

以幸存者身份在线申请加入 Lifeline 计划

如果您是家庭暴力、人口贩卖或相关犯罪的幸存者，您可以通过 Lifeline 计划申请获得幸存者福利。Lifeline 是一项联邦计划，旨在降低电话或互联网服务的月费。

如果您的家庭符合条件，您可以获得最长六个月的幸存者福利：

- 每月最多可享 9.25 美元的电话、互联网或捆绑服务费用，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。

六个月后，您可以申请标准 Lifeline 福利，即互联网或捆绑服务每月最高可获得 9.25 美元的补贴，或电话（仅限语音）服务每月最高可获得 5.25 美元的补贴。

接下来该做什么

请按照以下步骤以幸存者身份在线申请。这通常需要大约 10 分钟才能完成。您将需要提供文件来验证您的通信服务分离申请，并且可能需要提供您的资格、身份或家庭住址的证明。

如您在申请过程中有任何疑问，请发送电子邮件至 LifelineSupport@usac.org，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。

	请按照以下步骤在线申请	应该执行哪些步骤
1	<p>点击或单击移动设备或台式计算机上的网络浏览器。</p> <ul style="list-style-type: none"> • 在网址栏中输入 LifelineSupport.org，然后在移动设备上轻触前往/搜索或在键盘上按回车键。 • 然后，点击或单击立即申请。 	
2	<p>轻触或点击如何符合幸存者条件以开始您的申请。</p>	<p>Are you a survivor of domestic violence or human trafficking?</p> <p>We provide additional safeguards to protect your information during the application process.</p> <p>Learn more about how to qualify as a survivor.</p>



<p>3</p>	<p>阅读《安全连接法案》并了解以幸存者身份申请 Lifeline 福利会得到什么。</p> <ul style="list-style-type: none"> 轻触或点击是以确认您想以幸存者身份提出申请，并可以提供文件来验证您的通信服务分离申请。 <ul style="list-style-type: none"> 如果您没有通信服务分离申请的证明，您可以继续申请 Lifeline，并在收到电话公司的电子邮件、短信或信件后重新以幸存者身份进行申请。 轻触或点击继续。 	<h3>Apply as a Survivor</h3> <p>The Safe Connections Act of 2022 for qualifying survivors ⓘ</p> <p>What to expect as a survivor:</p> <ul style="list-style-type: none"> You will be able to select how you want us to reach out to you - either by mail or email. To avoid an abuser seeing your data, we will not send communications that reveal critical information such as your address. You will need to provide documentation verifying your line separation request. ⓘ Only a limited group of designated personnel will have access to your information. The survivor benefit period lasts for 6 months if you qualify. <hr/> <p>Would you like to apply under this survivor status?</p> <p><input type="radio"/> Yes, I'm a survivor and can provide official line separation request documentation.</p> <p><input type="radio"/> No, I do not want to apply as a survivor and would like to continue with my application under the Lifeline program's typical requirements.</p> <p>Continue</p>
<p>4</p>	<p>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。</p>	<p>What is your full legal name?</p> <p>The name you use on official documents, like your Social Security Card or State ID. Not a nickname.</p> <p>First Name Middle Name (Optional)</p> <p><input type="text"/> <input type="text"/></p> <p>Last Name(s)</p> <p>If you have multiple last names put them all into the box below.</p> <p><input type="text"/></p>
<p>5</p>	<p>填写您的出生日期。</p> <ul style="list-style-type: none"> 输入月份。 输入日期。 输入年份。 	<p>What is your date of birth?</p> <p>Month Day Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>

6	<p>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？</p> <ul style="list-style-type: none"> 如果是，请输入您的社会安全号码的最后四位数字。 如果没有，请选择部落身份证上的号码选项并输入您的部落身份证号码。 	<p>How do you want us to check your identity?</p> <p>We'll use this information to see if you're eligible. It won't affect your credit status.</p> <p><input checked="" type="radio"/> Social Security Number (SSN)</p> <p>This is the fastest option if you know the last 4 digits of your SSN.</p> <p>Enter last 4 digits of your SSN</p> <p>XXX - XX - <input type="text"/></p> <p>This is required if you're applying for Lifeline.</p> <hr/> <p><input type="radio"/> Number on Tribal ID</p> <p>Look for this number on your card or documentation.</p>
7	<p>填写你的家庭住址。</p> <ul style="list-style-type: none"> 这 不能 是邮政信箱。 这可以是过去 6 个月的地址。它不一定是您当前的地址。 	<p>What is your home address?</p> <p>The address where you will get service. Do not use a P.O. Box. You will be able to add a mailing address later.</p> <p>Street Number and Name Apt, Unit, etc.</p> <p><input type="text" value="123 Street Road"/> <input type="text"/></p> <p>City State Zip Code</p> <p><input type="text" value="Your City or Town"/> <input type="text" value="Choost"/> <input type="text" value="00000"/></p>
8	<p>您是否符合通过子女或受抚养人获得 Lifeline 福利的条件？</p> <ul style="list-style-type: none"> 如果不符合条件，请轻触或点击下一步。 <ul style="list-style-type: none"> 前往 步骤 9 继续。 如果符合条件，请轻触或点击是，然后选择下一步。 <ul style="list-style-type: none"> 如果您通过子女或受抚养人获得资格，请转至 步骤 8a。 	<p>Do you qualify for Lifeline or the Affordable Connectivity Benefit through your child or a dependent?</p> <p>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.</p> <p><input checked="" type="radio"/> No, I qualify by myself.</p> <p><input type="radio"/> Yes, I qualify through my child or dependent.</p> <p style="text-align: right;">Next</p>

<p>8 a</p>	<p>填写您孩子或受抚养者的信息。</p> <p>您需要：</p> <ul style="list-style-type: none"> 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”。 <ul style="list-style-type: none"> 前往步骤 9继续。 	<div data-bbox="799 304 1393 718"> <p>What is their full legal name? The name you use on official documents, like your Social Security Card or State ID. Not a nickname.</p> <p>First Name <input type="text"/></p> <p>Middle Name (Optional) <input type="text"/></p> <p>Last Name(s) If they have multiple last names put them all into the box below.</p> <p><input type="text"/></p> </div> <div data-bbox="799 724 1393 898"> <p>What is their date of birth?</p> <p>Month <input type="text" value="MM"/> Day <input type="text" value="DD"/> Year <input type="text" value="YYYY"/></p> </div> <div data-bbox="799 905 1393 1354"> <p>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.</p> <p><input checked="" type="radio"/> Social Security Number (SSN) This is the fastest option if you know the last 4 digits of their SSN.</p> <p>Enter last 4 digits of their SSN</p> <p>XXX - XX - <input type="text"/></p> <p><input type="radio"/> Number on Tribal ID Look for this number on their card or documentation.</p> </div> <div data-bbox="799 1381 1393 1438"> <p><input type="button" value="Back"/> <input type="button" value="Next"/></p> </div>
<p>9</p>	<p>创建一个帐户来保存您的信息并继续您的申请。</p> <ul style="list-style-type: none"> 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。 	<div data-bbox="799 1453 1393 1732"> <p>Choose your username. Choose something you can easily remember like your email address or your name in some form. Save this information somewhere secure because you will need to use it again.</p> <p>Username</p> <p><input type="text"/></p> </div>

		<p>Choose your password. Make sure it is something you can remember. Save this information somewhere secure because you will need to use it again.</p> <p>Password Requirements</p> <ul style="list-style-type: none"> ⓘ At least 8 characters long ⓘ At least 1 capital letter ⓘ At least 1 number (0-9) ⓘ At least 1 special character (!@#\$%^&*) ⓘ No restricted phrases ⓘ <p>Password</p> <input type="text"/> <input type="checkbox"/> Show Password <p>Confirm Password Type the same password again.</p> <input type="text"/> <input type="checkbox"/> Show Password
10	<p>告诉我们您喜欢的联系方式。</p> <ul style="list-style-type: none"> ● 轻触或点击电子邮件或邮件 <ul style="list-style-type: none"> ○ 我们会将与您申请相关的通知发送至您选择的选项。 	<p>What is your preferred way to be contacted? We will send you information about your Lifeline application and benefits to the location you select.</p> <p><input type="radio"/> Email <input type="radio"/> Mail</p>
11	<p>填写您的联系信息。</p> <ul style="list-style-type: none"> ● 输入您的电子邮件地址。 ● 输入您的电话号码（可选）。 ● 如果邮寄地址与您的家庭住址不同，请轻触或点击复选框输入邮寄地址。 <ul style="list-style-type: none"> ○ 这可以是邮政信箱。 	<p>Your Contact Information</p> <p>What is your email address? We will use your email to send you important reminders and information about your application and enrollment.</p> <input type="text" value="example@email.com"/> <input type="checkbox"/> I want to provide an alternate email. <hr/> <p>What is your phone number? (Optional)</p> <input type="text" value="() -"/> <p>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.</p> <hr/> <p>Do you want to provide a mailing address?</p> <input type="checkbox"/> Yes, my mailing address is different than home address

12	<p>告诉我们您的首选语言（可选）。</p> <ul style="list-style-type: none"> 轻触或点击英语、西班牙语或两者。 	<p>What is your preferred language? (Optional)</p> <p>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.</p> <p><input type="radio"/> English</p> <p><input type="radio"/> Español</p> <p><input type="radio"/> Both</p>
13	<p>查看条款和条件。</p> <ul style="list-style-type: none"> 点击或单击复选框以确认您接受。 轻触或点击提交。 	<p>Terms & Conditions</p> <p><input type="checkbox"/> By checking this box, I accept the terms and conditions of the National Verifier system.</p> <p>Back Submit</p>
14	<p>轻触或点击开始 Lifeline 申请以继续填写您的申请。</p>	<p>My Applications</p> <p>Here are all your applications from the last 180 days. You can start a new application when your last one expires.</p> <p>Return to Application Start Lifeline Application</p>
15	<p>告诉我们您如何获得资格。</p> <ul style="list-style-type: none"> 轻触或点击所有适用项旁边的复选框。 轻触或点击下一步。 	<p>Confirm your program participation</p> <p>Which of the following programs do you participate in?</p> <p>Check all that apply.</p> <p><input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program) or Food Stamps ?</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)</p> <p><input type="checkbox"/> Federal Housing Assistance ?</p> <p><input type="checkbox"/> Veterans Pension and Survivors Benefit Programs</p> <p><input type="checkbox"/> Tribal Specific Program (only choose if you live on Tribal lands)</p> <p><input type="checkbox"/> I don't think I participate in any of these programs, show me more programs available to me as a survivor.</p> <p><input type="checkbox"/> I don't think I participate in any of these programs, I may qualify through my income.</p> <p><input type="checkbox"/> I don't participate in any of these, but I have a child or dependent who may. ?</p>

<p>16</p>	<p>检查您的信息。</p> <ul style="list-style-type: none"> 如果您需要更正信息，请轻触或点击  编辑 并进行任何更新。 查看同意声明并点击或单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。 <ul style="list-style-type: none"> 检查您的信息可能需要几分钟。 	<h3>Review Your Information</h3> <p>Before we check if you qualify for Lifeline, make sure your information is right.</p> <p>Double check the information below.</p> <div data-bbox="808 499 1385 636" style="border: 1px solid #ccc; padding: 10px;"> <p>Full Legal Name: Test John  Edit</p> <p>Date of Birth: January 01, 1980</p> <p>Last 4 Numbers of SSN: 3333</p> </div> <hr/> <p>The information you gave us will be used to check if you qualify for Lifeline. Please confirm that it is okay.</p> <p><input type="checkbox"/> 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Back Submit </div>
<p>17</p>	<p>您将立即了解我们需要您分享哪些其他信息。</p> <ul style="list-style-type: none"> 轻触或点击 下一步 并前往 表明您符合资格 部分。 	<h3>We need more information to see if you qualify</h3> <hr/> <p>A few things happened:</p> <ul style="list-style-type: none"> 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. We couldn't confirm your eligibility; please attach a photo of a document that shows confirmation of your line separation request. <p>What to do next</p> <p>You need to provide additional information in order to qualify for the Lifeline program.</p> <div style="text-align: right; margin-top: 10px;">Next</div>

表明您符合资格

本部分将展示您需要执行哪些操作才能分享通信服务分离申请的证明，以及在我们需要您提供资格、身份或地址证明时您应该怎么做。如需获取更多信息，请查看我们的《可接受文件指南》（提供[英语](#)和[西班牙语](#)）。

如果您需要向我们展示，该怎么办	应该执行哪些步骤
<p>您的地址证明</p> <p>您可能需在地图上找出您所居住的位置来确认您的地址。</p> <p>告诉我们您住在哪里。</p> <ul style="list-style-type: none"> • 点击或单击地图将图钉移动到您的地址，或使用 (+) 按钮放大。 • 在地图上找到地址后，请轻触或点击大头针图标。 • 轻触或点击下一步。 	<p>Find your address on the map below</p> <p>We couldn't find your address, please show us where you live on the map.</p>  <p>Back Next</p>
<p>您的家庭证明</p> <p>您可能会被要求确认您的家庭是否有资格获得 Lifeline 福利。</p> <p>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。</p> <ul style="list-style-type: none"> • 回答问题。 • 轻触或点击下一步。 	<p>Someone at Your Address Already Gets Lifeline or the Affordable Connectivity Benefit</p> <p>We need more information to determine whether you qualify for Lifeline or the Affordable Connectivity Benefit.</p>  <p>Back Next</p>

您的社会保障号码证明

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. 您社会保障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**。

Share proof of your Social Security number (SSN)

Your document must include:

- Your first and last name:
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

系统可能会要求您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. 您的部落身份证号码。
- 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 Number:
333333

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, 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 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:
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. government, military, state or Tribal issued ID that includes your date of birth and is not expired
- A Certificate of Naturalization, Certificate of U.S. Citizenship, or Consular Matricular 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

在世证明

系统可能会要求您分享一份文件来确认您在世。

- 共享包含以下内容的文档：
 1. 您的名字和姓氏，
 2. 发行日期在最近三个月内。
- 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 life

Your document must include:

- Your first and last name:
Test John
- An issue date within the last three months

Here are common examples:

- A current utility bill
- A paystub
- A mortgage or lease statement
- A retirement or pension statement of benefits
- A notarized letter that confirms your identity and that you are alive

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 file

Back

Next

<p>资格证明</p> <p>系统可能会要求您分享可确认您符合条件的文件（如您的收入相关文件或证明您参与某项政府计划的文件）。</p> <ul style="list-style-type: none"> 选择您获得资格的方式。 轻触或点击“下一步”。 	<p>Share more information to see if you qualify</p> <p>With your help, we can confirm you qualify in a few more steps.</p> <p>Do you have a document that shows your income?</p> <p><input checked="" type="radio"/> Yes. I have a document such as pay stubs, last year's tax return, or a social security statement.</p> <p><input type="radio"/> No. But I have a document that shows I (or my child or dependent) participate in a program such as SNAP or Medicaid.</p> <p>Back Next</p>
<p>收入证明</p> <p>要展示您的收入证明，您需要：</p> <ul style="list-style-type: none"> 告诉我们您家有多少人。 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： <ol style="list-style-type: none"> 您的姓名或您受抚养人的姓名， 您的年收入， 签发日期在过去 12 个月内。 	<p>Share more information to see if you qualify based on income</p> <p>You may qualify if your annual income meets certain requirements.</p> <p>How many people live in your household? ⓘ</p> <p>Number of people in my household:</p> <p><input type="text" value="1"/></p> <p>Is your annual income at or below \$20,331? ⓘ</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No. But I have a document that shows I (or my child or dependent) participate in a program such as SNAP or Medicaid.</p> <p>Back Next</p>
<p>您的计划参与证明</p> <p>要展示您的计划参与证明，您需要：</p> <ul style="list-style-type: none"> 告诉我们您参与了哪个计划。 分享包含以下内容的文件： <ol style="list-style-type: none"> 您的姓名或您受抚养人的姓名， 该计划的名称， 签发该文件的政府、部落实体或项目管理者的名称， 签发日期在过去 12 个月内，或者到期日期是将来的日期。 	<p>Share proof of your program participation</p> <p>Which program do you, your child or dependent take part in?</p> <p>You must provide proof of participation for the program you choose.</p> <p><input type="radio"/> SNAP (Supplemental Nutrition Assistance Program) or Food Stamps ⓘ</p> <p><input type="radio"/> Medicaid</p> <p><input type="radio"/> Supplemental Security Income (SSI)</p> <p><input type="radio"/> Federal Housing Assistance ⓘ</p> <p><input type="radio"/> Veterans Pension and Survivors Benefit Programs</p> <p><input type="radio"/> Tribal Specific Program (only choose if you live on Tribal lands)</p> <p><input type="radio"/> I don't think I (or my child or dependent) participate in any of these programs. Show me more programs available to survivors.</p> <p><input type="radio"/> I don't think I (or my child or dependent) participate in any of these programs, but I may qualify through my income.</p> <p>You will have until 9/27/2024 to provide more documents so we can determine whether you qualify for Lifeline. If we don't receive this information by then, you will need to come back to this site and fill this form out again.</p> <p>Back Next</p>

您的线路分离请求证明

要展示您的通信服务分离申请证明，

- 轻触或点击**是**以确认您具有通信服务分离申请文件。
- 轻触或点击**下一步**。
- 分享包含以下内容的文件：
 - 您的名字和姓氏，
 - 签发日期在过去 12 个月内，
 - 您的电话公司的名称。
- 轻触或点击**拍照**或**选择文件**，以附加照片或文件副本。
- 阅读每项陈述并输入您的姓名首字母形式。
- 轻触或点击**下一步**。

Share proof of your line separation request if applying as a survivor

Do you have confirmation of your line separation request?

When you call your phone company to separate a line, they will provide confirmation of your request.

- Yes, I can provide documentation for my line separation request**
Select this option to apply for the survivor benefit. You must have confirmation of a legitimate line separation request from your phone company, or be able to get one to qualify.
- No, I can't provide documentation for a line separation request**
You may still qualify for the standard Lifeline benefit. In the future if you want the survivor benefit, you will need to submit a new application.

[Back](#)

[Next](#)

Share proof of your line separation request

When applying for Lifeline, we will need proof that you asked your phone company to separate a phone line that you shared with an abuser.

The phone company's documentation will confirm that you made the request.

Your document must include

1. Your name
2. A date within the last 12 months
3. The name of your phone company

Here are common examples

- An email
- A text message
- A letter

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


[Take a photo](#)

Type your initials below to certify

Initial
I certify that I have received documentation from my service provider that I submitted a legitimate line separation request, and I am submitting my application with evidence of that documentation.

Initial
I understand that by qualifying for Lifeline through the Safe Connections Act (SCA), I am eligible for the benefit for 6 months. I understand that once the 6 month benefit period is over, I may qualify for Lifeline through participation in another qualifying program or by confirming my initial income is at or below 135% of the Federal Poverty Guidelines.

[What if I don't have proof that I received a line separation?](#) 

[How can I edit my information?](#) 

[Back](#)

[Next](#)

最后一步是认证并签署申请表。

- 阅读每项陈述并输入您的姓名首字母形式。
- 输入您的名字和姓氏。
- 点击或单击复选框以确认您了解这是一个数字签名。
- 轻触或点击**提交**。

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 I agree 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. [?](#)

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](#)

您已提交申请！

- 审核完成后，我们将通过电子邮件或邮件联系您，并指导您完成后续操作。

We are reviewing your documents

It generally takes about 15 minutes, but could be up to 2 days.

We'll email you when our review is complete. You can check the status of your application at any time on your [account homepage](#).

一旦您的申请获得批准，您的下一步是：

- [与参与该计划的电话或互联网公司联系](#)以获得您的幸存者福利。
- 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 survivor benefit through the Lifeline program. **Sign up by November 11, 2024.**

What to do next

If you already have service

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

If you don't currently have service

[Find a phone or internet company](#) that can provide service to your address and say, "I have been approved for the survivor benefit through the Lifeline program and would like to sign up for service."

Application ID:
Q50037-91275

- Do you live on Tribal lands? +
- Need to find an internet company near you? +
- What happens at the end of the survivor benefit period or if I need to transfer phone or internet companies? +
- Does my state offer additional Lifeline benefits? +