



Minnesota Telephone Assistance Plan (TAP) Application

TAP Application Checklist

- You completed all portions of Step 1 Personal Information, without leaving any blanks or missing information.
- In Step 2: Eligibility, you selected the program you participate in OR you selected income and provided the number living in the household.
- The application includes a copy of the proof of eligibility selected in Step 2.
- In Step 3: National Lifeline Accountability Database Disclosure and Consent, you wrote your initials (one letter per box).
- Step 4: Certifications and Signature, you wrote your initials for all the statements, signed and dated the application.
- You reviewed and completed the Lifeline Program Household Worksheet. This means you checked the appropriate boxes (on page 3 of 4) as well as initialed, signed, and dated (on page 4 of 4) the Household Worksheet pages.

If you are missing any of the above information, go back and complete the missing step.

If you checked all of the above, your application should be ready for review. Send the forms to TDS:

By Mail

TDS, PO BOX 5488, Madison WI, 53705

By Fax

You may fax your application to 1.608.830.5634



Minnesota Telephone Assistance Plan (TAP) Application

Important Information

TAP is a service and a government assistance program designed to make phone services more affordable for low-income customers. Assistance is provided in the form of a bill credit. The TAP bill credit is \$3.50.

Here are some important facts about the TAP program:

- Minnesota Telephone Assistance Plan (“TAP”) is state benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.
- TAP is available to eligible consumers.
- Only one TAP service is available per household.
- A household is defined, for purposes of the TAP program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive TAP benefits from multiple providers (either landline or wireless). You must select one provider.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission’s (or “FCC”) rules and will result in the subscriber’s de-enrollment from the program.
- TAP is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- Per MN State rules, the TAP benefit applies to voice service or bundled voice service. The benefit is not available for broadband only customers.

TAP Eligibility

Eligibility is based on participation in a government assistance program or by income. Take a look below at the qualifying programs and income thresholds to determine if you are eligible.

Eligible Programs	
Medicaid (note: this is not the same as Medicare)	Federal Public Housing Assistance (FPHA)
Supplemental Nutrition Assistance Program (SNAP)	Supplemental Security Income (SSI)
Veterans and Survivors Pension Benefit	

Annual Income Thresholds based on Household size				
Number of persons in household, including yourself	1	2	3	4
Income guidelines	\$ 16,862	\$ 22,829	\$ 28,796	\$ 34,763
For each additional person add	\$ 5,967			

Documentation is needed to prove your eligibility. Allowable forms of proof are listed in the Application Instructions.

How to Apply

1. If you are eligible for TAP (based on the above), please read the instructions for filling out the application on Page 3 and Page 4. Please review and follow them carefully, as they will help insure the application is filled out correctly and completely. Any missing information or an incomplete application will result in the application being rejected.
2. Complete the Application. The Application can be found on Pages 5 through 7.
3. Be sure to include copies (not originals) of qualifying documentation with your signed application.
4. Review the application before sending it in. On Page 8 you’ll find a checklist for reviewing your application to make sure it is complete.

If you need assistance filling out your application, please call TDS toll-free at 866-571-6662 or visit tdstelecom.com/contact-us.



Minnesota Telephone Assistance Plan (TAP) Application

Application Instructions

APPLICATION

STEP 1: Personal Information

Step 1 of the application identifies who is applying for the program.

Applicant's Name:

Fill in, using capital letters, the applicant's full legal name (no nicknames). The applicant's name (first, middle initial, and last) must match the first name on the phone bill and on the provided proof of benefit.

Service Address:

Never leave the service address blank. Fill in the applicant's actual home address and *not a PO Box*. If the service address includes an apartment number, room number, floor, or even a bed number (if the applicant lives in a nursing facility), please be sure to include it.

Billing Address:

Fill out this section if the address where the applicant receives their phone bill is different than the service (or home) address. If this does not apply, you can leave this area blank.

Date of Birth:

Use two digits for the month, two digits for the day, and four digits for the year. For example, a birthdate of January 1, 1945, should be written as: 01/01/1945.

TDS Telephone Number:

This is the telephone number or account number on your TDS bill. The name on the account must match the name of the applicant.

Temporary Address: Check Yes or No to reflect if the address listed on the form is a permanent address.

Social Security Number:

To participate in TAP, you are required to provide the last four digits of the applicant's social security number.

Tribal Lands: Check this box if your residence is on any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma, or any land designated as tribal lands by the FCC within the rules.

STEP 2: Eligibility

Step 2 of the application identifies how the applicant qualifies for the program. Eligibility can be based on participation in a government assistance program OR by income. You must complete *either* number 1 or number 2, but not both.

1. Program-Based Eligibility

Check this box if the applicant participates in one of the government assistance programs listed on the application. If the applicant participates in more than one program, check only one box. Participation in a single program is all that is needed for eligibility.

Provide proof that applicant participates in the program you selected. Qualifying proof includes:

- A copy of a benefit statement
- Notice letter of participation in a qualifying program
- Program participation documents
- Other official participation document for the program you checked in Part 1.

Benefit cards are accepted as proof, but they must include:

- Name of beneficiary
- Name of program
- State of residence
- An effective date within the last 12 months.

If the effective date is more than a year old, another form of program participation must be included with the application.

Remember, you must check the box next to the program the applicant participates in and also include proof for that program. If you fail to do this, the application will be considered incomplete.

If you send your application by mail, please send only photocopies.
Originals will not be returned.

You may provide proof of program participation in the name of someone who is a member of your household (and is living with you) if that person is not already receiving TAP benefits from TDS or another provider.

If the program proof *is not* in the applicant's name, you **MUST** complete the special certification box below the list of eligible government programs.

Be sure to check the box next to the words "I certify that ..." and also provide:

- The name of the person listed on the proof you're providing (must match).
- The person's date of birth.
- The last four digits of the social security number for the person whose name is on the proof document.

See next page for: **2. Income Eligibility.**



Minnesota Telephone Assistance Plan (TAP) Application

Part 2: Income-based Eligibility

Check this box if the applicant's eligibility is based on income.

Provide proof of income by sending a copy of one of the following documents:

- Applicant's most recent state or federal tax return
- Current income statement or W-2 from an employer
- Paycheck stub (three consecutive months)
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Unemployment or Workers' Compensation statement of benefits
- Federal notice letter of participation in General Assistance
- Divorce decree
- Child support award
- Other legal document that shows the applicant's total current household income.

If your proof does not cover a full year of income, you must provide three consecutive months of the same type of documentation (for example, three consecutive months of pay stubs). That documentation must be from within the last 12 months. Bank statements *are not* accepted. Please send only photocopies. Originals will not be returned.

Number of people living in your household:

Count anyone who lives at the service address listed on the application, including those who share in the income and expenses of the household (including children and people who are not related to you). For example, if you live alone, the number of people living in your household is one. If you live with a spouse or domestic partner and no children, the number is two.

STEP 3: NLAD Consent

To participate in the Lifeline program, TDS is required to provide certain information to the National Lifeline Accountability Database (or "NLAD"). The applicant **MUST** authorize the release by putting their initials in the boxes provided (one letter per box). Failure to give consent will mean the Lifeline application will be rejected.

STEP 4: Certifications and Signature

Certifications

There are nine statements that must be initialed by the applicant (one letter per box). It is very important that you initial each line in this section. If *any* statement is not initialed, the application will be denied. If it's denied, you'll need to resubmit an entirely new, complete TAP application and proof of program participation or income.

Applicant Signature

The applicant must also sign and date the application. If the application is not signed *and* dated, it will be rejected

Legal Authorized Representative

If the application is submitted by a legally authorized representative of the applicant, fill out this section. The representative must also provide a Power of Attorney or other

documentation of authority to represent the applicant.

MAILING OR FAXING YOUR APPLICATION

Whether the application is submitted by mail or fax, please send all forms and documentation together.

Once you have completed every required part of this application and made photocopies of the required documentation (for example, of program participation or income), it's time to send everything to TDS. Send the application and proof of program participation/income eligibility to:

By Mail

TDS
PO BOX 5488
Madison WI 53705

By Fax

You may fax your application to
1.608.830.5634

QUESTIONS

If you have any questions, please call TDS' customer service at 866-571-6662.

If you would like to learn more about the TAP program and eligibility requirements, go to <https://tdstelecom.com/lifeline.html>



Minnesota Telephone Assistance Plan (TAP) Application

Please print using block capital letters. Complete the form in full or the application will be rejected.

STEP 1: Personal Information

Applicant's Name (legal name that matches the name on the TDS account):

Service Address (no PO Boxes), Street, Bed # (if applicable)

City: State: Zip Code:

Billing Address (if different from Service Address):

City: State: Zip Code:

Is this a temporary address? Yes No
Last four digits of applicant's Social Security Number: Check if you live on Tribal Lands

Applicant's date of birth: Month: Day: Year:

TDS Telephone Number _____

STEP 2: Eligibility- Please complete number 1 OR 2 below.

1. I certify that I participate in at least one of the following programs (check the program) and I am providing a *copy* of a document that demonstrates my participation in the program.

(Initial):

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Veterans and Survivors Pension Benefit
- Federal Public Housing Assistance (FPHA)

If the program proof is not in the account holder's name, you MUST complete the certification below:

I certify that (name on proof),
Date of Birth _____ / _____ / _____ and
last four digits of Social Security number _____
is a member of my household and is not already receiving TAP benefits from TDS or another company

OR

2. I certify that my **gross** income is at or below 135% of Federal Poverty Guidelines, based on the chart below.

(Initial):

I also certify that this is how many people live in my household (**required**): _____. (# in household)

Annual Income Thresholds based on Household size				
# of people in household, including yourself	1	2	3	4
Income guidelines	\$16,862	\$22,829	\$28,796	\$34,763
For each additional person add:	\$5,967			

I am providing a *photocopy* of the following qualifying documents to demonstrate *gross* income for my entire household:

- Prior year's state or federal tax return
- Current income statement from an employer
- Paycheck stubs for most recent 3 months
- Social Security statement of benefits
- Child Support document
- Retirement / pension statement of benefits
- Unemployment/Workmen's Compensation statement of benefits
- Federal notice letter of participation in General Assistance
- Veterans Administration Statement of Benefits



Minnesota Telephone Assistance Plan (TAP) Application

STEP 3: National Lifeline Accountability Database (NLAD) Disclosure and Consent

The FCC has ordered the use of a National Lifeline Accountability Database for enrollment in the TAP Lifeline Program. TDS must provide the below information to the database ensuring proper Lifeline program administration. The below list may be altered at any time without notification.

- Your full name
- Your Date of Birth
- Your Telephone Number
- Service Type
- Your full residential address
- The amount of the discount TDS provides
- Whether your eligibility is program or income based
- The date TDS began providing you Lifeline service
- The future date when your Lifeline service with TDS ends
- The last four digits of your Social Security number (or tribal ID)

By my initials and by signing this application, I confirm I have read and understand the disclosures provided above and hereby provide consent to TDS to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company (USAC). (Failure to provide consent will result in being denied Lifeline service.)

STEP 4: Certifications and Signature

You MUST initial each statement. Checkmarks or blank spaces will result in denial of your TAP application. I certify, under penalty of perjury, that:

I (or my dependent or other person in my household) meet the income-based or program-based eligibility criteria for receiving TAP as marked in Step 2.

I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving TAP including, as relevant, if I no longer meet the income-based or program-based criteria for receiving TAP support, I am receiving more than one TAP benefit, or another member of my household is receiving a TAP benefit.

If I move to a new address, I will provide that new address to TDS within 30 days.

My household will receive only one TAP benefit and, to the best of my knowledge, my household is not already receiving a TAP benefit.

The information contained in this application is true and correct to the best of my knowledge.

I acknowledge that providing false or fraudulent information to receive TAP benefits is punishable by law.

I acknowledge that I may be required to re-certify my continued eligibility for TAP at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my TAP benefits.

I was truthful about whether or not I am a resident of Tribal lands, as defined in the Application instructions of this form.

I hereby authorize TDS to release any of my information contained in this Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and/or federal agency or its designee, as required by law.

Applicant's Signature: _____ **Date:** _____

Mail completed Application to TDS PO BOX 5488 Madison WI 53705 or Fax to 1.608.830.5634



Minnesota Telephone Assistance Plan (TAP) Application

Legally Authorized Representative

If this TAP application is submitted by a legally Authorized Representative of the Applicant, please complete the following:

I am a "Legally Authorized Representative" for this customer and am submitting this application on behalf of this customer. My Power of Attorney (or other documentation of authority) is submitted with this application.

Printed "Legally Authorized Representative" name: _____

Signature "Legally Authorized Representative": _____

Daytime Phone Number: _____ Date: _____

For Company use only:

Date Verified: _____ TDS Employee Initials: _____ Qualifier's Name: _____

Document provided for program eligibility _____

Document provided for income eligibility _____ Total Gross Income: _____

Lifeline Program Household Worksheet



About Lifeline

Lifeline is a benefit that lowers the monthly cost of phone or internet service (not both). You are only allowed to get one Lifeline benefit per household, not per person.

What this worksheet is for

Use this worksheet if someone else at your address gets Lifeline. The answers to these questions will help you find out if there is more than one household at your address.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Examples of one household:

- A married couple who live together are one household. They must share one Lifeline benefit.
- A parent/guardian and child who live together are one household. They must share one Lifeline benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one Lifeline benefit.

Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one Lifeline benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one Lifeline benefit each, 30 total.

Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Lifeline Program Household Worksheet



Can you apply?

Follow this decision tree to confirm if you qualify for the Lifeline Program.

1. Do you live with another adult?

Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

Yes

If yes, answer question 2

No

2. Do they get Lifeline?

Yes

If yes, answer question 3

No

3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

Yes

No

You can apply for Lifeline. You live in a household that does not get Lifeline yet. Please *initial* line **B** on page 4, *and sign* and date the worksheet.

Check this box

You do not qualify for Lifeline because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

Check this box

You can apply for Lifeline. You live at an address with more than one household and your household does not get Lifeline yet. Please *initial* lines **A** and **B** on page 4, *and sign* and date the worksheet.

Check this box

Lifeline Program Household Worksheet



Agreement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your Lifeline Program Application Form.

Initial

A I live at an address with more than one household.

Initial

B I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.

Signature

Today's Date

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Notice

NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. If more than one person at the same address is applying for Lifeline service, all applicants must submit a Household Worksheet. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, 0.25 hours. Our estimate includes the time to read and complete the form and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine your eligibility for Lifeline services. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.