



Thank you for choosing Sage Telecom as your Local Service provider.

You have indicated that you qualify for Lifeline service. Enclosed please find the instructions and forms required for you to certify how you qualify for this service.

Please fill out the applicable form completely and accurately.

1. Indicate how you qualify for “Basic” LinkUp/Lifeline services by filling out the enclosed **LinkUp/Lifeline Certification Request** form.
 - Have the appropriate agency (DHS, DRS, OTC, PHA) sign and stamp the form.
 - Mail or Fax, to Sage Telecom, the enclosed form and a copy of supporting documents that certify you are currently receiving benefits from at least one of the programs listed on the form.

2. Indicate how you qualify for the Tribal Land or “Enhanced” Lifeline/“Expanded” LinkUp services, by filling out the **Lifeline/LinkUp On Tribal Lands Program Authorization and Self-Certification** form.
 - Please prepare and sign this form certifying under penalty of perjury that you are an eligible resident of Tribal Land/Reservation as defined in Title 47 Code of Federal Regulation, Section 54.400, Paragraph (e) and currently receiving benefits from at least one of the programs listed on the Tribal Lands form.
 - Mail or Fax, to Sage Telecom.

Upon receipt of these documents, we will process your order with a scheduled due date three (3) days after its receipt.

If we fail to receive the correct form and documentation back from you within 60 days from when your order was placed, your order will be cancelled.

If you have any questions or concerns, please call our Customer Care Department at 1-888-449-4940.

Please return the completed form by mail to:

Sage Telecom, Inc.
Attn: Billing Department
3300 E. Renner Road, Suite 350
Richardson, TX 75082-2800

or Fax to: (214) 495-4899 Attn: Billing Department

SAGE TELECOM
LIFELINE / LINK UP 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 Sage Telecom'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.

THE BENEFITS YOU RECEIVE UNDER THE ENHANCED LIFELINE PROGRAM WILL TERMINATE ON _____, UNLESS YOU COMPLETE ANOTHER AUTHORIZATION AND SELF-CERTIFICATION FORM WITHIN SIXTY DAYS OF _____ AND RETURN IT TO SAGE TELECOM.

1. I hereby certify that I participate in at least one of the following programs (**CHECK ALL THAT APPLY**):
 Food Stamps
 Aid to Families with Dependent Children (AFDC)
 Supplemental Security Income (SSI)
 Medical Assistance (Medicaid)
 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 standard 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 service address is located on former tribal land/reservation (as defined in Title 47 Code of Federal Regulation, section 54.400 paragraph(e)).**
 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 Sage Telecom.
 4. I also certify that: ("**YES**" or "**NO**" to each of the following statements)
 a. The telephone service which I am requesting receipt of Enhanced Lifeline and/or Enhanced LinkUp programs for is listed in my name.
 b. I am not listed as a dependent on another person's tax return. (By answering "**NO**", you are indicating that you are listed as a dependent on another person's tax return. By answering "**YES**", you are indicating that you are **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.
- **By answering "NO" to any of the above statements, you indicate you do not qualify for the Lifeline / Link Up on Tribal Lands Program.*
5. I authorize Sage Telecom 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 Sage Telecom, 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 a.m. and 5 p.m.)

Signature of Benefit Recipient

Date

For Sage Telecom, Inc.'s use only! Date Self-Certification Received _____ Service Order Provisioned By _____ Date _____ <p style="text-align: center;">(Date) (Initials)</p>
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SAGE TELECOM
LINK UP/ LIFELINE CERTIFICATION REQUEST



INSTRUCTIONS

- Please print or type.
- Customer information must be filled out completely.
- Take or mail this form to your caseworker or the appropriate agency below for certification.
- Take or mail this form to your local telephone company for OTC certification.
- **Certification is needed from only one of the state agencies below.**
- If you need assistance in filling out this form, please call your caseworker or the local telephone company.
- Return this form to the telephone company within 60 days.

CUSTOMER INFORMATION

Name _____
Address _____
City _____ State _____ Zip Code _____

I am not a dependent for Federal Income Tax Purposes.

This information will meet the two requirements for the Link Up / Lifeline assistance. I can be reached by leaving a message at (telephone number) _____.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES (DHS)

I request that the Oklahoma Department of Human Services certify that I am presently receiving benefits from one or more of the following programs:

- | | |
|---|--|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> State Supplemental Payments for the Aged, Blind or Disabled |
| <input type="checkbox"/> Aid to Families with Dependent Children | <input type="checkbox"/> Low Income Energy Assistance |
| <input type="checkbox"/> Medical Services (Title XIX - Medicaid) - <i>Sooner Care</i> | <input type="checkbox"/> National School Lunch Program |

OKLAHOMA DEPARTMENT OF REHABILITATIVE SERVICES (DRS)

I request that the Oklahoma Department of Rehabilitative Services certify that I am presently receiving benefits through Vocational Rehabilitation (full assistance), including Aid to the Hearing Impaired.

OKLAHOMA TAX COMMISSION (OTC)

I request that the Oklahoma Tax Commission certify that I have qualified for and received assistance under the Sales Tax Relief Act.

PUBLIC HOUSING AUTHORITY (OR AGENCY)

I request that the Public Housing Authority (or Agency) certify that I have qualified for and received assistance from Federal Public Housing Assistance or Section 8.

CERTIFICATION

Applicants Signature _____ Date _____

I certify that the above named person receives benefits from one or more of the above-mentioned programs.

Agency Representative Signature _____
(DHS DRS OTC PHA) Circle One

Agency Stamp

For Sage Telecom Use Only

Date Certification Rec'd: _____ Service Order Provisioned By: _____ Date: _____