



**LIFELINE SERVICE
AUTHORIZATION FORM**

This signed authorization is required in order to enroll you in Sunflower Broadband’s lifeline program. This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. All information will be held in a confidential file.

1. I participate in at least one of the following programs (check all that apply). **(NOTE: You will need to enclose proof of your participation for the past 3 months. This can be a photocopy of your card or authorization form):**

- Food Distribution program (United Tribes of Kansas and NE Nebraska, Inc.)
- Food Stamps
- Medicaid
- General Assistance
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)
- Head Start
- Free School Lunch Program
- 150% of Federal Poverty Level (see attached guidelines)
- Bureau of Indian Affairs General Assistance
- Tribally Administered Temporary Assistance for Needy Families
- Head Start (only those meeting its income qualifying standard)
- 150% of the federal poverty level*.

2. I also certify that:

- My telephone / Internet service is listed in my name
- I am not listed as a dependent on another person’s tax return (unless over the age 60)
- Age _____
- The address listed is my primary residence, not a second home or business

3. I am applying for the following Lifeline Service(s):

(Please check only one) Lifeline Telephone Lifeline Internet Both Lifeline Phone and Internet

- 4. If in the future, I no longer participate in at least one of the programs listed in item 1 above, or conditions in item 2 above change, I will promptly notify Sunflower Broadband.
- 5. I authorize Sunflower Broadband or its duly appointed representative to access any records required to verify these statements in order to confirm my continued participation in the above program.
- 6. I affirm, under penalty of perjury, that the foregoing representations are true.

Applicant’s Name _____

Applicant’s Address _____

Home Phone Number () _____

Work Phone Number () _____

(Your contact number during weekdays between 8 a.m. and 5p.m.)

Social Security Number _____

Signature of benefit recipient

Date

Mail or fax form to: Sunflower Broadband
Attn: Lifeline Coordinator

1 Riverfront Plaza, Suite 301
Lawrence, KS 66046
Fax: (785)312-6997

150% of 2009 Federal Poverty Level Guidelines verified on current year tax return filing as head of household under the following income guidelines:

***2009 Kansas Poverty Level Guidelines**

Number In Family Maximum Annual Income

- Number In Family 1 \$16,245
- Number In Family 2 \$21,855
- Number In Family 3 \$27,465
- Number In Family 4 \$33,075
- Number In Family 5 \$38,685
- Number In Family 6 \$44,295
- Number In Family 7 \$49,905
- Number In Family 8 \$55,515
- each additional person \$ 5,610

The Kansas Lifeline program is 150% of the 2009 federal poverty level.

Sunflower Broadband Lifeline Telephone Service

Sunflower Broadband offers a flat \$5.50 discount off any level of Telephone service to customers meeting one or more of the Criteria in Item 1 of the Lifeline Service Authorization Form. For a full list of the Telephone service options please call 785-841-2100 or visit us at www.sunflowerbroadband.com

Sunflower Broadband Lifeline Internet Service

Sunflower Broadband offers free high speed Internet to customers that meet one or more of the Criteria in Item 1 of the Lifeline Service Authorization Form.

Customers must provide their own Computer meeting the base system requirements found at sunflowerbroadband.com. A DOCSIS 2.0 Compliant Cable modem is required and if the customer does not have one available to them they will be provided a rental modem for use at no charge. Lifeline high speed Internet customers must comply with the terms and conditions for use of the service applicable to all high speed customers as outlined at www.sunflowerbroadband.com/internet/tos.html.