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July 17, 2014

**VIA ELECTRONIC DELIVERY**

Steven King  
Executive Director and Secretary  
Washington Utilities and Transportation Commission  
1300 S. Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504

Re: i-wireless, LLC Compliance Filing  
Docket No. UT-101640

Dear Mr. King:

i-wireless, LLC hereby files a copy of its updated Lifeline customer application form for the state of Washington.

If you have any questions or if I may provide you with any additional information, please do not hesitate to contact me at 770-232-9200 or hkirby@telecomcounsel.com.

Respectfully submitted,

*/s/ Heather Kirby*

Heather Kirby, Regulatory Specialist  
Lance J.M. Steinhart, P.C.  
Attorneys for i-wireless, LLC

Attachment

**Mail application to:**

Access Wireless, One Levee Way, Suite 3106, Newport, KY 41071

or for faster processing fax to: 1-888-594-4473

WASHINGTON

If you have any questions  
CALL 1-888-450-1838

**APPLICANT INFORMATION**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Apt/Floor/Other \_\_\_\_\_  
(NO P.O. BOXES, MUST BE YOUR PRINCIPAL ADDRESS)

This address is:  Permanent  Temporary  Multi-Household I am a Tribal Resident:  Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4-digits of Social Security Number (or Tribal ID Number): XXX-XX-\_\_\_\_\_

9-Digit DSHS Client ID (If SNAP, SSI, Medicaid or TANF): \_\_\_\_\_

**QUALIFYING PROGRAM INFORMATION**

**Applicant must provide** documented proof of participation in the program indicated below or proof of income. If you are not the person who receives the qualifying benefit, please provide the information of the person in your household who receives the benefit.

Name of Qualifier: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4-digits of SSN: \_\_\_\_\_

- Supplemental Nutrition Assistance Program (SNAP/Food Stamps)
- Medicaid
- Bureau of Indian Affairs General Assistance
- Federal Public Housing Assistance (FPHA) Section 8
- Food Distribution Program on Indian Reservations
- Headstart (meeting income qualifying standards)

- Low Income Heat and Energy Assistance (LIHEAP)
- National School Lunch Program's Free Lunch Program (NSLP)
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)
- Tribally Administered Temporary Assistance for Needy Families (TANF)
- Income-Based Qualification. There are \_\_\_ individuals in my household

**Important Information About the Lifeline Program**

Access Wireless is a service provider for the government-funded Lifeline Assistance Program. Lifeline service is provided by i-wireless, LLC, d/b/a Access Wireless, which is an eligible telecommunications carrier. Lifeline service is non-transferable. Only one Lifeline discount may be received per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive benefits from multiple providers. Violation of the one-per-household rule constitutes a violation of the FCC rules and will result in the customer's de-enrollment from Lifeline. Only eligible customers may enroll in the program. Consumers who willfully make a false statement in order to obtain the Lifeline benefit can be punished by fine or imprisonment or can be barred from the program. Customers must present proper documentation confirming eligibility for the Lifeline program. Your information will be validated against public records and any discrepancies could result in delays in your approval or rejection of service. For unresolved questions or complaints, customers may contact the Washington State Office of the Attorney General at 1-360-753-6200.

**Activation and Usage Requirements**

This service is a prepaid service and you must activate it by dialing 611 from your Access Wireless handset. To keep your account active, you must use your Lifeline service at least once during any 60-day period by completing an outbound call, purchasing additional minutes from Access Wireless, answering an inbound call from someone other than Access Wireless, or by responding to a direct contact from Access Wireless confirming that you want to continue receiving Lifeline service from them. If your service goes unused for 60 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to the Access Wireless Customer Care center) subject to a 30-day cure period during which you may use the service (as described above) or contact Access Wireless to confirm that you want to continue receiving your Lifeline service from them.

I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements and information on the Lifeline program.

**I hereby certify, under penalty of perjury, that: (INITIAL BY EACH BOX)**

- \_\_\_\_\_ (1) I meet the program-based eligibility criteria for receiving Lifeline service or have an annual household income at or below 135% FPG, and have provided documentation of eligibility if required.
- \_\_\_\_\_ (2) I will notify Access Wireless within 30 days if for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement.
- \_\_\_\_\_ (3) I am not listed as a dependent on another person's tax return (unless over the age of 60).
- \_\_\_\_\_ (4) I attest, to the best of my knowledge, that I and no one in my household, are receiving a Lifeline-supported service from any other landline or wireless company such as Tracfone, YourTel, or Century Link.
- \_\_\_\_\_ (5) The residential address listed above is my primary residence, not a second home or business.
- \_\_\_\_\_ (6) If I move to a new address, I will provide that new address to Access Wireless within 30 days.
- \_\_\_\_\_ (7) If I provided a temporary residential address to Access Wireless, I will verify my temporary residential address as required by law.
- \_\_\_\_\_ (8) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- \_\_\_\_\_ (9) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits.
- \_\_\_\_\_ (10) The information contained in this certification form is true and correct to the best of my knowledge.
- \_\_\_\_\_ (11) *If Applicable:* I reside on Federally recognized Tribal Lands.

**AUTHORIZATION & CERTIFICATIONS (INITIAL BY EACH BOX)**

- \_\_\_\_\_ (1) I hereby authorize Access Wireless to access any records to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize Access Wireless to release any records required for the administration of the Lifeline program, including name, telephone number, address, date of birth, Social Security number as required by state, amount of support being sought, means of qualification for support, and dates of service initiation and termination to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.
- \_\_\_\_\_ (2) I understand that I have the right to enroll in the Lifeline service using non-electronic methods. I further understand that I have the right to withdraw this consent at any time prior to activation of my service. Access Wireless has advised me that I may request a paper copy of my contract and associated fees by calling 611 from my mobile handset.
- \_\_\_\_\_ (3) I hereby authorize Access Wireless to send text messages to my Access Wire phone number about my Lifeline benefit. Text messages sent by Access Wireless will not decrement my available wireless minutes or texts. Standard voice, data and text rates will apply to all messages to and from anyone other than Access Wireless.
- \_\_\_\_\_ (4) Until such time as I notify Access Wireless that I no longer meet the criteria for receiving Lifeline or until for any reason I am de-enrolled and my Access Wireless Lifeline benefits are terminated, I authorize DSHS to disclose or give access to confidential information about me for the purposes of verifying my initial and continued eligibility for Lifeline assistance.

APPLICANT'S SIGNATURE (Please use blue or black ink)

DATE: \_\_\_\_\_  
This signed authorization is required in order to enroll you in the Lifeline Program in your state and is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by Access Wireless.