



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

150 South Main Street • Providence, RI 02903

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Patrick C. Lynch, Attorney General

January 26, 2010

Via Electronic Mail

Luly Massaro, Clerk
Public Utilities Commission
89 Jefferson Blvd.
Warwick, RI 02888

Re: **Cox Rhode Island Telcom, LLC– Docket 4020;**
Petition Requesting Adoption of Rules

Dear Ms. Massaro:

The Division of Public Utilities and Carriers (“Division”) hereby submits the following comments related to the recent adoption by the Rhode Island Public Utilities Commission (the “Commission”) of certain federal certification and verification rules in furtherance of FCC Report and Order (FCC 04-87) (the “Order”). The Division has reviewed and does not object to the form and content of the company neutral verification and reminder letters (the “VRLetters”), which Cox intends to submit in this docket regarding Lifeline Linkup verification.

The Division however strongly urges continuity in the use of the VRLetters and therefore requests that all ETC’s electing to use any thing less than 100% verification use the same VRLetters for verification.

Thank you for your attention in this matter and if you should have any questions, please feel free to contact me.

Sincerely,

Thomas Ahern
Administrator
Division of Public Utilities and
Carriers

By his Attorney,

A handwritten signature in black ink, appearing to read 'J. Hagopian', with a large, stylized flourish at the end.

Jon G. Hagopian
Special Assistant Attorney General

Encl.

cc: Service list (email only)

Verification Letter

DATE

Account #

Dear _____,

In accordance with the rules and regulations of the Federal Communications Commissions and the Rhode Island Public Utilities Commission, you are required to certify your continued eligibility in the Lifeline Telephone Assistance and Link-Up America Assistance Program. You are currently receiving a Lifeline discount of [\$ _____] per month, for a Telephone account in your name, either because you receive assistance from one or more of the qualifying state or federal programs listed below or because you qualify based upon the Federal Poverty Guidelines.

Rhode Island Qualifying Programs	Annual Income Requirement: 150% of Federal Poverty Guidelines	
<ul style="list-style-type: none">• Receiving supplemental social security income (“SSI”);• Receiving aid under the Family Independence Program (“FIP”);• Receiving Temporary Assistance for Needy Families (“TANF”);• Receiving General Public Assistance;• Receiving aid from the Rhode Island medical assistance program;• Receiving Rhode Island Pharmaceutical Assistance to the Elderly;• Receiving Medicaid;• Receiving Supplemental Nutrition Assistance Program (“SNAP”); or• Receiving low-income home energy assistance program (“LIHEAP”) funds.	Members in Household	Annual Income
	1	\$16,245.00
	2	\$21,855.00
	3	\$27,465.00
	4	\$33,075.00
	5	\$38,685.00
	6	\$44,295.00
	7	\$49,905.00
	8	\$55,515.00
Each Add’l	\$5,610.00	

In order to continue to receive the [\$ _____] monthly discount on your telephone service, it will be necessary for you to sign and return this letter to the address listed below by (insert date – 60 days to comply).

[Company Address and Contact Number]

Sign below for recertification:

I set forth my signature, under the penalties of perjury that I am **EITHER** a current participant in at least one of the qualifying programs **OR** that my household income is at or below 150% of the Federal Poverty Guidelines based on the number of members in my household. I certify that I do not receive a Lifeline discount from any other carrier (wireline or wireless services), and that I am aware that I can only receive the Lifeline discount on one phone line. Furthermore, by signing below, I also acknowledge that I must notify [the company] when I am no longer eligible for the Lifeline Program

Account Holder Signature: _____

Failure to comply with this request by (INSERT DATE) will result in a loss of your monthly Lifeline discount. We thank you in advance for your prompt attention to this matter.

Sincerely,

Customer Care

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Reminder Letter

DATE _____

Account # _____

Dear _____,

As indicated in our letter to you dated _____, you are required to certify your continued eligibility in the Lifeline Telephone Assistance and Link-Up America Assistance Program. You are currently receiving a Lifeline discount of [\$ _____] per month, for a Telephone account in your name, either because you receive assistance from one or more of the qualifying state or federal programs listed below or because you qualify based upon the Federal Poverty Guidelines.

Rhode Island Qualifying Programs	Annual Income Requirement: 150% of Federal Poverty Guidelines	
<ul style="list-style-type: none">• Receiving supplemental social security income (“SSI”);• Receiving aid under the Family Independence Program (“FIP”);• Receiving Temporary Assistance for Needy Families (“TANF”);• Receiving General Public Assistance;• Receiving aid from the Rhode Island medical assistance program;• Receiving Rhode Island Pharmaceutical Assistance to the Elderly;• Receiving Medicaid;• Receiving Supplemental Nutrition Assistance Program (“SNAP”); or• Receiving low-income home energy assistance program (“LIHEAP”) funds.	Members in Household	Annual Income
	1	\$16,245.00
	2	\$21,855.00
	3	\$27,465.00
	4	\$33,075.00
	5	\$38,685.00
	6	\$44,295.00
	7	\$49,905.00
	8	\$55,515.00
Each Add'l	\$5,610.00	

We have not received your certification that you are still eligible for this discount, as explained in our letter of _____. We are reminding you that in order to continue to receive this discount you must continue to be eligible as a recipient of one of these programs or as provided under the income levels above. If you are still eligible please read and sign as indicated below and return to the following address: [insert company address and contact information]

Please note that failure to return this letter signed as indicated below by _____ will result in the removal of the discount from your telephone account.

Sign below for recertification:

I set forth my signature, under the penalties of perjury that I am **EITHER** a current participant in at least one of the qualifying programs **OR** that my household income is at or below 150% of the Federal Poverty Guidelines based on the number of members in my household. I certify that I do not receive a Lifeline discount from any other carrier (wireline or wireless services), and that I am aware that I can only receive the Lifeline discount on one phone line. Furthermore, by signing below, I also acknowledge that I must notify [insert company name] when I am no longer eligible for the Lifeline Program

Account Holder Signature: _____

We thank you in advance for your prompt attention to this matter.
Sincerely,

Customer Care

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