

## 在线申请加入 Lifeline 计划

Lifeline 是一项联邦计划,旨在降低电话或互联网服务的月费。如果您的家庭符合资格,您可以获得:

- 手机、互联网或捆绑服务每月最高可享 9.25 美元,或
- 如果您居住在符合条件的部落土地上,则每月最高可达34.25美元。

## 接下来该做什么

请按照以下步骤在线提交 Lifeline 申请。这通常需要大约 10 分钟才能完成。您可能需要提供其他信息或文件来确认您的资格、身份或家庭地址。

如您在申请过程中有任何疑问,请发送电子邮件至<u>LifelineSupport@usac.org</u>,或致电(800) 234-9473(美国东部时间上午9点至晚上9点)联系Lifeline支持中心。

	执行这些步骤以在线申请	应该执行哪些步骤
1	点击或单击移动设备或台式计算机上的 网络浏览器。 • 在网址栏中输入 <u>LifelineSupport.org</u> ,然后在移动设 备上轻触 <b>前往/搜索</b> 或在键盘上按 <b>回车键</b> 。 • 然后,点击或单击 <b>立即申请。</b>	<ul> <li>← C A thtps://www.lifelinesupport.org</li> <li>USAC Lifeline Support</li> <li>Get Lifeline ∨ Manage My Benefit ∨ Con</li> <li>Get Connected to Phone or Internet Service</li> <li>Lifeline is a federal program that lowers the monthly cost of phone or internet service.</li> <li>Apply Now Recertify</li> </ul>
2	轻触或点击 <b>立即开始</b> 以开始您的申请。	<ul> <li>An official website of the United States government Here's how you know</li> <li>Constant</li> <li>Phone. Internet. Or both. For less.</li> <li>Lifeline lowers the monthly cost of phone or internet service.</li> <li>Get Started</li> </ul>



3	填写您在官方文件(如社会保障卡 或由州颁发的身份证件)上显示的 名字和姓氏。	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)         Image: Security Card or Security Card or Security Card or State ID. Not a nickname.         First Name       Middle Name (Optional)         Image: Security Card or Security Card or Security Card or Security Card or State ID. Not a nickname.         First Name       Middle Name (Optional)         Image: Security Card or
4	填写您的出生日期。 • 输入月份。 • 输入日期。 • 输入年份。	What is your date of birth?MonthDayYearMMDDYYYY
5	<ul> <li>您想让我们用您社会保障号码的最后四 位数字来检查您的身份吗?</li> <li>如果是,请输入您的社会安全号 码的最后四位数字。</li> <li>如果不让,请选择"部落身份证 号码"选项并输入您的部落身份 证号码。</li> </ul>	<ul> <li>How do you want us to check your identity?</li> <li>We'll use this information to see if you're eligible. It won't affect your credit status.</li> <li>Social Security Number (SSN)</li> <li>This is the fastest option if you know the last 4 digits of your SSN.</li> <li>Enter last 4 digits of your SSN</li> <li>xxx - xx -</li> <li>This is required if you're applying for Lifeline.</li> <li>Number on Tribal ID</li> <li>Look for this number on your card or documentation.</li> </ul>
6	填写您的家庭住址。 • 这 <b>不能</b> 是邮箱。	What is your home address?         The address where you will get service. Do not use a P.O. Box. You will be able to add a mailing address later.         Street Number and Name         123 Street Road
		CityStateZip CodeYour City or TownChoose 00000





7	<ul> <li>您是否符合通过子女或受抚养人获得 Lifeline 福利的条件?</li> <li>如果没有,请点击或单击 下一步。 <ul> <li>前往步骤8继续。</li> <li>如果是,请点击或单击是,然后 选择下一步。</li> <li>如果您通过孩子或受抚</li> </ul> </li> </ul>	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.
	养者符合条件,则前往 <u>步骤 7a</u> 。	Next
7a	填写您孩子或受抚养者的信息。 您需要: <ul> <li>填写他们的名字和姓氏。</li> <li>填写他们的出生日期。</li> <li>使用他们的社会保障号码或部落 身份证号码的最后四位数字来验 证他们的身份。</li> <li>轻触或点击"下一步"。</li> <li>前往步骤8继续。</li> </ul>	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?         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)         This is the fastest option if you know the last 4 digits of their SSN.         Enter last 4 digits of their SSN         XXX - XX -





		Number on Tribal ID Look for this number on their Back	card or documentation.
8	创建账户以保存您的信息并继续您的 申请。 • 输入用户名。它可以是电子邮件 地址或唯一ID。 • 输入由字母、数字和符号混合组 成的密码。 • 再次输入相同的密码。	Choose your usernam Choose something you can easily re your name in some form. Save this is because you will need to use it agai Username Choose your password Make sure it is something you can re somewhere secure because you will Password Requirements 1 At least 8 characters long 1 At least 1 capital letter 1 At least 1 capital letter 1 At least 1 number (0-9) 1 At least 1 special character (I@#\$%^&*) 1 No restricted phrases ?	<ul> <li>emember like your email address or information somewhere secure in.</li> <li>d. emember. Save this information I need to use it again.</li> <li>Password <ul> <li>Show Password</li> <li>Confirm Password</li> <li>Type the same password again.</li> <li>Show Password</li> <li>Type the same password again.</li> <li>Show Password</li> </ul> </li> </ul>





9	填写您的联系信息。	
	• 输入您的电子邮件地址。	Your Contact Information
	<ul> <li>有关您的申请的通知将 发送至您分享的电子邮 件地址。</li> <li>输入您的电话号码(可选)。</li> <li>如果邮寄地址与您的家庭住</li> </ul>	What is your email address?         We will use your email to send you important reminders and information about your application and enrollment.         example@email.com         I want to provide an alternate email.
	址不同,请轻触或点击复选	What is your phone number? (Optional)
	框输入邮寄地址。	( ) -
	o 这可以是邮政信箱。	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.
		<b>Do you want to provide a mailing address?</b> (Optional) ⑦ Yes, my mailing address is different than home address
10	告诉我们您的首选语言(可选)。	
	<ul> <li>轻触或点击英语、西班牙语 或两者。</li> </ul>	What is your preferred language? (Optional) We will send you outreach about the status of your application in the language(s) you select.
		O English
		Español
		O Both
11	查看条款和条件。 <ul> <li>点击或单击复选框以确认您接受。</li> <li>轻触或点击<b>提交</b>。</li> </ul>	Terms & Conditions By checking this box, I accept the terms and conditions of the National Verifier system.
		Back
12	轻触或点击 <b>开始</b> Lifeline 申请以继续填写 您的申请。	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



13	告诉我们您满足条件的方式。 • 轻触或点击所有适用项旁边 的复选框。 • 轻触或点击 <b>下一步</b> 。	Confirm your programs         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         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. (*)
14	检查您的信息。     如果您需要更正信息,请轻触或 点击 编辑并进行任何更新。     查看同意声明并轻触或点击复选 框,以确认我们可以使用您的信 息来检查您是否符合条件。     轻触或点击提交。 <b>o</b> 检查您的信息可能需 要几分钟。	Before we check if you qualify for Lifeline, make sure your information is right.         Double check the information below. <ul> <li>Full Legal Name: Test John</li> <li>Date of Birth: January 01, 1980</li> <li>Date of Birth: January 01, 1980</li> <li>Last 4 Numbers of 55N: 333</li> <li>Address: 123 NOT REAL ROAD</li> <li>TOWN, DC 11111</li> </ul> <ul> <li>The information you gave us will be used to check if you qualify for Lifeline. Please confirm that it is okay.</li> <li>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.</li> </ul>



15	您将立即了解您是否有资格获得福利或 我们是否需要更多信息。	We need more information to see if you qualify
	我们是否要求您分享更多信息? • 如果是,请轻触或点击下一步并前往 <u>表明您符合资格</u> 部分。 • 如果否,请轻触或单击下一步并前往 <u>背后 16</u> 。	<ul> <li>A few things happened:</li> <li>We couldn't find your address; please show us where you live on a map.</li> <li>Someone at your address already gets the Lifeline benefit; please answer some questions about your living situation to find out if you're eligible.</li> <li>We couldn't verfy who you are; please attach a photo of a document that shows your identity information.</li> <li>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.</li> </ul>
		What to do next You need to provide additional information in order to qualify for the Lifeline program. Next





16	阅读每项陈述并输入您的姓名首 字母形式。	l agree statem	e, under penalty of perjury, to the following nents:
		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	Lagree that <b>if I move I will give my service provider my new address</b> within 30 days.
		Initial	<ol> <li>I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:</li> <li>I, or the person in my household that qualifies, do not qualify through a government program or income anymore.</li> <li>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).</li> </ol>
		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. ⑦
17	完成您的申请。 <ul> <li>输入您的名字和姓氏。</li> <li>轻触或点击复选框以确认您了解 这是一个数字签名。</li> <li>轻触或点击提交。</li> </ul>	Your S Type your f Test John	ignature iul legal name below rstand this is a digital signature, and is the same as if I signed my name with a
		Back	Submit





<ul> <li>18 您的申请已获批准!</li> <li><u>与参与该计划的电话或互联网公司联系</u>以获得您的福利。</li> <li>请在截止日期前报名,否则您需</li> </ul>	Contact a phone or internet company to get your benefit You're approved to get your Lifeline benefit. <b>Sign up by</b> <b>November 6, 2024</b> .	
	安里初中頃。	What to do next If you already have service Contact your phone or internet company and say, "I have been approved for the Lifeline program and would like to apply it to my service." If you don't currently have service Tind a phone or internet company in your area and say, "I have been approved for the Lifeline program and would like to sign up for service." Application ID: Q90774-69740 Full legal name Test John Address: 123 Not Real Road, Town, Dc 11111 Method of identity verification: Last 4 digits of SSN





## 证明您有资格

如果我们要求您分享更多信息或文件以确认您的资格、身份或地址,本部分将展示您 需要做什么。如需获取更多信息,请查看我们的《可接受文件指南》(提供<u>英语</u>和<u>西</u> 班牙语)。







你的社会字会呈现证明	
忍的社会女主与特征明	Share proof of your Social
您可能会被要求提供一份文件来确认您的社会安	Security number (SSN)
全号码。	Your document must include:
• 土享句全以下内容的文档•	Your first and last name:     Test John
	<ul> <li>The last four digits of your Social Security number: xxx+xx-3333</li> </ul>
1. 您的名子和姓氏,	
2. 您的社会安全号码的最后四位	Here are common examples:
数字。	A Social Security Card     A Social Security Benefit Statement (SSA-1099)
<ul> <li>轻触或点击<b>拍照</b>或选择文件,以附加照片 或文件副本。</li> </ul>	A W-2 from the last 2 years     A prior year's state, federal, or Tribal tax return
• 轻触或点击 <b>下一步</b> 。	
	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 survey our document is not y     Make survey your document is not y
	Make sure you have good lighting
	Choose a file
	Back
您的部落身份证号码证明	Share proof of your Tribal ID
您可能会被要求提供一份文件来确认您的部落身	Number
份证号码。	Your document must include:
八言与秦阳王中家始立供	Your first and last name:
• 分享包含以下内谷的义件:	Test John • Your Tribal ID Number:
1. 您的姓和名,	333333
2. 您的部落 ID 号码。	Here are common examples:
• 轻触或点击 <b>拍照或选择文件,</b> 以附加照片	A Tribal ID card
或文件副本。	An official certificate of letter from your tribe's enrollment office     A Certificate of Degree of Indian Blood (CDIB)
• 轻鲉武占圭 <b>下一步</b>	Common mistakes: • Some CDIB cards do not include the required information. If yours does not, then it will
	not be accepted.
	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 image is not blurry
	<ul> <li>make sure your document is not cut ont and we can see all four sides</li> <li>Make sure you have good lighting</li> </ul>
	Choose file
	Back





<ul> <li>您的出生日期证明</li> <li>您可能会被要求提供一份文件来确认您的出生日期。</li> <li>分享包含以下内容的文件: <ol> <li>您的姓和名,</li> <li>您的出生日期。</li> </ol> </li> <li>轻触或点击<b>拍照</b>或选择文件,以附加照片</li> </ul>	Share proof of your date of birth Your document must include: • Your date at name: Test John • Your date of birth: 1/07/1980 Here are common examples: • A Driver's license that is not expired • A Passport that is not expired • A Dirth certificate • A U.S. government, military, state or Tribal issued ID that includes your date of birth end is not expired
或文件副本。 • 轻触或点击 <b>下一步</b> 。	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 A Certificate of U.S. Citizenship, or Consular Matricular ID Makes the poly of your document, Files must be less than 10 MB and one of the following file types; jpg, jpg, ng, pdf, or git. 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 Make
在世证明	Share proof of life
可能会要求您分享一份文件来确认您还活着。 • 分享包含以下内容的文件: 1. 您的姓和名, 2. 发行日期在最近三个月内。 • 轻触或点击 <b>拍照或选择文件,</b> 以附加照片 或文件副本。 • 轻触或点击 <b>下一步</b> 。	<ul> <li>Your document must include:</li> <li>Your first and last name: <b>Tet John</b></li> <li>An issue date within the last three months</li> <li>An issue date within the last three months</li> <li>A current utility bill</li> <li>A paystub</li> <li>A nortgage or lease statement</li> <li>A retirement or pension statement of benefits</li> <li>A notarized letter that confirms your identity and that you are alive</li> </ul>
	How to add your photo or scanned copy. Plase attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types; jpg, jpg, png, pdf, or git. • 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



<ul> <li>资格证明</li> <li>系统可能会要求您分享可确认您符合条件的文件</li> <li>(如您的收入相关文件或证明您参与某项政府计划的文件)。</li> <li>选择您获得资格的方式。</li> <li>轻触或点击"下一步"。</li> </ul>	Share more information to see if you qualify on the power of the
<ul> <li>收入证明</li> <li>要展示您的收入证明,您需要:</li> <li>告诉我们您家有多少人。</li> <li>确认您的年收入是否等于或低于所示的金额。</li> <li>分享包含以下内容的文件: <ol> <li>您的姓名或您受抚养人的姓名,</li> <li>您的年收入,</li> <li>发行日期在过去 12 个月内。</li> </ol> </li> </ul>	Share more information to see if you qualify based on income . Wow may qualify if your annual income meets certain requirements.
<ul> <li>您的计划参与证明</li> <li>要展示您的计划参与证明,您需要:</li> <li>告诉我们您参与了哪个计划。</li> <li>共享包含以下内容的文档: <ol> <li>您的姓名或您受抚养人的姓名,</li> <li>该计划的名称,</li> <li>签发该文件的政府、部落实体或项目管理者的名称,</li> <li>签发日期在过去 12 个月内,或者到期日期是将来的日期。</li> </ol> </li> </ul>	Share proof of your program         participation         Which program do you, your child or dependent         kake part in?         or must provide proof of participation for the program you choose         SNAP (Supplemental Nation Assistance Program) or Food Stamps (*)         Medicaid         Supplemental Security Income (SIS)         Indust Provide Proof and Survivors Benefit Programs         Indust Provide Proof and Survivors Benefit Programs         Indust Specific Program (only choose if you live on Tribal lands)         Indust Yuthink I (or my child or dependent) participate in any of these programs, but I may qualify through my income.         Vot will have until 9/22/2024 to provide more documents so we can determine whether you qualify for through my income.         Vot will have until 9/22/2024 to provide more documents so we can determine whether you qualify for through my income.         Detus How don't receive this information by then, you will need to come back to the siste and fill this trans and and the siste and fill this trans the site on the section back to the siste and fill this trans the site and this this trans the site and the site and this t





最后一步是认证并签署申请表。	l agree, under penalty of perjury, to the following
• 阅读每项陈述并输入您的姓名首字母形式。	statements: Initial I (or my dependent or other person in my household) currently get
• 输入您的名字和姓氏。	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).
<ul> <li>点击或单击复选框以确认您了解这是一 个数字签名。</li> </ul>	Initial Lagree that if I move I will give my service provider my new address within 30 days.
• 轻触或点击" <b>提交"</b> 。	Initial       Lunderstand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:         1. 1, 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 boardend internet service, more than one Lifeline broadend internet 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. Lunderstand that if this information is not provided to the Lifeline Program Administrator, I vill 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 Iknow 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 Test John           Test John           Inderstand this is a digital signature, and is the same as if I signed my name with a per.
	Back
您已提交申请!	We are reviewing your documents
审核完成后,我们会通过电子邮件向您发送 下一步操作的说明。	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 homenage