



Yes, You Can Afford Telephone Service ... And Canadian Valley Telephone Can Show You How

Federal and state lawmakers believe that every person in America should have access to quality, affordable telecommunications service. In fact, they've created a system to do just that.

If you participate in social programs, such as food stamps, Medicaid, the national school free-lunch program, or supplemental security income, or if your household income is below a certain threshold level, you may qualify for a discount on your telephone bill.

This "universal service" system includes:

- *Lifeline assistance* – provides discounts for basic monthly local telephone service
- *Link Up* – reduces the cost of initiating new telephone service
- *Long Distance* – we offer long distance plans giving you more choices to meet your long distance needs
- *One Bill* – all services offered by Canadian Valley Telephone Co. are billed on your local phone bill for your convenience

For more information, or to find out if you're eligible to receive a discount, contact us at 918-334-3700 or by e-mail at cvstaff@cvok.net. You can also complete the authorization and self certification [form](#) (on page 2 of this document) and bring it by our office.

CANADIAN VALLEY

TELEPHONE

PO Box 321 Crowder, OK 74430

Phone: 918-334-3700 Fax: 918-334-3202

LIFELINE/LINK UP AMERICA ON TRIBAL LANDS PROGRAM AUTHORIZATION AND SELF CERTIFICATION FORM

You are required to complete and sign this certification form in order to enroll you in Canadian Valley Telephone Company's _____ "enhanced" Lifeline and/or "expanded" Link Up programs as approved by the Federal Communications Commission (FCC). This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose.

1. I hereby certify that I participate in at least one of the following programs (check all that apply):

- _____ Food Stamps
- _____ Temporary Assistance for Needy Families (TANF)
- _____ Supplemental Security Income (SSI)
- _____ Medical Assistance (Medicaid / Sooner Care)
- _____ Vocational Rehabilitation (including aid to the hearing impaired)
- _____ Oklahoma Sales Tax Relief
- _____ Federal Public Housing
- _____ Low Income Energy Assistance Program
- _____ Bureau of Indian Affairs general assistance;
- _____ Temporary Assistance for Needy Families (TANF) Tribally-administered block grant programs;
- _____ Head Start Programs (only applicant or customer who satisfy the income qualifying eligibility provision); or
- _____ National School Lunch Program (only applicant or customer who satisfy the income standards of the program for free meals).

2. I also certify that the telephone service location to which this certification applies is my primary residential service address located at _____, and to the best of my knowledge this primary residential services address is located on tribal land/reservation (as defined in title 25 – Code of Federal Regulation, section 20.1, paragraph (v)).

3. If in the future, I no longer participate in at least one of the programs listed in item (1) above, or conditions in item (2) above change, I will promptly notify Canadian Valley Telephone Company.

4. I also certify that:

- _____ a. The telephone service on which I am requesting participating in the Enhanced and Expanded Link Up program is listed in my name.
- _____ b. I am not listed as a dependent on another person's tax return.
- _____ c. The above service address is my primary residence, not a second home or business.

5. I authorize Canadian Valley Telephone Company or its duly appointed representative to Access any records required to verify these statements in order to confirm my continued Participation in the above program. I authorize representatives of the above programs to discuss with and/or provide copies to Canadian Valley Telephone Company, if requested by the company, to verify my participation in the above program and my eligibility for "enhanced" Lifeline or "expanded" Link Up benefits.

6. I affirm, under penalty of perjury, that the foregoing representations are true.

Applicant's Name _____

Applicant's Billing Address if different than identified in paragraph (2) above

Home Phone Number () _____ Work Phone Number () _____
(Your contact number during weekdays between 8 am and 5 pm)

Social Security Number _____

Signature of benefit recipient

Date