



## FULL CERTIFICATION APPLICATION FOR PENNSYLVANIA LIFELINE ASSISTANCE PROGRAM

SECTION 1

Confirm applicant's name & home address, provide mailing address if different and complete mandatory personal information below.

Qualifying Home Address (No P.O. Box)

Mailing Address if different from your Qualifying Home Address (P.O. Box Allowed)

Address/Apt. No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP code \_\_\_\_\_

A household is eligible for Lifeline, if any member is a "qualified participant" of any program listed below.

- **Qualified participant** – Complete : Section 1 (Part 1, only), Section 2 and Section 3
- **To apply using a child or dependent in your household as "qualified participant"** – Complete : Section 1 (Part 1, and Part 2), Section 2 and Section 3

**PART 1: APPLICANT PERSONAL INFORMATION.** You must be 18 or older to fill out this application. (Fields with (\*) are mandatory.)

\*Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ \*Legal Last Name \_\_\_\_\_

\*Last Four Digits of Social Security # \_\_\_\_\_ \*Birth Date (Month/Day/Year) \_\_\_\_\_ Contact Phone Number \_\_\_\_\_



**PART 2: ONLY COMPLETE THIS PART IF APPLYING VIA PROGRAM AND YOUR CHILD OR DEPENDENT IS THE PARTICIPANT OF THE QUALIFYING PROGRAM.** (Fields with (\*) are mandatory.)

\*Child or Dependent First Name \_\_\_\_\_ MI \_\_\_\_\_ \*Child or Dependent Last Name \_\_\_\_\_

\*Child or Dependent last four Digits of Social Security # \_\_\_\_\_ \*Child or Dependent Birth Date (MM/DD/YYYY) \_\_\_\_\_

Please make sure to complete Section 1 (Part 1) and section 3 with the parent or guardian information.

**Select Only One Plan/Phone Option**

 <p><b>SafeLink Smartphone</b> Receive 350 minutes and 500MB of FREE data every month.</p>	OR	 <p><b>Bring-Your-Own-Phone (BYOP)*</b> Receive 350 minutes and 1GB of FREE Data for the first 3 months, 500MB thereafter.</p>
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\*You must have a T-Mobile or Unlocked GSM compatible phone for the BYOP plan.

SECTION 2

Magellan Behavioral Health of Pennsylvania, Inc. will confirm your eligibility.

**I hereby certify that I participate in the following public assistance program:**



**Medicaid (Not the Same as Medicare)**

SafeLink® is a Lifeline supported service. Lifeline is a federal benefit, and only eligible subscribers may enroll. Customers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

Lifeline is available for only one line per household. A household is defined 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 Lifeline benefits from multiple providers. Violation of the one-per-household rule constitutes a violation of FCC rules and will result in the Customer's disenrollment from Lifeline. Lifeline is a non-transferable benefit, and a Customer may not transfer his or her benefit to another person.

Check this box if you would like to receive pre-recorded special offers and promotional offers from TracFone at the Contact Telephone number provided above.

**You MUST check off (✓) all statements, then Sign and Date application. (Your application cannot be approved without these items)**

**By signing below, I certify under penalty of perjury to each of the following:**

- I, or a dependent in my household participate in the above designated qualifying program. I understand that I must notify SafeLink within 30 days if I no longer participate in the qualifying program. If I or another member of my household obtains Lifeline supported service from another carrier, or, for any other reason, I no longer qualify for Lifeline support. I understand I may be required to recertify my continued eligibility for Lifeline at any time, and failure to do so will result in termination of my Lifeline benefits.
- I understand that my household may receive only one Lifeline supported service. My Household does not currently receive Lifeline Service OR my household currently receives Lifeline Service from another carrier and I authorize SafeLink to transfer my Lifeline benefit to SafeLink and I understand this will terminate my Lifeline benefits with my existing carrier. If I change my address, I will provide my new address to SafeLink® within 30 days.
- The information contained in this application is true and accurate to the best of my knowledge, and I acknowledge that providing false or fraudulent information to obtain Lifeline benefits is punishable by law.

I am authorizing SafeLink Wireless or its duly appointed representative to (1) Obtain and use information from my healthcare provider to confirm my initial and ongoing eligibility for Lifeline assistance; (2) access any records required to verify my statements herein; (3) update my address to a proper mailing address format; (4) provide my name, telephone number and address to the Universal Service Administrative Company (USAC) (the administrator of the program) and its agents for the purpose of verifying that I do not receive more than one Lifeline benefit; (5) authorize social service agency representatives to discuss with and/or provide information to SafeLink Wireless® verifying my participation in benefit programs that qualify me for Lifeline assistance; and (6) provide enrollment information, including my new phone number, to Magellan Behavioral Health of Pennsylvania, Inc. and anyone acting on Magellan Behavioral Health of Pennsylvania, Inc. behalf and consent to calls or text messages being sent to that number that provide information regarding your health plan or health-related issues (including nutritional, medical and healthcare information and reminders).

SafeLink service is offered pursuant to SafeLink Terms and Conditions, which can be found at [www.safelink.com](http://www.safelink.com)

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For questions please call 1-877-631-2550

Fax application to: 1-866-902-5756

Promo Code: \_\_\_\_\_

Mail application to: SafeLink Wireless® • PO Box 220009 • Milwaukie, OR 97269-0009

To get your phone faster apply at [www.safelink.com](http://www.safelink.com) and enter the promo code above where requested