



ITS TELECOMMUNICATIONS SYSTEMS, INC.

15925 SW Warfield Blvd. • P. O. Box 277

Indiantown, Florida 34956

772-597-2111

August 24, 2015

Ms. Carlotta S. Stauffer
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Re: 2015 Lifeline Report Data Request

Dear Ms. Stauffer :

Attached please find ITS Telecommunications Systems, Inc.'s response to the 2015 Lifeline Report Data Request. I have also attached three different documents that pertain to the information provided by ITS Telecommunications. These documents include the Annual Lifeline Insert, the English version of ITS Telecommunications' Lifeline Annual Recertification Form as well as the Spanish version of the Recertification Form.

I request that this response be placed in the undocketed file.

If you have any questions, please contact me at (772) 597-3161 or at donnam@itstelecom.net

Sincerely,

Donna J. Marreel
Regulatory Manager

Enclosures

RECEIVED FPSC
15 SEP -9 AM 9:06
COMMISSION
CLERK

ILEC LIFELINE DATA REQUEST 2015

To assist the Public Service Commission (PSC) in the development of our Annual Report to the Governor, President of the Senate, and Speaker of the House of Representatives on the Lifeline program as required by Chapter 364.10, Florida Statutes, **staff requests that you provide responses to the following by August 30, 2015.**

For items 1 through 16, please provide the data for the fiscal year July 1, 2014, through June 30, 2015.

For those items requesting that the data be reported on a monthly basis, provide the appropriate number as of the last day of each month during the review period.

- The number of residential access lines in service each month.

2014		2015	
July	1607	January	1598
August	1586	February	1579
September	1607	March	1584
October	1605	April	1575
November	1596	May	1574
December	1598	June	1558

- The number of customers participating in Lifeline each month. Note: Do not include customers receiving Lifeline through the Transitional Lifeline provision or resold access lines.

2014		2015	
July	79	January	67
August	80	February	72
September	79	March	77
October	77	April	77
November	76	May	80
December	75	June	80

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3. The amount of Lifeline credit provided to Lifeline customers on a monthly billing.

\$12.75 (\$9.25 for the FCC and \$3.50 from the Company)

4. The number of customers denied Lifeline service. Identify the reason(s) customers were denied Lifeline (i.e. customer currently receiving Lifeline, inability to verify participation in a qualifying program, past due balance, other reasons not listed).

Only 1 person was denied as they had a duplicate account.

5. The number of Lifeline customers added each month. Note: Do not include customers receiving Lifeline through the Transitional Lifeline provision or resold access lines.

2014		2015	
July	3	January	8
August	11	February	7
September	4	March	6
October	1	April	1
November	1	May	4
December	0	June	4

6. The number of customers removed from Lifeline each month. Note: Do not include Lifeline customers removed from resold access lines, or Lifeline customers moved to Transitional Lifeline.

2014		2015	
July	1	January	16
August	10	February	2
September	5	March	1
October	3	April	1
November	2	May	1
December	1	June	4

7. The number of customers participating in Transitional Lifeline each month.

None
8. The number of customers participating in Lifeline under the Tribal Lands provision each month.

None
9. The number of access lines with Lifeline resold to other carriers each month. Identify each carrier separately by name or certificate number.

None
10. Description of your company's procedures for enrolling customers in the Lifeline program. Include the following in your response:
 - a. Procedures used to process applications received from the Office of Public Counsel.

Applications are processed within 1 to 2 business days to activate Lifeline on the customer account.
 - b. Procedures used to process applications received directly from customers.

Applications are processed within 1 to 2 business days to activate Lifeline on the customer account once the applicant's government issued documents are reviewed.
 - c. Procedures used to process applications received through the PSC on-line process.

If the customer's name on the notification of benefits matches the account we require no further qualifications to initiate Lifeline. Notifications are processed 1 to 3 times per week.
 - d. Procedures used to process applications received through the Department of Children and Families coordinated enrollment process.

If the customer's name on the notification of benefits matches the account we require no further qualifications to initiate Lifeline. Notifications are processed 1 to 3 times per week.
 - e. The amount of time required to process applications. Include time period between receipt of customer application and the billing date of the first bill providing the credit.

All applications are handled within 1 to 2 business days and are billed on the first of the following month.
10. Description of your company's procedures for performing continued certification of customer eligibility after initial certification. Include the following in your response:

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- a. Time period between initial certification and annual certification.
One year
 - b. Method(s) used to verify customer eligibility.
Lifeline recertification form is mailed to the customer. The form, which is printed in English and Spanish, is attached.
 - c. Frequency of periodic certification.
Yearly by month
12. Description of your company's procedures for Lifeline. Include the following in your response:
- a. Internal procedures for promoting Lifeline.
We provide annual Lifeline bill inserts. On request for new service, customers are provided with the same information that is on the Lifeline insert.
 - b. Outreach and educational efforts involving participation in community events.
None at this time.
 - c. Outreach and educational efforts involving mass media (newspaper, radio, television).
We have no mass media outreach program as there is no local newspaper, radio nor television in our very rural community.
 - d. Copies of Lifeline outreach materials of your company.
Attached is a copy of the bill insert that we have been using. We are in the process of making changes to our insert.
 - e. Organizations you are currently partnering with, have partnered with, and organizations you plan to partner with to educate and inform customers about Lifeline.
None at this time.
13. Description of procedures associated with enrollment of Lifeline customers by resellers of telecommunications services through resale agreements. Include the following in your response:
- a. Billing procedures associated with the pass through of the credit, including the amount of the pass through for each reseller.
N/A

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- b. Initial and annual certification procedures and requirements.

N/A

- c. Any other terms and conditions applicable to resellers offering Lifeline that are not imposed on resellers who do not offer Lifeline.

N/A

- 14. Please describe the training you provide to your customer service representatives regarding Lifeline and provide the script used by your company's representatives.

Customer service representatives are given one on one training on Lifeline to promote/offer to all eligible customers. The representatives use the verbiage that is printed on our Lifeline bill insert, which is attached.

- 15. Please provide any link on your Web site that provides Lifeline information.

<http://www.itstelecom.net/telephone.shtml>

LIFELINE Assistance Program

The Florida Lifeline Assistance is a government program that helps make telephone service affordable to qualified customers in our state. **ITS Telecom** supports this program because we believe basic phone service is very important to our local residents. Through Lifeline, discounted phone service is accessible to customers who qualify for the program.

Qualifications- Am I Eligible for LIFELINE?

To be eligible for the Lifeline Assistance Program your household must participate in ONE of the following OR meet the Income Guidelines (see below)

- TANF (Temporary Cash Assistance)
- SNAP (Supplemental Nutritional Assistance Program; formerly known as Food Stamps)
- Medicaid
- SSI (Supplemental Security Income)
- Section 8 (Federal Public Housing Assistance)
- NSL (National School Lunch Program)
- TTANF (Tribal Temporary Assistance for Needy Families)

Income Guidelines

To find out the current income guidelines, visit the PSC's Lifeline Web page at <http://www.psc.state.fl.us/utilities/telecomm/lifeline/engbrochure.aspx>

To Apply or For More Information

To apply, you can obtain a **printed application** from the ITS Telecom Business Office, download an application from the ITS Telecom website or the Florida Public Service Commission's Website. **See below for websites.**

LIFELINE is available for one telephone line per household at the principal place of residence.

Florida Public Service Commission

<http://www.psc.state.fl.us/utilities/telecomm/lifeline/index.aspx>

ITS Telecom

772-597-2111

<http://www.itstelecom.net/telephone.shtml>

ITS TELECOMMUNICATIONS LIFELINE ANNUAL RECERTIFICATION FORM

Every year, you must certify that your household still qualifies for the Lifeline benefit. If you do not return this form within 30 days, you will lose your Lifeline benefit. **Send completed form to: P.O. BOX 397, Indiantown, FL 34956 Fax 772-597-4155 Email: csr@itstelecom.net**

TO KEEP YOUR LIFELINE BENEFIT*, FILL OUT THE FORM BELOW AND RETURN IT BY 12/31/2014

Applicant Name _____	Phone Number _____
Date of Birth _____	Last 4 digits of SSN _____
Residential Address _____	Permanent Address? Yes No
Billing Address _____ <i>(If applicable)</i>	Street Apt. City State Zip Code
	Street Apt. City State Zip Code

My household no longer qualifies for Lifeline OR my household receives Lifeline on another telephone. I understand that by checking this box, the Lifeline discount will be removed from the phone number above. (Please sign and date the form below)

OR, I certify that I, my dependent, or someone else in my household receives assistance from at least one of the programs listed below. (Please check all that apply)

- Federal Public Housing Assistance/Section 8 Low Income Home Energy Assistance (LIHEAP) Medicaid National School Lunch free lunch program Supplemental Security Income (SSI) Supplemental Nutrition Assistance Program (Food Stamps) Temporary Assistance for Needy Families (TANF)

Name of eligible person _____ Relationship to applicant _____

OR, I certify that my household income is at or below 150% of the Federal Poverty Guidelines.

Number of people in your household

Household Size	Total Income	Household Size	Total Income
1	\$15,890	3	\$27,122
2	\$21,506	4	\$32,738
Add \$5,940 for each additional person			

Initial each box

I certify, under penalty of perjury, that:

	My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company.
	I understand that I must notify ITS Telecommunications within 30 days: (1)if I move to a new address; (2) if I, or the eligible person in my household, stops participating in the qualifying program checked above, or if my household income exceeds 150% of the federal poverty guidelines; 3) if my household receives more than one Lifeline discounted telephone; or 4) if my household, for any reason, no longer meets the criteria to receive Lifeline support. I understand that I may be penalized for failing to make the above notifications.
	I give ITS Telecommunications, Inc. permission to give my name, telephone number, and address to the Universal Service Administrative Company (USAC) or its agent to confirm that my household only receives one Lifeline benefit. If USAC finds that my household is receiving more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other.
	I give ITS Telecommunications, Inc. permission to access any records necessary to verify my continued Lifeline eligibility.
	I understand that I must recertify my Lifeline eligibility each year and that I will lose my Lifeline benefit if I do not recertify every year.

By signing below, I certify under penalty of perjury, that the above information is true to the best of my knowledge. I understand that Lifeline is a government program and I may be punished if I knowingly provide false or untrue information to receive Lifeline. Punishment may include being fined, imprisoned, or barred from the Lifeline program.

Signature _____ Date _____

*Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive Lifeline on one wireless OR one home telephone. Your household may not receive the Lifeline benefit from more than one Telephone company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline

For Office Use Only: Reviewed by: _____ Database queried? N/A No Yes, Database Name _____

Date reviewed or queried _____ Lifeline Household Worksheet? Yes No

ITS TELECOMMUNICATIONS RECERTIFICACIÓN ANUAL DE LIFELINE

Cada año, usted debe certificar que su hogar todavía califica para el beneficio de Lifeline. Si usted no devuelve este formulario dentro de 30 días, perderá sus beneficios de Lifeline. Envíe el completado el aplicación y la prueba de elegibilidad a: P.O. BOX 397, Indiantown, FL34956 Fax 772-597-4155 Email: csr@itstelecom.net

PARA MANTENER SU BENEFICIO LIFELINE, rellene el siguiente formulario y envíelo por 31 de DICIEMBRE de 2014

Nombre del solicitante	_____				Número de teléfono	_____																				
Fecha de Nacimiento	_____	Últimos 4 dígitos del número de Seguro Social		_____	<table border="1" style="width:100%; text-align: center;"> <tr> <td align="center" colspan="2">Dirección Permanente?</td> </tr> <tr> <td>Sí</td> <td>No</td> </tr> </table>					Dirección Permanente?		Sí	No													
Dirección Permanente?																										
Sí	No																									
Dirección Residencial (No PO Box)	_____																									
Dirección de facturación (Si procede)	Calle	Apt	Ciudad	Estado	Código postal	_____																				
	Calle	Apt	Ciudad	Estado	Código postal	_____																				
<p>Mi casa ya no califica para Lifeline o Lifeline mi hogar recibe en otro teléfono. Entiendo que al marcar esta casilla, el descuento de Lifeline se eliminará a partir del número de teléfono anterior. (Favor de firmar y fechar el formulario a continuación)</p> <p>O, yo certifico que yo, a mi cargo, u otra persona en mi hogar recibe ayuda de al menos uno de los programas enumerados a continuación y que me han proporcionado una prueba de elegibilidad con mi solicitud. (Por favor marque lo que corresponda)</p> <p>Asistencia para Vivienda Pública Federal / Sección 8 Programa de Asistencia para Energía para Hogares de Bajos Ingresos (LIHEAP) Medicaid Programa Escolar Nacional para Almuerzos Gratis Ingreso Suplementario de Seguridad (SSI) Programa de Cupones (SNAP) Asistencia Temporal a Familias Necesitadas (TANF)</p> <p>Nombre de la persona elegible _____ Relación con el solicitante _____</p> <p>O, certifico que mi ingreso familiar sea igual o inferior al 150% de las Guías Federales de Pobreza</p> <table border="1" style="width:100%; text-align: center;"> <tr> <th>Tamaño del Hogar</th> <th>Total de ingresos</th> <th>Tamaño del Hogar</th> <th>Total de ingresos</th> </tr> <tr> <td>1</td> <td>\$15,890</td> <td>3</td> <td>\$27,122</td> </tr> <tr> <td>2</td> <td>\$21,506</td> <td>4</td> <td>\$32,738</td> </tr> <tr> <td colspan="4">Agregar \$5,940 por cada persona adicional</td> </tr> </table> <p>Número de personas en su hogar <input style="width:50px;" type="text"/></p>											Tamaño del Hogar	Total de ingresos	Tamaño del Hogar	Total de ingresos	1	\$15,890	3	\$27,122	2	\$21,506	4	\$32,738	Agregar \$5,940 por cada persona adicional			
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2	\$21,506	4	\$32,738																							
Agregar \$5,940 por cada persona adicional																										
Iniciales en cada caja de <input style="width:100px;" type="text"/>	<p>Yo certifico, bajo pena de perjurio, que:</p> <p>Mi familia recibe solo uno beneficio de Lifeline, y lo mejor de mi conocimiento, nadie en mi familia recibe Lifeline de otra compañía telefónica.</p> <p>Entiendo que debo notificar a ITS Telecommunications dentro de 30 días:</p> <p>(1) si me mudo a una nueva dirección; (2) si yo, o la persona elegible en mi casa, deja de participar en el programa de calificación marcada arriba o si mi ingreso familiar supera el 150% de las pautas federales de pobreza; 3) si mi familia recibe más de un teléfono con descuento Lifeline, o 4) Si mi hogar, por cualquier razón, ya no cumple los criterios para recibir asistencia de Lifeline. Entiendo que puede ser penalizado por no hacer las notificaciones mencionadas.</p> <p>Le doy ITS Telecommunications permiso para dar mi nombre, número de teléfono y la dirección de la Universal Service Administrative Company (USAC) o su agente para confirmar que mi familia sólo recibe uno de los beneficios de Lifeline. Si encuentra la USAC que mi familia recibe más de un beneficio de Lifeline, USAC notificará a las compañías telefónicas, y voy a tener que seleccionar un servicio y yo se de-inscritos de la otra.</p> <p>Le doy ITS Telecommunications permiso para acceder a los registros necesarios para verificar mi elegibilidad continua de Lifeline.</p> <p>Yo entiendo que tengo que certificar mi elegibilidad de Lifeline cada año y que voy a perder mis beneficios de Lifeline si no re-certificar cada año.</p>																									
<p>Al firmar abajo, Yo certifico bajo pena de perjurio, que la información anterior es verdadera a lo mejor de mi conocimiento. Entiendo que Lifeline es un programa de gobierno y que pueden ser castigados si a sabiendas proporcione información falsa o falsa para recibir Lifeline. El castigo puede incluir el ser multado, encarcelado, o excluido del programa de Lifeline.</p> <p>Firma _____ Fecha _____</p>																										

*Lifeline es un beneficio federal que hace que el servicio telefónico mensual más asequible para las hogares elegibles. Su hogar puede recibir Lifeline en un móvil o un teléfono de su hogar, pero no ambos. No está permitido que un hogar reciba el beneficio Lifeline de múltiples proveedores. Un hogar se define como cualquier individuo o grupo de individuos que viven juntos en la misma dirección y comparten sus ingresos y gastos. Usted no puede transferir su descuento de Lifeline a otra persona, incluso si él o ella es elegible. Puede perder el beneficio de Lifeline y pueden ser procesados por el gobierno de Estados Unidos si usted viola la regla de "one-per-household" o hacer declaraciones falsas para recibir Lifeline.

For Office Use Only: Reviewed by: _____ Database queried? N/A No Yes, Database Name _____

Date reviewed or queried _____ Lifeline Household Worksheet? Yes No