: 888-888-8888
Step 2

By printing my initials here, I certify that no one else in my household is receiving federal Lifeline discounts with my current phone company or another phone company (including California LifeLine for phone service).

Step 3

PROGRAM-BASED: Are you or is anyone in your household, including kids, enrolled in any of the programs listed below? If YES, fill in the bubble with a blue or black pen next to all of the programs in which you or any household member(s) are enrolled. Fill in bubble completely. Sample: 

- Women, Infants, and Children Program (WIC)
- Medicaid/Medi-Cal
- Supplemental Security Income (SSI)
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- CalFresh, Food Stamps, or Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance or Section 8
- Tribal TANF
- Head Start Income Eligible (Tribal Only)
- Bureau of Indian Affairs General Assistance
- Food Distribution Program on Indian Reservations (FDPIR)
- Temporary Assistance for Needy Families (TANF), California Work Opportunity and Responsibility to Kids (CalWORKs), Stanislaus Work Opportunity and Responsibility to Kids (StanWORKs), Welfare-to-Work (WTW), or Greater Avenues for Independence (GAIN)

STOP

If you filled in any bubble on Step 3, skip Step 4.

Step 4

INCOME-BASED: Is your household’s total annual gross income at or less than the annual income limits? Check the Income Table in the Eligibility Guidelines.

How many people (adults and kids) are in your household?

Adults (18 and over)  ____ +  Kids (under 18)  ____ =  ____

What is your household’s total annual gross income? (Round to whole dollars.) Check the Income Calculator in the Eligibility Guidelines. $  ____ ,  ____ . 00
Did You Remember To:
• Call your phone company within 30 days to report any mistakes you see in Step 1.
• Print your initials in Step 2.
• Use blue or black pen to fill out your form.
• Print and SIGN your name below.

For faster processing, apply online at www.californialifeline.com/federallifeline using your PIN.

Optional
○ REMOVE ME - Fill in the bubble if you believe you Do Not Qualify for federal Lifeline and/or want to STOP getting the discounts.

SIGN AND PRINT YOUR NAME - By signing below in compliance with federal and state government rules, I certify, under penalty of perjury, that giving false or fraudulent information is punishable by law, that my household is qualified for the discounts, that my household will not be getting more than one discount, that the service address is my principal residence, that I am not claimed as a dependant on another person’s tax return, that I understand the notification rules, that I must renew my discounts annually, that if I do not renew I will lose the discounts, and that the information in this form is true and correct. I agree to inform my phone company or the California LifeLine Administrator within 30 days if I change my service address, if I no longer qualify for the federal Lifeline discounts, or if my household is getting more than one discount. I understand and agree that I will be penalized if I do not follow these notification rules. I acknowledge and give my consent for the California LifeLine Administrator to share my information in this form to the Universal Service Administrative Company and/or its agents. Legal Guardians or people with Power of Attorney are allowed to sign this form.

X Participant’s Signature (REQUIRED)

○ Fill in this bubble if signed by a Legal Guardian or a person with Power of Attorney.

Today’s Date: Month / Day / Year

Participant’s Date of Birth: (REQUIRED)

The LAST 4 digits of the Participant’s Social Security Number (REQUIRED):

Participant’s First and Last Name (REQUIRED: Must match the name from Step 1 under Permanent Service Address)

(Optional) Fill in the bubble next to your choice for future notifications. ○ Standard Print ○ Large Print ○ Braille

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