



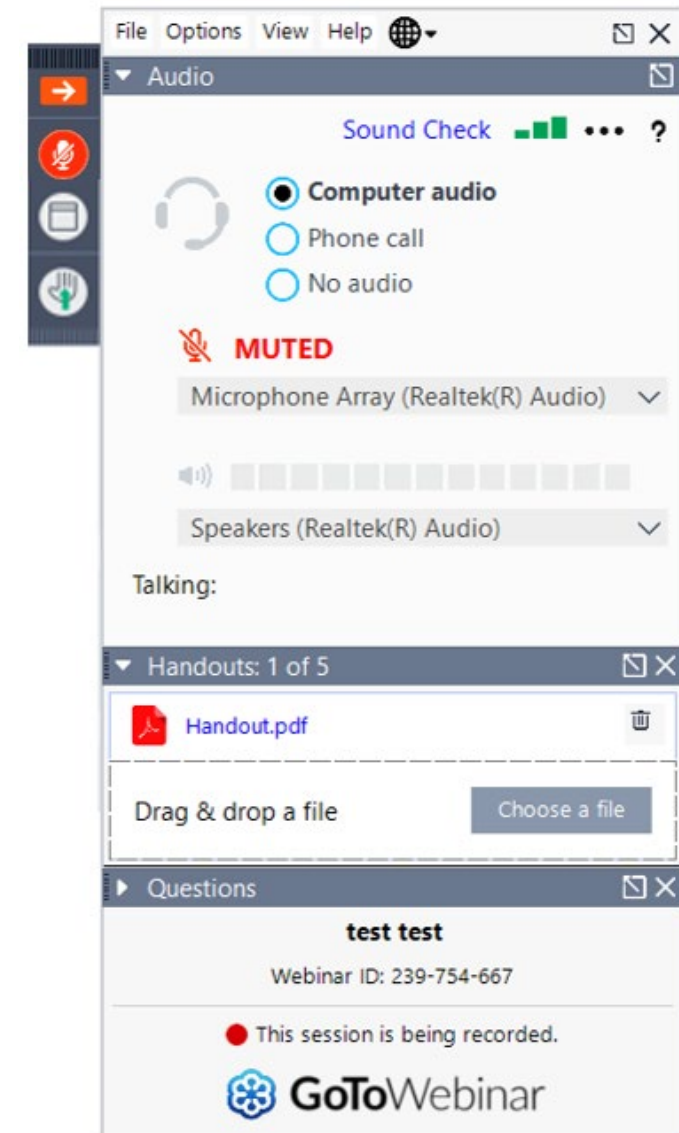
# **Lifeline Survivor Benefit: Consumer Advocates**

## **Lifeline Program**

January 8, 2025

# Housekeeping

- This webinar is being recorded.
- Audio is available through your computer's speakers.
- The audience will remain on mute.
- Enter questions at any time using the “**Questions**” box.
- If your audio or slides freeze, restart the webinar.
- A copy of the slide deck is in the “**Handouts**” section of the webinar panel.



# Disclaimer

To accommodate all attendees, real-time closed captions will be present during this presentation. We apologize in advance for any transcription errors or distractions. Thank you for your support!

# Meet Our Team

**Elizabeth Dewey**

Senior Communications Specialist

**Teodora Dimitrov**

Manager of Communications

# Agenda

- Announcements
- Safe Connections Act
- Protecting Survivor Information
- How to Apply
- Providing Additional Information
- Continued Eligibility
- Resources

# Announcements

# FCC Form 555

## Filing Deadline is January 31

- The FCC Form 555, also referred to as the **Annual Lifeline Eligible Telecommunications Carrier Certification Form**, is an annual filing that reports the results of non-usage de-enrollments and the annual recertification process.
- The 2024 filing window for FCC Form 555 opened on December 11, and all submissions must be filed by **January 31, 2025**.
- **All Lifeline program service providers must complete this filing** even if a service provider did not have subscribers and did not claim reimbursements.
- Service providers are required to file FCC Form 555 with USAC via [One Portal](#) and file copies with the [FCC's Electronic Comment Filing System](#), Docket 14-171, and relevant state and Tribal governments.

**Note:** One FCC Form 555 is required per Study Area Code (SAC).

# Safe Connections Act



# Safe Connections Act

## Overview

- On November 16, 2023, the Federal Communications Commission (FCC) issued a [Report and Order](#) implementing the Safe Connections Act (SCA) of 2022 to support survivors of domestic violence, human trafficking, and related crimes as well as the individuals caring for those against whom such acts were committed.
- Survivors include anyone 18 years or older against whom a covered act has been committed or allegedly committed, or someone caring for a person against whom a covered act has been committed or allegedly committed.
  - A **covered act** includes, but is not limited to, crimes such as: domestic violence, dating violence, sexual assault, stalking, human trafficking, sex trafficking, abuse in later life, child abuse and neglect, child maltreatment, economic abuse, and elder abuse.

# Safe Connections Act

## Overview

- Under the SCA, survivors who attempt a line separation request and are experiencing financial hardship can qualify and receive emergency Lifeline support for up to six months.
- Eligible consumers can receive a monthly discount on qualifying phone, internet, or bundled services.
  - Qualifying survivors can receive a discount of up to **\$9.25** on phone, internet, or bundled services.
  - Qualifying survivors on Tribal lands can receive an additional \$25 for a total discount of up to **\$34.25** on phone, internet, or bundled services.
  - After six months, qualifying survivors may apply for the standard Lifeline benefit of up to \$9.25 for internet or bundled services, or \$5.25 per month for phone (voice-only) services (or up to \$34.25 or \$30.25 respectively for those on Tribal lands).

# Lifeline Support for Survivors

## How to Qualify (1/2)

- Survivors who attempt a line separation request can confirm their financial hardship to participate in Lifeline by meeting [existing Lifeline criteria](#), which are:
  - Household income at or below 135% of the Federal Poverty Guidelines.
  - If they or their child or dependent participate in certain government assistance programs such as Supplemental Nutrition Assistance Program (SNAP), Medicaid, Supplemental Security Income (SSI), Federal Public Housing Assistance (FPHA), or Veterans Pension and Survivors Benefit.
  - If they live on Tribal lands and they or their child or dependent participate in certain Tribal assistance programs such as Bureau of Indian Affairs General Assistance, Head Start, Tribal Temporary Assistance for Needy Families (Tribal TANF), or Food Distribution Program on Indian Reservations.

# Lifeline Support for Survivors

## How to Qualify (2/2)

- Survivors can also confirm their financial hardship under additional SCA-specific criteria if any of the following apply:
  - If they suffer from financial hardship and can demonstrate that their household income is at or below 200% of the [Federal Poverty Guidelines](#).
  - If they participate in the following programs:
    - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
    - Free and Reduced-Price School Lunch or School Breakfast Program, including enrollment at a Community Eligibility Provision (CEP) school or school district
    - Federal Pell Grant recipient in the current award year

# Lifeline Support for Survivors

## Required Documentation

- **Survivors will need to provide proof of an attempted line separation request from their mobile phone company to receive emergency support from Lifeline.**
  - The survivor's phone company must respond to this request within two business days with either an email, text message, or letter acknowledging the survivor's request.
  - A line separation document **must include** the survivor's name, a date from within the last 12 months, and the name of the phone company.

# Protecting Survivor Information

# Protecting Survivor Information

## Privacy Protection

- USAC works to ensure the privacy of all consumer data in its systems and will apply heightened scrutiny to survivors' data.
- When survivors apply, they will be able to decide how USAC can reach them – either by **email, text, phone, or mail** – and can change their status anytime by contacting the [Lifeline Support Center](#).
  - USAC will contact survivors based on their selected communication preferences, where possible.
- Only a limited group of designated personnel will have access to survivors' information.

# How to Apply



# How to Apply

## Application Options

Survivors have **two options** for how to apply to the Lifeline program:

### Option 1:

#### Apply Online

- Visit [LifelineSupport.org](https://LifelineSupport.org) from any computer or mobile device to complete the electronic application and upload any required documentation.
  - [Online Application Instructions](#) are available in 10 languages.

### Option 2:

#### Apply by Mail

- Fill out an application ([English](#) and [Spanish](#)).
  - [Paper Application Instructions](#) are available in 10 languages.
- Mail the application and supporting documentation to the Lifeline Support Center.
  - P.O. Box 1000  
Horseheads, NY, 14845

# How to Apply

## Access Application

- Survivors can apply for emergency Lifeline support at [LifelineSupport.org](https://LifelineSupport.org).
- They should select “**Apply Now**” to start their application.

USAC  
Lifeline Support

Sign In

Get Lifeline Manage My Benefit Companies Near Me Community Education Help

### Get Connected to Phone or Internet Service

Lifeline is a federal program that lowers the monthly cost of phone or internet service.

Apply Now Recertify

# How to Apply Landing Page

- Survivors will be redirected to the application landing page.
- On the landing page, they should select “**how to qualify as a survivor**” to begin their application.

**\*Note:** This is the most efficient way for a consumer to apply as a survivor.

Phone. Internet.  
Or both. For less.

Lifeline lowers the monthly cost of phone or internet service.

[Get Started](#)

Need to recertify your Lifeline benefit? [Recertify today](#)

## What are the program benefits?

### Standard Lifeline Benefit

Phone, internet, or bundled service monthly discount up to \$9.25 for eligible subscribers.

### Enhanced Tribal Benefit

Phone, internet, or bundled service monthly discount up to \$34.25 for those eligible subscribers living on Tribal lands.

## How can I qualify?

- You, or your child or dependent are enrolled in government programs like Medicaid, SNAP, or others, or,
- Based on your household income

Learn more about [how to qualify](#).

## Are you a survivor of domestic violence or human trafficking?

We provide additional safeguards to protect your information during the application process.

Learn more about [how to qualify as a survivor](#)

# How to Apply

## Apply as a Survivor

- Survivors can review summarized information on the process of applying for emergency Lifeline support before starting their application.
- To apply under the survivor status, survivors should select "**Yes**" and then click "**Continue**".

## Apply as a Survivor

### The Safe Connections Act of 2022 for qualifying survivors <sup>?</sup>

What to expect as a survivor:

- 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. <sup>?</sup>
- Only a limited group of designated personnel will have access to your information.
- The survivor benefit period lasts for 6 months if you qualify.

### Would you like to apply under this survivor status?

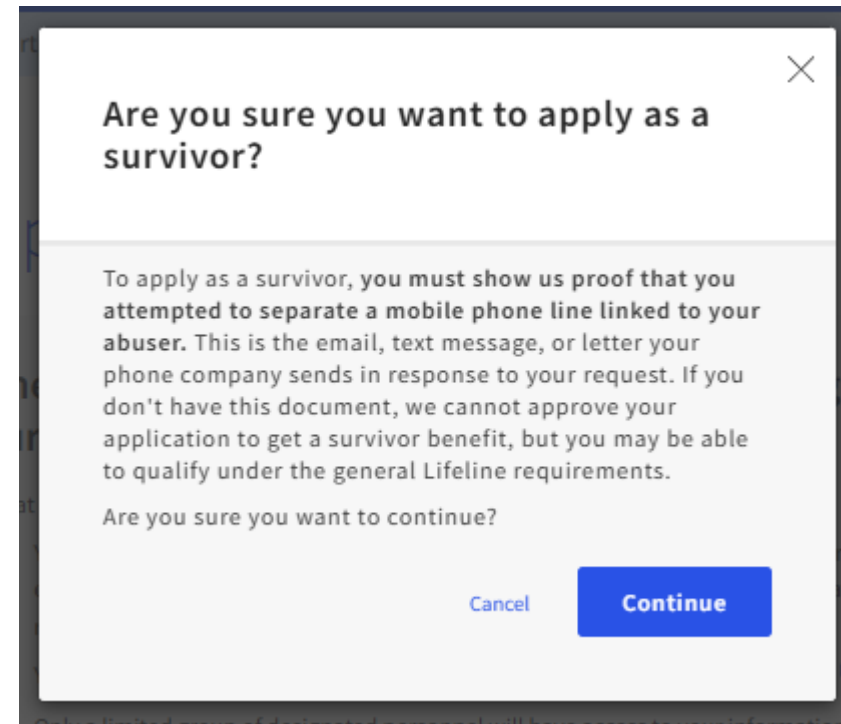
- Yes, I'm a survivor and can provide official line separation request documentation.
- No, I do not want to apply as a survivor and would like to continue with my application under the Lifeline program's typical requirements.

Continue

# How to Apply

## Apply as a Survivor

- After selecting "**Yes**" on the previous screen, survivors will be shown a pop-up message to confirm they want to apply as a survivor.
- The pop-up message asks them to confirm they understand they will need to provide proof of an attempted line separation request.
- If they wish to proceed with the application, they can select "**Continue**".



**Questions?**

# How to Apply

## Personal Information (1/3)

- Survivors will be asked to provide the following information:
  - Their first and last name as it appears on their official documentation
  - Their date of birth
  - Their SSN4 or Tribal ID number
  - Their home address

### Fill out your information

We will only use this information to see if you are eligible for a discount on your phone, internet, or bundled service.

**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.

**What is your date of birth?**

**Month**  **Day**  **Year**

MM DD YYY

### 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)**

Enter the last four digits of your Social Security Number.

**Last 4 digits of your SSN**

XXX - XX -

**Number on Tribal ID**

Enter your Tribal Identification Number.

### What is your home address?

It cannot be a P.O. Box.

**Street Number and Name**

123 Street Road

**Apt, Unit, etc.**

**City**

Your City or Town

**State**

Choose

**Zip Code**

00000

# How to Apply

## Personal Information (2/3)

- The home address a survivor enters does not have to be a current address.
  - They can enter an address from the last six months.
  - They can also enter a mailing address later in the application where outreach can be sent (if they indicate mail is their preferred method of contact).

What is your home address?  
It cannot be a P.O. Box.

<b>Street Number and Name</b>	<b>Apt, Unit, etc.</b>	
<input type="text" value="123 Street Road"/>	<input type="text"/>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<input type="text" value="Your City or Town"/>	<input type="text" value="Choose ▼"/>	<input type="text" value="00000"/>



# How to Apply

## Personal Information (3/3)

- Survivors will be asked if they qualify for the benefit through themselves or through a child or dependent.
- The survivor will select "**No**" if they qualify by themselves, or select "**Yes**" if they qualify through their child or dependent.
- Once they provide this information, they should click "**Next**".

Do you qualify for Lifeline through your child or a dependent?

If you do not qualify on your own, you can sign up for Lifeline 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.

Back

Next

# How to Apply

## Child or Dependent's Information

- If a survivor qualifies through a dependent or child, they will be asked to provide that person's information.
- Once they provide this information, the survivor should select “**Next**” to continue.

### Fill out your child or dependent's information

We'll use this information to see if you are eligible through your child or dependent.

**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)**  
Enter the last four digits of their Social Security Number.

**Last 4 digits of their SSN**  
XXX-XX-

This is required if you're applying for Lifeline.

**Other government identification**  
A photo of their Driver's License, passport, consular ID, birth certificate, or other government ID issued by the United States or another country.

**Number on Tribal ID**  
Enter their Tribal Identification Number.

Back

Next

# How to Apply

## Create Account (1/3)

- Survivors must create a username and password to set up an account and sign in.
  - Their username can be an email address or a unique ID.
  - Their password should be a mix of letters, numbers, and symbols.

### Create Your Account

Making an account will let us keep your information safe. It will also let you save it and come back to it any time.

#### 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.

##### 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 No restricted phrases ?

##### Password

 Show Password

##### Confirm Password

Type the same password again.

 Show Password

# How to Apply

## Create Account (2/3)

- Survivors should select how they would like USAC to contact them about their benefit by choosing either:
  - Email
  - Mail
  - Phone
  - Text
- Survivors should provide their contact information:
  - Email address (required)
  - Phone number (optional)
  - Mailing address (if it is different from their home address)

### What is your preferred way to be contacted?

We will send you information about your Lifeline application and benefits to the location you select.

- Email
- Mail
- Phone
- Text

### 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.

 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 benefit. For text messages, message and data rates may apply. Text STOP to end messages.

#### Do you want to provide a mailing address? (Optional) ?

 Yes, my mailing address is different than home address

# How to Apply

## Create Account (3/3)

- Survivors can also choose their preferred language (optional).
  - English
  - Spanish
  - Both
- Survivors must agree to the "Terms & Conditions" by checking the box.
- To continue with their application, they must click "**Submit**".

### What is your preferred language? (Optional)

We will send you outreach about the status of your application in the language(s) you select.

- English
- Español
- Both

### Terms & Conditions

By checking this box, I accept the [terms and conditions](#) of the National Verifier system.

Back

Submit

# How to Apply

## Account Homepage

- Next, survivors should select "**Start Lifeline Application**" on their account homepage to continue with their application.

## Welcome SURVIVOR

The National Verifier is a tool to help you confirm your eligibility for the Lifeline program.

[My Profile](#)

[Get Started](#)

[Need Help?](#)

### Start or return to your Lifeline application

To start an application for Lifeline, select *Start Lifeline Application*.

### Do you already have an application?

You can check the My Applications table below to see if you already have an application. To return to an incomplete application, select the Return to Application button. If you need to edit an application, please review the Need Help section.

## 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](#)

Application Type

Application ID

Application Created

Expiration Date

Status

Start an application to see if you qualify.

# How to Apply

## Qualifying Programs

- Survivors must state how they qualify by selecting all the programs in which they participate.
- If they do not participate in any of the listed programs, they can also qualify based on income or through a child or dependent.
- This list has been updated with a unique option for survivors where they can be shown more qualifying programs if they do not qualify through the standard Lifeline criteria.

## 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)
- FEMA's Individuals and Households Program (IHP) [?](#)
- I don't think I participate in any of these programs, show me more programs available to me as a **survivor**.
- I don't think I participate in any of these programs, I may qualify through my **income**.
- I don't participate in any of these, but I have a **child or dependent** who may. [?](#)

**Additional programs available to you as a survivor** (Check all that apply.)

- Federal Pell Grant
- Free and Reduced-Price School Lunch or Breakfast Program
- USDA Community Eligibility Provision (CEP) School
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Back

Next

# How to Apply

## Review Your Information

- Survivors can now review the information they entered and make corrections by selecting "**Edit**".
  - The survivor's address will be masked for security purposes.
- Survivors should review the consent statement and check the box to confirm the information they provided. This will be used to check their eligibility.
- To continue, they must select "**Submit**".

## 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:	Survivor Test	<a href="#">✎ Edit</a>
Date of Birth:	January 1, 2000	
Last 4 Numbers of SSN:	1234	

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](#)[Submit](#)




# How to Apply

## Proof of Line Separation Request

- All survivors **must** provide proof of an attempted line separation request from their mobile phone company to qualify for emergency support from Lifeline.
- The survivor should select "**Yes**" and then click "**Next**".

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

# How to Apply

## Proof of Line Separation Request

- The survivor’s proof of an attempted line separation request must be uploaded and include:
  - Their name
  - A date within the last 12 months
  - The name of the phone company
- A line separation request can be:
  - Email
  - Text message
  - Letter
- The certification statements must be initialed, and the survivor should click on **“Next”** to continue.

### 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

Choose file

#### 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

# How to Apply Agreement Page

- Survivors must initial each box and consent to the information of each statement by signing electronically with their first and last name.
- Once they click "**Submit**" their application is finished.

## Agreement

You are almost done qualifying. Please initial next to each statement and sign this form to finish the process.

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

Survivor Test

I understand this is a digital signature, and is the same as if I signed my name with a pen.

[Back](#)

[Submit](#)

# How to Apply

## Application Status – Approved

- Once the application has been reviewed, the survivor will be informed whether they have been approved for Lifeline.
- They will need to follow the instructions and sign up with a participating phone or internet company by the deadline provided on the application.

## 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**

### 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:

**Q21653-23692**

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? +

# How to Apply

## Select a Company

- Survivors can use USAC's [Companies Near Me](#) tool to find a provider to enroll with.
- To find a company, they will have to:
  - Enter their zip code or city and state.
  - Select Lifeline under Program.
  - Select "**Search**" to receive a list of their local providers.

### Companies Near Me

This tool can help you find companies in your area that offer [Lifeline](#), which can reduce the cost of your phone or internet service by providing a monthly discount.

If you previously received the Affordable Connectivity Program (ACP) benefit, you should check to see if you qualify for [Lifeline](#). Due to a lack of additional funding from Congress, the ACP stopped accepting new applications as of February 7, 2024. The last fully funded month of the ACP was April 2024, and the program has ended for now.

#### Find a Company

Enter Your Zip Code OR Enter Your City and State

OR

Example: 12345

Select a Program:

Lifeline

[Clear Results](#)

**Questions?**

# Providing Additional Information

# Providing Additional Information

## Outcome of Eligibility Check

- If we are unable to verify a survivor's eligibility, they will receive specific information on what could not be confirmed and what additional documentation they will need to provide.
- To update their application, they should select "**Next**".

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.
- 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.

### What to do next

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

Next



# Providing Additional Information

## Confirm Address


- Survivors may be asked to confirm their address by clicking on the map and moving a pin to their address.
- The latitude and longitude coordinates will automatically be filled in once the pin is placed.

Find your address on the map below


**We couldn't find your address, please show us where you live on the map.**

### How to find your address on the map


To show us where you live, click on the map to move the pin to your address. The pin will automatically fill in the longitude and latitude coordinates of your address.




To move the map, click on the map, hold down, and move it until you find your area.




Click on the zoom buttons to zoom in and out.



When you find where you live on the map, click the spot on the map to place the pin.



To move the pin, click a new spot on the map.



Leaflet | Powered by Esri | DigitalGlobe, GeoEye, i-cubed, USDA, USGS, AEX, Getmapping, Aerogrid, IGN, IGP, swisstopo, a...

**Latitude**

**Longitude**

Back
Next

Having trouble with the map?

To show us where you live, click on the map to move the pin to your address. The pin will automatically fill in the longitude and latitude coordinates of your address.



Your coordinates will automatically be filled in once the pin is placed. You can also find your latitude and longitude coordinates using [Google Maps](#). If you need help please reference the [instructions](#) for using Google Maps.

How can I edit my information or add a child or dependent?

**Need Help?** Contact the Lifeline Support Center at [\(800\) 234-9473](tel:800-234-9473) or at [LifelineSupport@usac.org](mailto:LifelineSupport@usac.org)

# Providing Additional Information

## Proof of Eligibility

- If a survivor's eligibility cannot be confirmed, they will need to select one of two options:
  - They can provide income documentation (pay stubs, last year's tax return, or a social security statement).
  - They can provide a document showing they participate in a qualifying program (e.g., SNAP, Medicaid).

### Share more information to see if you qualify

With your help, we can confirm you qualify in a few more steps.

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 statement.
- No. But I have a document that shows I (or my child or dependent) participate in a program such as SNAP or Medicaid.

Back

Next

# Providing Additional Information

## Proof of Eligibility

- If they choose to prove participation in a qualifying program, they must select the program they qualify through and may need to provide a document demonstrating their participation.
- If they do not participate in any programs shown on the first screen, they can select "Show me more programs available to survivors" or select the "I may qualify through my income" option.

### Share proof of your program participation

#### Which program do you, your child or dependent take part in?

You must provide proof of participation for the program you choose.

- 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)
- FEMA's Individuals and Households Program (IHP) [?](#)
- I don't think I (or my child or dependent) participate in any of these programs. Show me more programs available to **survivors**.
- I don't think I (or my child or dependent) participate in any of these programs, but I may qualify through my **income**.

You will have until 1/23/2025 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.

[Back](#)

[Next](#)

### Share proof of your program participation

#### Please answer these questions to submit new documents.

You must provide proof of participation for the program you choose.

- Federal Pell Grant
- Free and Reduced-Price School Lunch or Breakfast Program
- USDA Community Eligibility Provision (CEP) School
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- I (or my child or dependent) participate in one of these programs, but I can not provide proof at this time.
- I don't think I (or my child or dependent) participate in any of these programs, but I may qualify through my **income**.

You will have until 1/23/2025 to complete this section so we can determine whether you qualify for Lifeline. If you do not complete this by then, you will need to come back to this site and fill this form out again.

[Back](#)

[Next](#)

# Providing Additional Information

## Proof of Eligibility

- The document they upload to show their program participation must include:
  - Their name or their child or dependent's name.
  - The name of the program.
  - The name of the issuing agency.
  - An issue date within the last 12 months or expiration date in the future.

### Document Requirements

Provide a document that includes:

- Your name, or your dependent's name
- The name of the qualifying program, such as SNAP
- The name of the government, Tribal entity, or program administrator that issued the document
- An issue date within the last 12 months or expiration date (in the future)

Document examples:

- Benefit award letter
- Statement of benefits
- Benefit verification letter
- Screenshot of online benefits portal

### 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

You will have until 9/6/2024 to complete this section so we can determine whether you qualify for Lifeline. If you do not complete this by then, you will need to come back to this site and fill this form out again.

Back

Next

# Providing Additional Information

## Proof of Eligibility – Income

- If a consumer qualifies through their income, they will be asked to list how many people live in their household.
- A household consists of people who share income and expenses (e.g., a married couple who live together are one household with two people).
- The consumer will then answer a few questions about their annual income.

Share more information to see if you qualify based on income

You may qualify if your annual income meets certain requirements.

How many people live in your household? 

Number of people in my household:

Back

Next

# Providing Additional Information

## Proof of Eligibility - Income

- The document they upload to show their income must include:
  - Their name or their child or dependent's name.
  - Their annual income.
  - An issue date within the last 12 months.

Share proof of your income to qualify as a survivor

Your document must include:

1. Your name, or your child or dependent's name
2. Your annual income is at or below \$30,120
3. An issue date within the last 12 months

Here are common examples

- Your prior year's state, federal, or Tribal tax return
- Current annual income statement from your job
- A Social Security statement of benefits
- An unemployment or worker's compensation statement of benefits
- A Federal or Tribal notice letter of participation in General Assistance
- A divorce decree or child support award
- An official document with a date in the last 12 months showing your annual income. Or official documents showing your income for three months in a row. This could be pay stubs that are dated within the last 12 months.

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

# Providing Additional Information

## Proof of SSN

- Survivors may be required to upload documents to verify their Social Security Number (SSN).
- Documents must include:
  - Their first and last name.
  - The last 4 digits of SSN.

### Share proof of your Social Security number (SSN)

Your document must include:

- Your first and last name:  
**Survivor Test**
- The last four digits of your Social Security number:  
**xxx-xx-1234**

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

# Providing Additional Information

## Proof of Date of Birth

- Survivors may need to upload documents to verify their date of birth.
- These documents must include:
  - Their first and last name.
  - Date of birth.

### Share proof of your date of birth

Your document must include:

- Your first and last name:  
**Survivor Test**
- Your date of birth:  
**1/1/2000**

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



# Providing Additional Information

## Proof of Life

- Survivors may be asked to upload documents that confirm they are alive.
- Documentation must include:
  - Their first and last name.
  - An issue date within the last three months.

### Share proof of life

Your document must include:

- Your first and last name:  
**Survivor Test**
- 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

# Providing Additional Information

## Documents Review

- Survivors who are required to submit more documentation will receive a message that notes USAC is reviewing their documents.
- Once the review is complete, the survivor will receive an email or mail notification about the status of their application.
  - If a survivor's information cannot be confirmed, they will receive instructions on how to submit additional documentation.
  - If their application is approved, they will receive instructions on what to do next to start receiving the benefit.

## 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](#).

Application ID:

**Q21653-23692**

**Need Help?** Contact the Lifeline Support Center at [\(800\) 234-9473](tel:800-234-9473) or at [LifelineSupport@usac.org](mailto:LifelineSupport@usac.org)

# Continued Eligibility

# Continued Eligibility

## Overview

- Once a survivor receives emergency support for three months, they will go through a continued eligibility process to determine if they qualify for the Lifeline program.
  - If a consumer initially qualified through the existing Lifeline program requirements, they will not have to complete this process.
  - If a consumer qualified through the SCA-specific requirements, they will receive outreach from USAC on how to complete this process.
  - If a consumer lives in California, Oregon, or Texas, they will not complete this process and will be de-enrolled after receiving emergency support for six months.
- Subscribers will receive outreach from USAC (based on their preferred contact method) and must submit the required documentation to show they qualify for the Lifeline program within 75 days.
  - If they do not complete the continued eligibility process successfully, they will be de-enrolled after receiving emergency support for six months.

**Questions?**

# Resources

- **Consumers:**

- Lifeline's consumer website: [LifelineSupport.org](https://LifelineSupport.org)
  - [Survivor Benefit](#) (webpage for program information and how survivors can apply)
  - [Survivor Benefit Flyer](#) (resource to inform consumers about the survivor benefit)
  - [Application Instructions](#) (available in 10 languages)
- Email [LifelineSupport@usac.org](mailto:LifelineSupport@usac.org) for general questions and assistance.
- Consumers can call the Lifeline Support Center at **(800) 234-9473**.
  - Available via telephone 7 days a week from 9:00 a.m. to 9:00 p.m. ET
  - To protect survivors and their information, only a limited number of individuals will be able to assist survivors.

**Thank You!**





**Universal Service  
Administrative Co.**