California LifeLine Telephone Program
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, CA 90001

PART B Service Address

1234 AnyStreet
AnyCity, , CA 90001

PART A Carrier Information

Carrier 1-800-999-9999
California LifeLine Phone Number: (999) 999-9999
California LifeLine Renewal Date: 7/1/2009

SAMPLE

You are currently enrolled in the
California LifeLine Telephone Program.

Please fill out and return this completed form by

7/1/2009

to continue receiving your California LifeLine discount.

OR, you can complete your form online at
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.

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

- ○ Medicaid/Medi-Cal
- ○ Supplemental Security Income (SSI)
- ○ Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- ○ Healthy Families Category A
- ○ Tribal TANF
- ○ Women, Infants and Children Program (WIC)
- ○ Low Income Home Energy Assistance Program (LIHEAP)
- ○ Federal Public Housing Assistance or Section 8
- ○ Temporary Assistance for Needy Families (TANF) (CalWORKS, StanWORKS, WTW or GAIN)
- ○ National School Lunch's FREE Lunch Program (NSL)
- ○ Bureau of Indian Affairs General Assistance
- ○ 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
○ 1-2 Members	$24,000
○ 3 Members	$28,200
○ 4 Members	$34,000
○ 5 Members	$39,800
For each additional member after 5 members add $5,800 to $39,800	
○ _____ Members	$_____

SAMPLE

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)	○ Fill in if signed by a Legal Guardian or a person with Power of Attorney	Date: M M D D Y Y
Printed Name (required)		

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