

Docket No. UM 1726.

**Cover Sheet for Submission of  
2015 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier:

WARM SPRINGS TELECOMMUNICATIONS COMPANY

Filing date: June 30, 2015

Is this: Original submission?  \_\_\_\_\_

OR

Revised submission? \_\_\_\_\_

Person to contact for questions:

Name: MARSHA SPELLMAN

Phone number: 503-997-1685

E-mail address: marsha.spellman@warmspringtelecom.com

Documents included in this filing (please check applicable items):

\_\_\_\_\_ CAF/ICC Support (47 CFR § 54.304)

\_\_\_\_\_ Rate Floor Data (47 CFR § 54.313(h))

Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)<sup>1</sup>

\_\_\_\_\_ Form 690 (Mobility Fund per 47 CFR § 54.1009)

\_\_\_\_\_ Affidavit for High-Cost Support

---

<sup>1</sup> Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.

<010>	Study Area Code	539012
<015>	Study Area Name	Warm Springs Telecommunications Company
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Marsha Spellman
<035>	Contact Telephone Number: Number of the person identified in data line <U3U>	5039971685 ext.
<039>	Contact Email Address: Email of the person identified in data line <U3U>	marsha.spellman@warmspringstelecom.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <- check box if no outages to report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed 0.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/> (if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) <input type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers (check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<010> Study Area Code	539012
<015> Study Area Name	Warm Springs Telecommunications Company
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035> Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmsspringtelecom.com

<110> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111> year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	
---	--

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	
<114> Report how much universal service (USF) support was received	
<115> How much (USF) was used to improve service quality and how support was used to improve service quality	
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage	
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity	
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	









<010> Study Area Code	539012
<015> Study Area Name	Warm Springs Telecommunications Company
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035> Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringtelecom.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	539012
<015>	Study Area Name	Warm Springs Telecommunications Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringtelecom.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<b>(1200) Terms and Condition for Lifeline Customers</b> Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	539012
<015>	Study Area Name	Warm Springs Telecommunications Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringstelecom.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Warm Springs Telecom Tribal Connect Application (2).pdf, WSTC\_Pricing\_Sheet-20131010 Residential.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

**(2000) Price Cap Carrier Additional Documentation** FCC Form 481  
**Data Collection Form** OMB Control No. 3060-0986/OMB Control No. 3060-0819  
*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers* July 2013

<010>	Study Area Code	539012
<015>	Study Area Name	Warm Springs Telecommunications Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	3039971683 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringtelecom.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
- <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
- <2011b> Attachment (47 CFR § 54.313(b)(1)ii)

Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
- <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
- <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
- <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

- <2016> Certification Support Used to Build Broadband

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010> Study Area Code 539012  
 <015> Study Area Name Warm Springs Telecommunications Company  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Marsha Spellman  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5039971685 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> marsha\_spellman@wmspringstelecom.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))    
 Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.    
 Name of Attached Document Listing Required Information

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))    
 Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No)  Yes  No  
 (3014) If yes, does your company file the RUS annual report (Yes/No)  Yes  No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)    
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation    
 Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)  Yes  No  
 If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications    
 (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows    
 (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,    
 (3023) Underlying information subjected to a review by an independent certified public accountant    
 (3024) Underlying information subjected to an officer certification.    
 (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information    
 Name of Attached Document Listing Required Information

<010> Study Area Code	539012
<015> Study Area Name	Warm Springs Telecommunications Company
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035> Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@wmspringstelecom.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	539012
<015> Study Area Name	Warm Springs Telecommunications Company
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035> Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringstelecom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Warm Springs Telecommunications Company
Signature of Authorized Officer:	<i>Jose W. Matanane</i> Date <i>JUNE 30 2015</i>
Printed name of Authorized Officer:	Jose Matanane
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	ext. 541-615-0585
Study Area Code of Reporting Carrier:	539012 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	539012
<015> Study Area Name	Warm Springs Telecommunications Company
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035> Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringtelecom.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: ext. _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: ext. _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments







P.O. Box 910  
 4202 Holliday Street  
 Warm Springs, OR 97761  
 (541) 615-0555  
 Fax (541) 615-0550

## WARM SPRINGS TELECOM

### Residential Rates Quote

PHONES	
<b>TIER 1</b>	\$16.15
No CF/No Long Distance Included	
<b>TIER 2</b>	\$36.15
with 10 calling features & 60 minutes free long distance	
<b>TIER 3</b>	\$44.95
with 10 calling features & unlimited long distance	

BUNDLING	
<b>BASIC BUNDLE 1.5</b>	\$36.99
Tier 1 phone & basic internet	
<b>PREMIUM BUNDLE 2.0</b>	\$54.99
with 10 calling features & unlimited long distance/Premium Internet	
<b>ULTIMATE BUNDLE 4.0</b>	\$79.99
with 10 calling features & unlimited long distance/ Ultimate Internet	

LONG DISTANCE		
100 minutes	12 Cents/min	\$12.00
300 minute	5.6 Cents/min	\$17.00
unlimited minutes		\$25.65
Once you reached your limits it defaults back to 15 cents/min.		

TRIBAL CONNECT	
Tribal connect assistance	-\$15.15

PROMOTIONS	
6 month Basic Internet promo	-\$11.00

**BOLDED** Calling Features(CF) are included in Tiers 2 and 3; Bundling Premium and Ultimate.

CALLING FEATURES	
<b>VOICE MAIL</b>	\$8.00
Allows callers to leave message on your phone line.	
<b>AUTOMATIC CALL BACK</b>	\$2.00
Notifies you when a busy line becomes free by calling you back	

CALLING FEATURES CONTINUED	
<b>CALL WAITING</b>	\$2.00
Allows you to answer an incoming call while you are on the phone	
<b>CALL WAITING RING BACK</b>	\$2.00
Call waiting informs you of a second call so you may hang up the phone and receive an immediate ringback with the second call.	
<b>CALL WAITING/CALLER ID</b>	\$2.00
Allows you to answer an incoming call while you are on the phone and will display caller number	
<b>CALLER ID</b>	\$2.00
Phone number of caller is shown on telephone display	
<b>CALLER ID BLOCKING</b>	\$2.00
Your number will not be visible to who you are calling	
<b>DO NOT DISTURB</b>	\$2.00
To temporarily block incoming calls, out going calls will still be allowed.	
<b>FIND ME FOLLOW ME</b>	\$2.00
Find Me refers to the ability to receive incoming calls at any location. Follow Me refers to the ability to receive calls at any number of designated phones, whether ringing all at once, or in sequence.	
<b>THREE WAY CALLING</b>	\$2.00
Allows you to talk to two people at once	
<b>ANONYMOUS CALL REJECTION</b>	\$2.00
Rejects all numbers that have per line blocking	
<b>BUSY CALL FORWARDING</b>	\$2.00
Forwards incoming calls to a different number when the dialed number is busy	
<b>CALL HOLD</b>	\$2.00
Allows to put one call on hold so you may dial another number	
<b>SELECTIVE CALL ACCEPTANCE</b>	\$2.00
Only the numbers you choose will be accepted	
<b>SELECTIVE CALL FORWARDING</b>	\$2.00
Special calls can be forwarded to another	
<b>SELECTIVE CALL REJECTION</b>	\$2.00
Rejects calls from specified numbers	
<b>TOLL RESTRICTION</b>	\$0.00
Disallows long distance calls from a subscriber line	

^This quote doesn't include surcharges and fees

^All RATES AND CHARGES ARE SUBJECT TO CHANGE

^TRIBAL CONNECT CREDITS will be applied once application and verification are completed- **FCC/Federal Funded Program**

^**YOUR SERVICE IS BILLED IN ADVANCE:** YOUR FIRST BILL WILL INCLUDE THE PRORATED AMOUNT OF YOUR PLAN WITH ADDITIONAL SURCHARGES, PLUS THE MONTH IN ADVANCE AND ANY APPLICABLE INSTALLATION FEES.



# Warm Springs Telecom Tribal Connect & Link-Up Application

Tribal Connect Service/Link-up Assistance is available to all Tribal members and residential customers who live within the boundaries of The Confederated Tribes of Warm Springs reservation. The eligibility established by the FCC is listed below. This is a self-certification application and must be returned to Warm Springs Telecom. **Annual recertification is required.**

Return to: Warm Springs Telecom (541)615-0555 Phone  
 PO Box 910, 4202 Holliday St. (541)615-0550 Fax  
 Warm Springs, OR 97761

<b>I AM 18 YEARS OF AGE OR OLDER</b> (Please circle one).	<b>YES</b>	<b>NO</b>
<b>NAME:</b>		
<b>DATE OF BIRTH:</b>		<b>LAST 4-DIGITS OF SOCAIL SECURITY NUMBER:</b>
<b>PHYSICAL ADDRESS:</b>	<b>IS THIS ADDRESS</b> (Please circle one) :  <b>PERMANENT</b> <b>TEMPORARY</b>	
<b>MAILING ADDRESS:</b>		
<b>TELEPHONE NUMBER:</b>		
<b>The telephone account must be in applicant's name.</b>		

<b>I AM APPLYING FOR</b> (check one or both)	<input type="checkbox"/> Tribal Connect Monthly Telephone Service <b>Discount of \$16.15</b> <input type="checkbox"/> Link-up Telephone Installation <b>Discount of \$75.00</b> , One-Time Charge
--	--

<b>I PARTICIPATE IN</b> (only one needed to qualify)	<p><b>I (or my dependent or member of my household) receives benefits from at least one of the programs listed below.</b></p> <p><input type="checkbox"/> Federal Public Housing Assistance/Section 8</p> <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)</p> <p><input type="checkbox"/> Medicaid (OHP)</p> <p><input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)</p> <p><input type="checkbox"/> National School Lunch (free program only)</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <b>OR</b> Tribal TANF</p> <p><input type="checkbox"/> Bureau of Indian Affairs General Assistance</p> <p><input type="checkbox"/> Food Distribution Program on Indian Lands (FDPIR)</p> <p><input type="checkbox"/> Head Start (income qualifying/residents of Tribal Lands only)</p> <p><b>I do not receive benefits, but my dependent or member of my household does receive from a program checked above. Full name of dependent or household member receiving benefits</b></p> <p>_____</p> <p><input type="checkbox"/> Income at or below 135% of Federal Poverty Guidelines, Number of people in my household _____</p> <table style="margin-left: 40px;"> <thead> <tr> <th style="text-align:left;"><u>Family Size</u></th> <th style="text-align:left;"><u>Annual Income</u></th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$15,755</td> <td></td> </tr> <tr> <td>2</td> <td>\$21,236</td> <td></td> </tr> <tr> <td>3</td> <td>\$26,717</td> <td><b>Add \$5,481 for each additional person</b></td> </tr> <tr> <td>4</td> <td>\$32,198</td> <td></td> </tr> <tr> <td>5</td> <td>\$37,679</td> <td></td> </tr> </tbody> </table>	<u>Family Size</u>	<u>Annual Income</u>		1	\$15,755		2	\$21,236		3	\$26,717	<b>Add \$5,481 for each additional person</b>	4	\$32,198		5	\$37,679	
<u>Family Size</u>	<u>Annual Income</u>																		
1	\$15,755																		
2	\$21,236																		
3	\$26,717	<b>Add \$5,481 for each additional person</b>																	
4	\$32,198																		
5	\$37,679																		

**PLEASE READ AND INITIAL ALL**

**CUSTOMER CERTIFIES**

INITIAL \_\_\_\_

Phone service is listed in his or her name. (one Lifeline Service per household)

INITIAL \_\_\_\_

The subscriber meets the income-based or program-based criteria for receiving Tribal Connect

INITIAL \_\_\_\_

The subscriber will notify the carrier (WST) within 30 days if for any reason he or she no longer satisfies the criteria for receiving Tribal Connect, including, as relevant, if the subscriber no longer meets the income-based or program-based criteria for receiving Tribal Connect support, the subscriber is receiving more than one lifeline benefit, or another member of the subscriber's household is receiving a Tribal Connect benefit.

INITIAL \_\_\_\_

If the subscriber is seeking to qualify for Tribal Connect as an eligible resident of Tribal Lands, he or she must live within the boundaries of The Confederated Tribes of Warm Springs.

INITIAL \_\_\_\_

If the subscriber moves to a new address, he or she will provide the address to WST within 30 days.

INITIAL \_\_\_\_

I hereby certify under penalty of perjury that I agree not to transfer my Tribal Connect program benefits to another person.

INITIAL \_\_\_\_

I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Tribal Connect Programs.

INITIAL \_\_\_\_

If the subscriber provided a temporary residential address to WST, he or she will be required to verify his or her temporary residential address every 90 days.

INITIAL \_\_\_\_

The subscriber's household will receive only one Tribal Connect service and, to the best of his or her knowledge, the subscriber's household is not already receiving a Tribal Connect service.

INITIAL \_\_\_\_

The information contained is the subscriber's certification is true and correct to the best of his or her knowledge

INITIAL \_\_\_\_

The subscriber acknowledges that providing false or fraudulent information to receive Tribal Connect benefits is punishable by law and/or de enrollment from program.

INITIAL \_\_\_\_

The subscriber acknowledges that the subscriber may be required to recertify his or her continued eligibility for Tribal connect every year between July 1st and December 31st, and the subscriber's failure to re-certify as to his or her continues eligibility will result in de-enrollment and the termination of the subscriber's Tribal Connect.

INITIAL \_\_\_\_

I understand and consent to Warm Springs Telecom providing my Tribal Connect service account information, including but not limited to, my name, residential address, phone number, date of birth; the last 4 digits of my social security number; the date on which my Tribal Connect service was initiated/terminated, the amount of my Tribal Connect support provided, and the means through which I qualified for Tribal Connect, to the Universal Service Administrative Company (USAC), USAC's agents and/or Oregon Telephone Assistance Program ensure the proper administration of the Tribal Connect program. I understand that if I fail to provide this consent, Warm Springs Telecom will deny me Tribal Connect service.

**APPLICANT SIGNATURE**

**DATE**

**INTERNAL USE ONLY**

ORIGINAL CERIFICATION

DATE:

VERIFIED BY:

VERIFIED WITH:

ANNUAL RECERTIFICATION

DATE:

SERVICE ORDER NO.

CRM NOTES: YES OR NO

