

**California LifeLine Telephone Program**

[www.cpuc.ca.gov](http://www.cpuc.ca.gov)

RENEWAL FORM

**Please return form to:**

California LifeLine Telephone Program  
PO Box 6033  
Artesia, CA 90702-6033

1-877-858-7463 TTY 1-888-858-7889

**PART B Billing Address**

John Q. Sample  
1234 AnyStreet  
AnyCity, US 12345-6789  
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**PART B Service Address**

1234 AnyStreet  
AnyCity, CA 12345-6789

**PART A Carrier Information**

Carrier 1-800-999-9999  
California LifeLine Phone Number: (999) 999-1111  
2nd California LifeLine Phone Number: (999) 999-9999  
California LifeLine Renewal Date: 5/30/2007

**SAMPLE**

You are currently enrolled in the  
California LifeLine Telephone Program.

Please fill out and return this completed form by

**6/15/2008**

to continue receiving your California LifeLine discount.

**OR, you can complete your form online at  
[www.californialifeline.com/online](http://www.californialifeline.com/online)**

**⇒ PIN 9999 ⇐**

**This form is valid only for the person listed in Part B Billing Address above.**

**MAIL BACK ORIGINAL FORM.**

**COPIES OR PARTIAL FORMS WILL NOT BE ACCEPTED.**

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California LifeLine Renewal Form

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**PART C Eligibility** - You may use either Method 1 Program-Based OR Method 2 Income-Based below to qualify for California LifeLine.

**Method 1 Program-Based:** If you or another person in your household is enrolled in any of the programs below, please identify the program by filling in the correct bubble and provide the name of that person in the Name box.

Sample:  Correct

<input type="radio"/> Medicaid/Medi-Cal	<input type="radio"/> Low Income Home Energy Assistance Program (LIHEAP)
<input type="radio"/> Supplemental Security Income (SSI)	<input type="radio"/> Federal Public Housing Assistance or Section 8
<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)	<input type="radio"/> Temporary Assistance for Needy Families (TANF) (CalWORKS, StanWORKS, WTW or GAIN)
<input type="radio"/> Healthy Families Category A	<input type="radio"/> National School Lunch's FREE Lunch Program (NSL)
<input type="radio"/> Tribal TANF	<input type="radio"/> Bureau of Indian Affairs General Assistance
<input type="radio"/> Women, Infants and Children Program (WIC)	<input type="radio"/> Head Start Income Eligible (Tribal Only)

Name:

*(if you complete Method 1 above, do not complete Method 2 below)*

**Method 2 Income-Based:** If the income level for your household is at or less than the maximum California LifeLine income listed below, please identify your household size by filling in the correct bubble.

TOTAL # OF ADULTS AND CHILDREN IN YOUR HOUSEHOLD	MAXIMUM California LifeLine YEARLY INCOME
<input type="radio"/> 1-2 Members	\$24,000
<input type="radio"/> 3 Members	\$28,200
<input type="radio"/> 4 Members	\$34,000
<input type="radio"/> 5 Members	\$39,800
For each additional member after 5 members add \$5,800 to \$39,800	
<input type="radio"/> ____ Members	\$ _____

**2nd California LifeLine Discount** You currently have a 2nd telephone line with the California LifeLine discount. To continue receiving this 2nd discount, please fill in the correct bubble and appropriate information below.

\_\_\_\_\_ is a household member and has immediate and continuous access within the household to a TTY.

A new household member is using a TTY issued by DDTP.

A new household member is using a TTY (You must attach a medical certificate indicating the person's need for a TTY).

Name of the new household member:

**Part D DO NOT QUALIFY** If you do not qualify for California LifeLine fill in the bubble below and sign the form.

I do not qualify for California LifeLine

**Part E Signature** By signing below, I certify, under penalty of perjury, that the service address is my principal place of residence, I have not been claimed as a dependent on another person's tax return, and that the information in this form is true and correct. Please note the printed name must match the person's name in Part B of this form unless this form is signed by a Legal Guardian or a person with Power of Attorney.

Applicant Signature (required)	<input type="radio"/> Fill in if signed by a Legal Guardian or a person with Power of Attorney	Date: <input type="text"/>
Printed Name (required)		
<input type="text"/>		

**Part F Please fill in if you prefer to receive future notifications in:**  Large Print  Braille