



Federal Benefit Program Transfer & Consent Form

(Please return to WRT)

myWRT@wrtc.com

I have qualified for Lifeline and understand the following: 1) Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. 2) Only one Lifeline service is available per household. 3) A household is defined, for the purpose of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. 4) A household is not permitted to receive Lifeline benefits from multiple providers. 5) Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program. 6) Lifeline is a non-transferable benefit, and the subscriber may not transfer his or her benefit to another person. 7) If my service is disconnected then I will be removed from the Lifeline program.

Lifeline Subscriber Full Name: _____

Full Address: _____

_____ Permanent

_____ Temporary

Billing Address: *(if different from address above)* _____

Date of Birth: _____

Last 4 digits of Social Security Number or Tribal ID: _____

Name of qualifying individual *(if different than applicant)* _____

Application ID #: _____

Qualifying Applicant's Date of Birth: _____

Last 4 digits of Social Security # or Tribal ID: _____

Name of Qualifying Program: *(Please indicate which program you qualified under)*

_____ Supplemental Nutrition Assistance Program (SNAP)

_____ Medicaid

_____ Supplemental Security Income (SSI)

_____ Federal Public Housing Assistance (FPHA)

_____ Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs *(if applicable):*

_____ Tribal Head Start (only households meeting income standard)

_____ Bureau of Indian Affairs (BIA) General Assistance

_____ Tribal Temporary Assistance for Needy Families (TANF)

_____ Food Distribution Program on Indian Reservations (FDPIR)

I qualified for Lifeline under the income-based criterion and the # of individuals in my household are: _____

(see continued form, page 2)



Federal Benefit Program Transfer & Consent Form
(continued)

I understand and acknowledge by initialing each of the certifications below:

- _____ I have met the income-based or program-based eligibility criteria for receiving Lifeline.
- _____ I will notify WRT within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline.
- _____ I am an eligible resident of Tribal lands.
- _____ If I move to a new address, I will provide my service provider with my new address within 30 days.
- _____ To the best of my knowledge, no one in my household is already receiving the Lifeline benefit.
- _____ The information I have provided to my service provider is true and correct to the best of my knowledge.
- _____ I have not provided any false or fraudulent information to receive the Lifeline benefit.
- _____ I understand that I may be required to recertify my continued Lifeline benefit at any time and failure to recertify will result in de-enrollment and termination of my Lifeline benefit.

Consent for WRT to ENROLL my benefit:

I, _____, hereby provide my written consent that WRT can enroll my Lifeline benefit.

Consent for WRT to TRANSFER my benefit:

By initialing each of the statements below I acknowledge I have read and understand each of the statements below.

_____ I understand that my Lifeline benefit transfer to WRT will be applied to my WRT service(s) and will no longer be applied to my service(s) from the transfer-out provider.

_____ I understand I may be subject to the transfer-out provider's undiscounted rates as a result of the transfer if I elect to maintain service from the transfer-out provider.

_____ I understand as the subscriber I am limited to one Lifeline program benefit transfer transaction per month, with limited exceptions for situations where the subscriber seeks to reverse an unwanted transfer or is unable to receive service from a specific provider.

Transfer Reason:

_____ Improper transfer from (name of company) _____

_____ Other (reason) _____

Signature: _____ **Date:** _____

<i>For WRT Use Only</i>	
Date & Time Received: _____	CSR: _____