

LIFELINE SERVICE PROGRAM

As a customer of Epic Touch Co., I certify that I currently participating in one of the following programs (please check):

CHECK	DESCRIPTION
<input type="checkbox"/>	Temporary Assistance to Needy Families
<input type="checkbox"/>	Food Stamps
<input type="checkbox"/>	General Assistance
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Supplemental Security Income
<input type="checkbox"/>	Food Distribution Program
<input type="checkbox"/>	Income at or below 150% of Federal Poverty Level
<input type="checkbox"/>	National School Lunch Program

As a lifeline eligible customer, I agree to annually provide Epic Touch Co., Inc. with a valid identification card or appropriate documents that are issued by the agency administering the program.

 Customer Date

Account Number _____

As a representative of Epic Touch Co., I agree that I have reviewed all required documentation, including required income documentation, and the above customer is eligible to receive the lifeline discount.

 Epic Touch Co., Inc. Representative Date