

FULL CERTIFICATION APPLICATION FOR VIRGINIA LIFELINE ASSISTANCE PROGRAM

1

Personal Information



Confirm applicant's name & home address, provide mailing address if different and complete mandatory personal information below.

Qualifying Home Address (No P.O. Box)

Mailing Address if different from your Qualifying Home Address (P.O. Box Allowed)

Address/Apt. No. _____

City _____

State _____ ZIP Code _____

A household is eligible for Lifeline, if any member is a "qualified participant" of any program below.

Fields marked with (*) are mandatory. Please make sure to complete Section 1 (Part 1) and Section 3 with the parent or guardian information.

PART 1 Applicant Personal Information

PART 2 Only complete this part if applying via program and your child or dependent is the participant of the qualifying program.

*Legal First Name _____ MI _____

*Child or Dependent First Name _____ MI _____ *Birth Date (Month/Day/Year) _____/_____/_____

*Legal Last Name _____ *Birth Date (Month/Day/Year) _____/_____/_____

*Child or Dependent Last Name _____ *Social Security # (Last Four Digits) _____

*Social Security # (Last Four Digits) _____ Contact Phone Number _____

Select Only One Plan/Phone Option

<input type="radio"/>  <p>Keep-Your-Own-Smartphone*</p> <p>Receive 350 minutes and 1.5GB of FREE data for the first 3 months, 1GB thereafter.**</p>	OR	<input type="radio"/>  <p>Safelink Smartphone</p> <p>Receive 350 minutes and 1GB of FREE data every month.**</p>
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*To Keep Your Own Smartphone, you must have a compatible GSM phone (which includes T-Mobile and AT&T compatible phones). Your phone must also be unlocked. Several other carriers also use GSM networks. To confirm yours is included, call your carrier.
 **Unused data will not carryover from month-to-month. A month equals 30 days.

SECTION

2

Eligibility



Magellan of Virginia will confirm your eligibility.

I hereby certify that I participate in the following public assistance program:



Medicaid (Please provide your 9 Digit Social Security number)

(By providing your Social Security number we can attempt to validate your Medicaid eligibility electronically)

Safelink® is a Lifeline supported service. Lifeline is a federal benefit that makes monthly telephone and broadband service more affordable for eligible households. Your household may receive the Lifeline benefit for telephone service OR broadband service, but not both. For Lifeline telephone service, your household may receive the Lifeline benefit for one mobile OR one fixed home telephone service, but not both. For Lifeline broadband service, your household may receive the Lifeline benefit for one mobile broadband OR one fixed broadband service, but not both. Your household may not receive the Lifeline benefit from more than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. Lifeline is a non-transferable benefit. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You will lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive the Lifeline benefit. Safelink® is provided by TracFone Wireless Inc.

Check this box if you would like to receive pre-recorded special offers and promotional offers from TracFone at the Contact Telephone number provided above.

For questions please call: 1-877-631-2550

To get your phone faster apply at www.safelink.com

Fax application to: 1-866-902-5756

Mail application to: SafeLink Wireless®, PO Box 220009, Milwaukie, OR 97269-0009

COMPLETE FRONT & BACK →



YOU MUST INITIAL ALL STATEMENTS, THEN SIGN AND DATE APPLICATION. (YOUR APPLICATION CANNOT BE APPROVED WITHOUT THESE ITEMS)

By signing below, I certify under penalty of perjury to each of the following:

Initials Required I hereby certify under penalty that:

Initials Required sample: David Sample

- Initial 1 (or my dependent or other member of my household) currently receive(s) benefits from the federal program(s) identified or my annual household income is at or below 135 percent of the Federal Poverty Guidelines.
- Initial 2. I understand that I must notify my service provider within 30 days (1) of my new address if I move or (2) if for any reason I no longer satisfy the criteria for receiving Lifeline benefits including: (a) I, or the eligible person in my household, no longer meet the program or income eligibility criteria or (b) my household receives more than one Lifeline discounted service (i.e., more than one Lifeline broadband service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband services).
- Initial 3. I acknowledge that my household can only receive one Lifeline Program benefit and, to the best of my knowledge, my household is not receiving more than one Lifeline Program benefit (i.e., only receiving a benefit for one home phone service or for one mobile phone service, but not both).
- Initial 4. I agree that SafeLink may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, the last four digits of my Tribal Identification Number, the telephone number that is associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.
- Initial 5. All of my responses and acknowledgements provided on this recertification form are true and correct to the best of my knowledge.
- Initial 6. I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.
- Initial 7. I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program will result in my removal from the Lifeline Program and termination of my Lifeline benefit.

I authorize SafeLink Wireless® or its duly appointed representative to: (1) access any records required to verify my statements herein; (2) to confirm my continued eligibility for Lifeline assistance; (3) to update my address to a proper mailing address format; (4) to provide my name, telephone number, and address to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit; and (5) authorize social service agency representatives to discuss with and/or provide information to SafeLink Wireless® verifying my participation in benefit programs that qualify me for Lifeline assistance; and (6) provide enrollment information, including my new phone number, to Magellan of Virginia and anyone acting on Magellan of Virginia's behalf and consent to calls or text messages generated by automated technology being sent to that number that provide information regarding your health plan or health-related issues (including nutritional, medical and healthcare information and reminders). Consent to these messages is not a requirement to enroll in the SafeLink program. If you do not want to consent to such calls, you may enroll by calling our customer service department at 1-800-SafeLink (723-3546). SafeLink service is offered pursuant to SafeLink Terms and Conditions, which can be found at www.SafeLink.com.



Your Safelink application cannot be approved without these items.



Have you provided your date of birth and the last four digits of your SSN?



Have you read and initialed all statements above and signed the application?

To get your phone faster apply at www.safelink.com



Applicant Signature _____



_____/_____/_____
Date (Month/Day/Year)

For questions please call: 1-877-631-2550

Promo Code: _____

Fax application to: 1-866-902-5756

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Mail application to: SafeLink Wireless®, PO Box 220009, Milwaukie, OR 97269-0009



Visite www.SafeLink.com para llenar la inscripción en línea



Llame a SafeLink al 1-877-631-2550 para completar una solicitud por teléfono