

**BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS**

Received
on
APR 23 2012
by
State Corporation Commission
of Kansas

In the Matter of Staff's Motion to the)
Commission to Commence a Generic) Docket No. 10-GIMT-658-GIT
Proceeding to Address Issues Concerning)
the Kansas Lifeline Service Program)

**REPLY OF COMMISSION STAFF TO AT&T AND USCOC
PETITIONS FOR RECONSIDERATION AND/OR CLARIFICATION**

COMES NOW Staff ("Staff") of the State Corporation Commission of the State of Kansas ("Commission") and for its Reply to the Petitions for Reconsideration and/or Clarification, states as follows:

1. AT&T filed its Petition on April 13, 2012, and USCOC of Nebraska/Kansas, LLC, d/b/a U.S. Cellular, N.E. Colorado Cellular, Inc., d/b/a Viaero Wireless, and Cox Kansas Telcom, LLC ("USCOC") filed its Petition on April 16, 2012. Both parties seek reconsideration and/or clarification of the Commission Order, dated March 27, 2012, in the above captioned matter.

2. Paragraphs 1-3 of USCOC's Petition and AT&T's Petition paragraphs 9-11 address paragraph B of the Commission's Order. Staff agrees that the discussion of recertification shows the Commission intended carriers in Kansas to begin using the Kansas Lifeline Certification Form or the ETC's own form, on June 1, 2012, to re-certify their enrollment base as it existed on that date. However, Staff agrees that the language in paragraph B is unclear and needs to be clarified to be clear and consistent with the intent language.

3. At paragraph 4 of its Petition, USCOC states the standard customer certification form attached to Staff's Recommendation lacks certain required information such as income-

based eligibility criteria. Staff notes that the statement on the certification form that the customer must certify that he or she meets the income-based or program-based eligibility criteria listed above is a reference to the programs listed on the prior page. However, Staff does not object to modifying its form to include language indicating that the income criterion is 150% of the federal poverty guideline. Staff, however, does not wish to include the income ranges (dollar amounts) on its template form as the federal poverty level changes from year-to-year. Carriers are welcome to include the dollar amounts on their own form and make the appropriate yearly modifications. While USCOC states in its Petition that without this information, customers will not know if he or she meets the income criteria, Staff notes that the Commission provides the income guidelines on its website and carriers can easily, and have been, informing their customers of this information.

4. At paragraph 5 of its Petition, USCOC suggests Staff's form should list the types of documentation consumers may rely upon to demonstrate household income or program participation. Staff notes its list was not meant to be exhaustive, but rather its intent was to stress that if a consumer provides documentation of income that does not cover a full year, that 3 consecutive months must be provided. This requirement is consistent with KCC rules and FCC rules. Staff has clarified this in the revised form attached hereto and made a part hereof by reference.

5. At paragraph 6 of its Petition, USCOC complains that the Staff form does not inform the customer that he or she must present documentation of program participation which is required by the FCC's new rules. Staff disagrees, the Commission has always required customers to provide documentation of program eligibility and this is nothing new in Kansas. USCOC is free to add this information to its form.

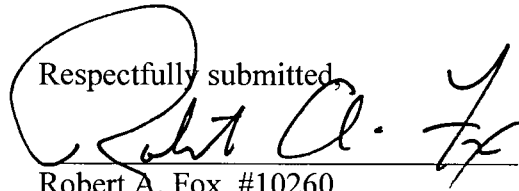
6. At paragraph 7 of its Petition, USCOC states that ETCs should be allowed to use their own chosen wording on any certification they may develop. Staff notes that the Commission's ordering clause B requires carriers to "utilize the attached Kansas Lifeline Certification Form or a carrier may utilize its own Lifeline certification form containing the same information included on the Kansas Lifeline Certification Form. If a carrier elects to utilize its own form, it must be filed with the Commission in this Docket at least 14 days prior to the carrier utilizing such form." Staff believes it is clear that a carrier may utilize its own form if it contains the same information and is filed with the Commission. Staff does not have an objection to a carrier using its own wording as long as it contains the required information, clear and correct.

7. In paragraph 6 of its Petition, AT&T requests clarification that ETCs are permitted to include additional information in their Lifeline application forms that are not included in the Kansas Lifeline Certification Form. Staff states its position is that additional information can be included so long as the required information is included.

8. In paragraph 7 of its Petition, AT&T seeks clarification that when an ETC makes changes to its Lifeline application form to meet FCC requirements it is acting consistent with the Commission's order. Staff notes that the Commission's goal was to create a form that includes all of the FCC required rules. If the FCC modifies those rules, Staff doesn't have a concern with a carrier modifying its own form to fit the modifications. If modifications occur, Staff will seek an order amending the form appropriately.

9. Staff requests the Commission approve the revised Form attached hereto and clarify ordering clause B of its order consistent with paragraph 2 above.

WHEREFORE, Staff requests the Commission address the Petitions for Reconsideration and/or Clarification of AT&T and USCOC consistent with this reply and that it approve the revised Form attached hereto.

Respectfully submitted,


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KANSAS LIFELINE CERTIFICATION FORM

KLC Form Issue Date: Apr 2012

COMPANY INFORMATION:

Company Name: _____

Company Address: _____

Company Contact Name: _____

Telephone Number: _____

Contact's E-mail Address: _____

SUBSCRIBER INFORMATION:

Subscriber's Full Name: _____

Subscriber's Full Residential Address: _____

(No P.O. Boxes) Permanent Temporary

Temporary Residential Address: _____

(e.g. shelter, friend, family member, etc.)

In the case of addresses not recognized by the post office, including residences on Tribal land, provide a descriptive address that can be used to perform a check for duplicative support.

Subscriber's Lifeline Billing Address (P.O. Boxes Allowed): _____

Check if Same as Residential Address

Subscriber's Date of Birth: _____
MM / DD / YYYY

Subscriber's last Four Digits of SS No.: _____
XXXX

Subscriber's Tribal ID Number if no SS No.: _____
XXXXXXXXXXXX

1 Subscriber seeking to qualify for Lifeline under program-based criteria check all applicable boxes below:

- Medicaid SNAP SSI FPHA (Section 8) LIHEAP TANF
 National School Lunch Program (Free Lunch Program) General Assistance (GA) Food Dist. Program

2 Subscriber eligible resident on Tribal Lands check all applicable boxes below:

- Tribally Admin Free School Lunch Program Tribal TANF FDPIR
 Head Start (those meeting income standard) Bureau of Indian Affairs GA

3 Subscriber seeking to qualify for Lifeline under the income-based criterion (150% of federal poverty level), provide the number of individuals in residential household: _____

Number in household

Note: If a prospective subscriber presents documentation of income that does not cover a full year, such as paystubs, the prospective subscriber must present the same type of documentation covering **Three Consecutive Months** within the previous twelve months.

<See Back of Form>

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

KANSAS LIFELINE CERTIFICATION FORM

KLC Form Issue Date: Apr 2012

CERTIFY PROSPECTIVE SUBSCRIBER'S ELIGIBILITY

Each prospective subscriber must certify, under penalty of perjury for receiving Lifeline support, by initialing each applicable area:

- ____: The subscriber meets the income-based or program-based eligibility criteria.
- ____: The subscriber must notify the carrier within 30 days if for any reason the subscriber no longer satisfies the criteria for receiving Lifeline support.
- ____: The subscriber qualifies for Lifeline support as an eligible resident of Tribal lands, and the subscriber must live on Tribal Lands.
- ____: When the subscriber moves to a new address the subscriber must provide that new address to the ETC within 30 days.
- ____: When subscriber provides a temporary residential address to the ETC, subscriber is required to verify their temporary residential address every 90 days.
- ____: Subscriber acknowledges that a household is eligible to receive only one Lifeline service and, to the best of his/her knowledge, the subscriber's household is not already receiving a Lifeline service. A household defined for purposes of the Lifeline program; as any individual or group of individuals who live together at the same address and share income and expenses.
- ____: The information contained in this subscriber's certification form is true and correct to the best of the subscriber's knowledge.
- ____: Subscriber acknowledges that providing false or fraudulent information on this certification form to receive Lifeline benefits is punishable by law.
- ____: Subscriber acknowledges that he/she may be required to re-certify their eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to their continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to Section 54.405(e)(4).
- ____: Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- ____: A household is not permitted to receive Lifeline benefits from multiple providers.
- ____: Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program.

SIGNATURES:

Subscriber's Signature

Date

Company's Signature

Date

Documentation provided to support eligibility:

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

CERTIFICATE OF SERVICE

10-GIMT-658-GIT

I, the undersigned, hereby certify that a true and correct copy of the above and foregoing Reply of Commission Staff to AT&T and USCOC Petitions for Reconsideration and/or Clarification was placed in the United States mail, postage prepaid, or hand-delivered this 24th day of April, 2012, to the following:

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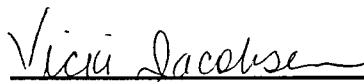
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