在线申请加入 Lifeline 计划

Lifeline 是一项联邦计划,旨在降低电话或互联网服务的月费。

如果您的家庭符合资格,您可以获得:

- 手机、互联网或捆绑服务每月最高可享 9.25 美元,或
- 如果您居住在符合条件的部落土地上,则每月最高可达34.25美元。

接下来该做什么

请按照以下步骤在线提交 Lifeline 申请。这通常需要大约 10 分钟才能完成。您可能需要提供其他信息或文件来确认您的资格、身份或家庭地址。

如您在申请过程中有任何疑问,请发送电子邮件至 <u>LifelineSupport@usac.org</u>,或致电 (800) 234-9473(美国东部时间上午 9 点至晚上 9 点)联系 Lifeline 支持中心。





3	填写您在官方文件(如社会保障卡或由州颁发的身份证件)上显示的名字和姓氏。	What is your full legal name? The name you use on official documents, like your Social Security Card or State ID. Not a nickname. First Name Middle Name (Optional) Last Name(s) If you have multiple last names put them all into the box below.
4	填写您的出生日期。	What is your date of birth? Month Day Year MM DD YYYY
5	您想让我们用您社会保障号码的最后四位数字来检查您的身份吗? • 如果是,请输入您的社会安全号码的最后四位数字。 • 如果不让,请选择"部落身份证号码"选项并输入您的部落身份证号码。	How do you want us to check your identity? We'll use this information to see if you're eligible. It won't affect your credit status. Social Security Number (SSN) This is the fastest option if you know the last 4 digits of your SSN. Enter last 4 digits of your SSN XXX - XX - This is required if you're applying for Lifeline. Number on Tribal ID Look for this number on your card or documentation.
6	填写您的家庭住址。 • 这 不能 是邮箱。	What is your home address? The address where you will get service. Do not use a P.O. Box. You will be able to add a mailing address later. Street Number and Name Apt, Unit, etc. 123 Street Road City State Zip Code
		Your City or Town Choose ✓ 00000



7	您是否符合通过子女或受抚养人获得Lifeline 福利的条件? • 如果没有,请点击或单击下一步。 ○ 前往步骤8继续。 • 如果是,请点击或单击是,然后选择下一步。 ○ 如果您通过孩子或受抚养者符合条件,则前往步骤7a。	Do you qualify for Lifeline or the Affordable Connectivity Benefit through your child or a dependent? If you do not qualify on your own, you can sign up for Lifeline or the Affordable Connectivity Benefit through your child or dependent if they participate in any of the qualifying programs. No, I qualify by myself. Yes, I qualify through my child or dependent.
7a	填写您孩子或受抚养者的信息。您需要: • 填写他们的名字和姓氏。 • 填写他们的出生日期。 • 使用他们的社会保障号码或部落身份证号码的最后四位数字来验证他们的身份。 • 轻触或点击"下一步"。 ○ 前往步骤8继续。	What is their full legal name? The name you use on official documents, like your Social Security Card or State ID. Not a nickname. First Name Middle Name (Optional) Last Name(s) If they have multiple last names put them all into the box below.
		What is their date of birth? Month Day Year
		MM DD YYYY
		How do you want us to check their identity? We'll use this information to see if they're eligible. It won't affect their credit status. Social Security Number (SSN) This is the fastest option if you know the last 4 digits of their SSN. Enter last 4 digits of their SSN XXX - XX -



		Number on Tribal ID Look for this number on their card or documentation. Back	Next
8	创建账户以保存您的信息并继续您的申请。 • 输入用户名。它可以是电子邮件地址或唯一ID。 • 输入由字母、数字和符号混合组成的密码。 • 再次输入相同的密码。	Choose your username. Choose something you can easily remember like your email addryour name in some form. Save this information somewhere secure because you will need to use it again. Username Choose your password. Make sure it is something you can remember. Save this information somewhere secure because you will need to use it again. Password Requirements 1 At least 8 characters long 1 At least 1 capital letter 1 At least 1 number (0-9) 1 At least 1 special character (1:@#\$%%%*) 1 No restricted phrases ? Show Password Show Password	on



9	填写您的联系信息。	Your Contact Information What is your email address? We will use your email to send you important reminders and information about your application and enrollment. example@email.com I want to provide an alternate email. What is your phone number? (Optional) () - By providing a phone number, you consent to letting USAC contact you at that phone number via artificial or prerecorded voice message or text for important reminders and updates about your Lifeline or ACP benefit. For text messages, message and data rates may apply. Text STOP to end messages. Do you want to provide a mailing address?
		Yes, my mailing address is different than home address
10	告诉我们您的首选语言(可选)。 • 轻触或点击 英语、西班牙语 或 两者 。	What is your preferred language? (Optional) We will send outreach to you about your Lifeline or ACP benefit in the language(s) you select. You may select more than one language. English Español Both
11	查看条款和条件。	Terms & Conditions By checking this box, I accept the terms and conditions of the National Verifier system. Back Submit
12	轻触或点击 开始 Lifeline 申请 以继续填写 您的申请。	My Applications Here are all your applications from the last 180 days. You can start a new application when your last one expires. Return to Application Start Lifeline Application



13	告诉我们您满足条件的方式。 • 轻触或点击所有适用项旁边的复选框。 • 轻触或点击下一步。	Confirm your program participation Which of the following programs do you participate in? Check all that apply. SNAP (Supplemental Nutrition Assistance Program) or Food Stamps () Medicaid Supplemental Security Income (SSI) Federal Housing Assistance () Veterans Pension and Survivors Benefit Programs Tribal Specific Program (only choose if you live on Tribal lands) Idon't think I participate in any of these programs, I may qualify through my income. Idon't participate in any of these, but I have a child or dependent who may. (?)
14	检查您的信息。 ■ 如果您需要更正信息,请轻触或点击 编辑并进行任何更新。 ■ 查看同意声明并轻触或点击复选框,以确认我们可以使用您的信息来检查您是否符合条件。 ■ 轻触或点击提交。 ■ 检查您的信息可能需要几分钟。	Review Your Information Before we check if you qualify for Lifeline, make sure your information is right. Double check the information below. Full Legal Name: Test John Date of Birth: January 01, 1980 Last 4 Numbers of SSN: 3333 Address: 123 NOT REAL ROAD TOWN, DC 11111 The information you gave us will be used to check if you qualify for Lifeline. Please confirm that it is okay. By checking this box you are consenting that all of the information you are providing may be collected, used, shared, and retained for the purposes of applying for and/or receiving Lifeline. Back



15 您将立即了解您是否有资格获得福利或 我们是否需要更多信息。

我们是否要求您分享更多信息?

- **如果是**,请轻触或点击**下一步**并 前往表明您符合资格部分。
- 如果否,请轻触或单击下一步并 前往背后 16。

We need more information to see if you qualify

A few things happened:

- We couldn't find your address; please show us where you live on a map.
- Someone at your address already gets the Lifeline benefit; please answer some questions about your living situation to find out if you're eligible.
- We couldn't verify who you are; please attach a photo of a document that shows your identity information.
- We couldn't confirm your eligibility; please attach a photo of a document that shows you (or your child or dependent) participate in a government assistance program or your income

What to do next

You need to provide additional information in order to qualify for the Lifeline program.

Nex



16	阅读每项陈述并输入您的姓名首 字母形式。	I agree, under penalty of perjury, to the following statements:
		Initial I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).
		Initial Lagree that if I move I will give my service provider my new address within 30 days.
		Initial I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including: 1. I, or the person in my household that qualifies, do not qualify through a government program or income anymore. 2. Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).
		Initial I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit. (*)
		Initial I agree that all of the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and /or receiving the Lifeline Program benefit. I understand that if this information is not provided to the Lifeline Program Administrator, I will not be able to get Lifeline benefits. If the laws of my state or Tribal government require it, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the Lifeline Program Administrator. The information shared by the state or Tribal government will be used only to help find out if I can get a Lifeline Program benefit.
		Initial All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.
		Initial I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.
		Initial My service provider may have to check whether I still qualify at any time. If I need to recertify my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.
		Initial If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 54.400(e) of the Lifeline rules. (?)
17	完成您的申请。	Your Signature Type your full legal name below Test John I understand this is a digital signature, and is the same as if I signed my name with a pen. Back Submit



18 您的申请已获批准!

- <u>与参与该计划的电话或互联网公</u> <u>司联系</u>以获得您的福利。
- 请在截止日期前报名,否则您需要重新申请。

Contact a phone or internet company to get your benefit

You're approved to get your Lifeline benefit. **Sign up by November 6, 2024**.

What to do next

If you already have service

Contact your phone or internet company and say, "I have been approved for the Lifeline program and would like to apply it to my service."

If you don't currently have service

<u>Find a phone or internet company</u> in your area and say , "I have been approved for the Lifeline program and would like to sign up for service."

Application ID:

Q90774-69740

Full legal name Test John

123 Not Real Road,

Town, DC 11111

Method of identity verification:

Last 4 digits of SSN



证明您有资格

如果我们要求您分享更多信息或文件以确认您的资格、身份或地址,本部分将展示您需要做什么。如需获取更多信息,请查看我们的《可接受文件指南》(提供<u>英语</u>和<u>西</u>班牙语)。

如果您需要向我们展示, 该怎么办 步骤是什么样的 您的地址证明 Find your address on the map below 您可能需在地图上找出您所居住的位置来确认您 We couldn't find your address, please show us where you live on the map. 的地址。 告诉我们您住在哪里。 TOWN, DC 11111 • 轻敲 或点击将图钉移动到您的地址,或使 How to find your address on the map 用(+)按钮放大。 • 在地图上找到地址后,轻触或点击大头 针图标。 • 轻敲 或点击 下一个。 Longitude



您的家庭证明

您可能会被要求确认您的家庭是否有资格获得 Lifeline 福利。

每个家庭每月只能领取一项福利。家庭是一群生 活在一起、共享金钱的人,即使他们彼此没有亲 属关系。

- 回答问题。
- 轻触或点击下一步。

您的社会安全号码证明

您可能会被要求提供一份文件来确认您的社会安全号码。

- 共享包含以下内容的文档:
 - 1. 您的名字和姓氏,
 - 2. 您的社会安全号码的最后四位数字。
- 轻触或点击**拍照或选择文件,**以附加照片 或文件副本。
- 轻触或点击下一步。

Someone at Your Address Already Gets Lifeline or the Affordable Connectivity Benefit We need more information to determine whether you qualify for Lifeline or the Affordable Connectivity Benefit. Do you share money (income and expenses) with another adult who gets Lifeline or the Affordable Connectivity Benefit? This can be the cost of bills, food, etc., and income. If your spouse receives Lifeline or the Affordable Connectivity Benefit, please answer "Yes" to this question. Yes No Note: Select "no" if you go not share money (income and expenses) with another adult who already participates in the program(s) you are applying for (Example: If you are only seeking to receive the Affordable Connectivity Benefit, and you are sharing income/expenses with another adult who already receives Lifeline, select "no") You will have until 9/21/2024 to complete this section so we can determine whether you qualify for Lifeline or the Affordable Connectivity Benefit, if you do not complete this by then, you will need to come beat to this site and lift his form out again.

Share proof of your Social Security number (SSN)

Your document must include:

Your first and last name:

Back

- Test John
- The last four digits of your Social Security number: xxx-xx-3333

Here are common examples:

- A Social Security Card
- A Social Security Benefit Statement (SSA-1099)
- A W-2 from the last 2 years
- A prior year's state, federal, or Tribal tax return

How to add your photo or scanned copy

Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpeg, png, pdf, or gif.

- Make sure your image is not blurry
- Make sure your document is not cut off and we can see all four sides
- Make sure you have good lighting

Choose a file

Back

Next



您的部落身份证号码证明

您可能会被要求提供一份文件来确认您的部落身 份证号码。

- 分享包含以下内容的文件:
 - 1. 您的姓和名,
 - 2. 您的部落 ID 号码。
- 轻触或点击**拍照或选择文件,**以附加照片 或文件副本。
- 轻触或点击下一步。

Share proof of your Tribal ID Number

Your document must include:

- Your first and last name
- Test John
- Your Tribal ID Numbe

Here are common examples:

- A Tribal ID card
- An official certificate or letter from your tribe's enrollment office
- A Certificate of Degree of Indian Blood (CDIB)

Common mistakes:

Some CDIB cards do not include the required information. If yours does not, then it will
not be accepted.

How to add your photo or scanned copy

Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpgg, png, pdf, or gif.

- Make sure your image is not blurry
- Make sure your document is not cut off and we can see all four sides
- Make sure you have good lighting

Choose file

Back

Next

您的出生日期证明

您可能会被要求提供一份文件来确认您的出 生日期。

- 分享包含以下内容的文件:
 - 1. 您的姓和名,
 - 2. 您的出生日期。
- 轻触或点击**拍照或选择文件,**以附加照片 或文件副本。
- 轻触或点击下一步。

Share proof of your date of birth

Your document must include:

- Your first and last name:
- Test John

 Your date of birth:
- Your date of birth 1/01/1980

Here are common examples:

- A Driver's license that is not expired
- A Passport that is not expired
- A birth certificate
- A U.S. governement, military, state or Tribal issued ID that includes your date of birth and is not expired
- $\bullet \ \ \mathsf{A} \ \mathsf{Certificate} \ \mathsf{of} \ \mathsf{Naturalization}, \mathsf{Certificate} \ \mathsf{of} \ \mathsf{U.S.} \ \mathsf{Citizenship}, \mathsf{or} \ \mathsf{Consular} \ \mathsf{Matricular} \ \mathsf{ID}$

How to add your photo or scanned copy

Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpeg, png, pdf, or gif.

- Make sure your image is not blurry
- Make sure your document is not cut off and we can see all four sides
- Make sure you have good lighting

Choose a file

Back

Next



No. But I have a document that shows I (or my child or dependent) participate in a

在世证明 Share proof of life 可能会要求您分享一份文件来确认您还活着。 Your document must include: Test John • 分享包含以下内容的文件: 1. 您的姓和名, Here are common examples: 2. 发行日期在最近三个月内。 A current utility bill 轻触或点击**拍照或选择文件**,以附加照片 A mortgage or lease statement · A retirement or pension statement of benefits 或文件副本。 A notarized letter that confirms your identity and that you are alive • 轻触或点击下一步。 How to add your photo or scanned copy Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpeg, png, pdf, or gif. Make sure your image is not blurry . Make sure your document is not cut off and we can see all four side: Make sure you have good lighting Back 资格证明 Share more information to see if you qualify 系统可能会要求您分享可确认您符合条件的文件 With your help, we can confirm you qualify in a few more steps. (如您的收入相关文件或证明您参与某项政府计 划的文件)。 Do you have a document that shows your income? Yes. I have a document such as pay stubs, last year's tax return, or a social security 选择您获得资格的方式。 No. But I have a document that shows I (or my child or dependent) pa 轻触或点击"下一步"。 收入证明 Share more information to see if you qualify based on income 要展示您的收入证明,您需要: You may qualify if your annual income meets certain requirements. • 告诉我们您家有多少人。 How many people live in your household? ① • 确认您的年收入是否等于或低于所示 的金额。 分享包含以下内容的文件: Is your annual income at or below \$20,331? ⑦

1. 您的姓名或您受抚养人的姓名,

3. 发行日期在过去12个月内。

2. 您的年收入,



您的计划参与证明

要展示您的计划参与证明,您需要:

- 告诉我们您参与了哪个计划。
- 共享包含以下内容的文档:
 - 1. 您的姓名或您受抚养人的姓名,
 - 2. 该计划的名称,
 - 3. 签发该文件的政府、部落实体或项目管理者的名称,
 - 4. 签发日期在过去 12 个月内,或者到期日期是将来的日期。

take part in? You must provide proof of participation for the program you c	
	:hoose.
SNAP (Supplemental Nytrition Assistance Program) or F	ood Stamps ?
Medicaid	
Supplemental Security Income (SSI)	
Federal Housing Assistance ?	
Veterans Pension and Survivors Benefit Programs	
Tribal Specific Program (only choose if you live on Tribal	l lands)
I don't think I (or my child or dependent) participate in a may qualify through my income .	any of these programs, but I



最后一步是认证并签署申请表。 I agree, under penalty of perjury, to the following statements: 阅读每项陈述并输入您的姓名首字母形式。 benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty 输入您的名字和姓氏。 Guidelines (the amount listed in the Federal Poverty Guidelines table on 点击或单击复选框以确认您了解这是一 I agree that if I move I will give my service provider my new address 个数字签名。 轻触或点击"提交"。 I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including: 1. I, or the person in my household that qualifies, do not qualify through a government program or income anymore 2. Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline Initial I know that my household can only get one Lifeline benefit and, to the Lagree that all of the information I provide on this form may be collected. used, shared, and retained for the purposes of applying for and /or receiving the Lifeline Program benefit. I understand that if this information is not provided to the Lifeline Program Administrator, I will not be able to get Lifeline benefits. If the laws of my state or Tribal government require it, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the Lifeline Program Administrator. The information shared by the state or Tribal government will be used only to help find out if I can get a Lifeline All the answers and agreements that I provided on this form are true Initial I know that willingly giving false or fraudulent information to get Initial Lifeline Program benefits is punishable by law and can re jail time, de-enrollment, or being barred from the program. Initial If I need to recertify my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program Initial I live on Tribal lands, as defined in 54.400(e) of the Lifeline rules. <a> <a> Your Signature I understand this is a digital signature, and is the same as if I signed my name with a Submit We are reviewing your 您已提交申请! documents 审核完成后, 我们会通过电子邮件向您发送 It generally takes about 15 minutes, but could be up to 2 days. 下一步操作的说明。