



Ellen Taylor  
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April 16, 2015

**Via Email and Regular Mail**

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

**Re: American Broadband and Telecommunications Company  
PUC Docket No. 4559**

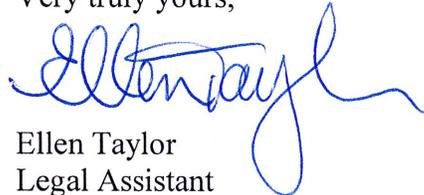
Dear Luly:

Enclosed for filing on behalf of American Broadband and Telecommunications Company are an original and six copies of **American Broadband and Telecommunications Company's Motion to Amend**.

Please let us know if you have any questions.

Thank you for your attention.

Very truly yours,



Ellen Taylor  
Legal Assistant

:et  
Enclosures

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
PUBLIC UTILITIES COMMISSION**

In RE: :  
: :  
Petition of American Broadband and : :  
Telecommunications Company For : : Docket No.: 4559  
Limited ETC Designation : :  
:

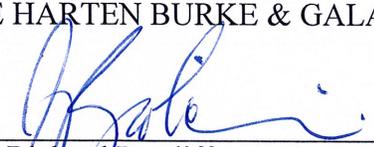
**AMERICAN BROADBAND AND TELECOMMUNICATIONS COMPANY'S  
MOTION TO AMEND**

The Petitioner, American Broadband and Telecommunications Company, moves to amend its Petition For Limited ETC Designation so as to add its Rhode Island-specific Lifeline Enrollment Form/Certification (attached) to Exhibit D of the Petition. This motion is pursuant to Rule 1.11(a) of the Public Utilities Commission Rules of Practice and Procedure.

RESPECTFULLY SUBMITTED this 16<sup>th</sup> day of April, 2015  
Counsel for American Broadband and Telecommunications Co.

RATCLIFFE HARTEN BURKE & GALAMAGA, LLP

By

  
\_\_\_\_\_  
J. Richard Ratcliffe, RI Bar no. 2603  
Jeffrey Biolchini, RI Bar no. 7320  
40 Westminster Street, Suite 700  
Providence, RI 02903  
401-331-3400 (tel)  
401-331-3440 (fax)  
rratcliffe@rhbglaw.com  
jbiolchini@rhbglaw.com

**Wireless Lifeline Assistance Application**  
 PLEASE MAIL OR FAX SIGNED APPLICATION TO:  
 AMBT Wireless Lifeline—PO Box 577 Toledo, OH 43697  
 Toll Free: 877-266-7212  
 Fax: 877-211-3705



Your Name: \_\_\_\_\_

Current Home Telephone Number: \_\_\_\_\_ Best Contact or Cell Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
 (Number) (Street) (Apartment, Floor)

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is This a Permanent Address?  YES  NO Date of Birth \_\_\_/\_\_\_/\_\_\_ Last 4 Digits of Your Social Security Number \_\_\_\_\_

Is This a Multiple Household Address?  YES  NO Billing Address (if Different from Residential Address)

\_\_\_\_\_  
 (Number) (Street) (Apartment, Floor) (City) (State) (Zip Code)

**Program Eligibility**  
 I receive Assistance from one of the following programs (Check all that apply) (NOTE: Social Security and Medicare alone DO NOT qualify for Lifeline):

<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP)	<input type="checkbox"/> RI Medical Assistance Program
<input type="checkbox"/> Medicaid (Not Medicare)	<input type="checkbox"/> Disability Assistance	<input type="checkbox"/> RI Pharmaceutical Assistance to the Elderly (RIPAE)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> National School Lunch Program	<input type="checkbox"/> Rhode Island Works, formerly Aid to Families with Dependent Children (AFDC)
<input type="checkbox"/> Federal Public Housing Assistance (Section 8)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> General Public Assistance (GPA)
<input type="checkbox"/> Federal Public Housing and/or Section 8		
<input type="checkbox"/> Works First /TANF		

**AMBT USE ONLY—Please Identify Which Program Documents from the Box Above You Used for Proof of Program Eligibility**

<input type="checkbox"/> Proof of Food Stamp Participation	<input type="checkbox"/> Federal Public Housing and/or Section 8	<input type="checkbox"/> Disability Assistance Participation Certification
<input type="checkbox"/> Medicaid (Not Medicare)—Program Documentation	<input type="checkbox"/> Works First /TANF Documentation	<input type="checkbox"/> National School Lunch Program Eligibility
<input type="checkbox"/> Supplemental Security Income (SSI) Participation	<input type="checkbox"/> Low Income Home Energy Assistance—Documents	<input type="checkbox"/> Temporary Assistance for Needy—TANF Cert
<input type="checkbox"/> Federal Public Housing Assistance (Section 8)	<input type="checkbox"/> Identification Credentials Verified	

**Income Based Eligibility—DO NOT COMPLETE THIS SECTION IF YOU COMPLETED THE PROGRAM ELIGIBILITY SECTION ABOVE**  
 Calculate TOTAL household income by reporting the income of all adult persons residing in your home in the appropriate category:

Household Size	Maximum Yearly Income	<b>Proof of Income Documentation Examples Include:</b> <input type="checkbox"/> Prior year's State or Federal income tax return OR <input type="checkbox"/> Most recent type of current statement from the income source(s) noted below: <input type="checkbox"/> Three consecutive months' worth of your most current pay stubs <input type="checkbox"/> Social Security benefits statement <input type="checkbox"/> Veterans Administration benefits statement <input type="checkbox"/> Retirement/Pension benefits statement <input type="checkbox"/> Divorce decree or child support document <input type="checkbox"/> Unemployment/Workers Compensation benefits statement
1	\$15,755	
2	\$21,236	
3	\$26,717	

\_\_\_\_\_  
 \$ \_\_\_\_\_

If you have more than 3 people in your household, write the number and add \$5,730 for each additional person on top of the \$27,795

**PLEASE READ, INITIAL AFTER EACH STATEMENT AND SIGN THE FOLLOWING STATEMENT**  
 By signing below, I certify under penalty of perjury—(additionally, please initial each of the 11 statements below)

- The information contained within this application is true and correct. I acknowledge that providing false or fraudulent documentation in order to receive assistance is punishable by fines, imprisonment, de-enrollment or being barred from the program. \_\_\_\_\_
- I understand that Lifeline is a federal benefit and is only available for one phone line per household, whether landline or wireless. For purposes of the Lifeline program, a household is any individual or group of individuals who live together at the same address and share income and expenses. Violation of the one-per-household requirement is a violation of FCC rules, will result in de-enrollment from the Lifeline program and potentially prosecution by the federal government. \_\_\_\_\_
- I understand that households are not permitted to receive Lifeline benefits from multiple providers. (Some Lifeline services are not marketed under a "Lifeline" name; these include Lifeline services sold under the names AT&T Lifeline, Assurance Wireless, and Safelink.) I certify that to the best of my knowledge, I, and any members of my household, will only receive Lifeline from American Broadband & Telecommunications (AMBT). \_\_\_\_\_
- I understand that I must notify AMBT within 30 days if I cease to participate in a qualifying federal program or my annual household income exceeds this threshold. \_\_\_\_\_
- I understand that I must cancel any Lifeline service or port my number to AMBT prior to establishing my service with AMBT. \_\_\_\_\_
- I understand that Lifeline is a nontransferable benefit and certify that I will only use this phone for my household's own use and will not resell or transfer it. \_\_\_\_\_
- I will notify AMBT within 30 days if I, or any member of my household, no longer qualify for Lifeline, I or any members of my household move, or if I, or any member of my household, are receiving more than one Lifeline-supported service. \_\_\_\_\_
- I understand that I may be required to re-certify my continued eligibility at any time, and at least annually, and failure to do so will result in the termination of my Lifeline benefits. \_\_\_\_\_
- I certify that I meet the income-based or program-based eligibility criteria for receiving Lifeline service as described by FCC rules. \_\_\_\_\_
- I understand that my name, telephone number, and address will be divulged to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that I, or my household, do not receive more than one Lifeline benefit. I consent to inclusion of this information in the support database. \_\_\_\_\_
- I understand that if I have listed a temporary residential address, I will be required to verify my temporary residential address every 90 days. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

AMBT Agent

**Perjury and false statements are punishable by fines and/or imprisonment.**

By signing above, you hereby acknowledge and authorize AMBT Wireless to share your personal information contained in this Lifeline application as well as information associated with your Lifeline service to the Federal Communications Commission or its designee, including the Universal Service Administrative Company (USAC) and/or its agents, and to any state or federal agency or its designee, as required by law. You will be denied Lifeline benefits if you fail to provide AMBT Wireless with consent to provide the specified information to USAC. In addition, you hereby acknowledge and authorize AMBT to occasionally send you Compliance, Informational and/or Marketing information via text message(s).

**Docket 4559 – American Broadband and Telecommunications Co. - ETC Designation Petition  
Service List as of 4/14/15**

**CERTIFICATION**

I hereby certify that on the 16<sup>th</sup> day of April, 2015, a true copy of the attached document was sent to the persons on the service list below by regular mail and via email at the addresses indicated.

<b>Name/Address</b>	<b>E-mail</b>	<b>Phone</b>
Jeffrey Biolchini, Esq. J. Richard Ratcliffe, Esq. Ratcliffe Harten Burke & Galamaga LLP 40 Westminster St., Suite 700 Providence, RI 02903	<a href="mailto:Jbiolchini@rhbglaw.com">Jbiolchini@rhbglaw.com</a>	401-331-3400
	<a href="mailto:Rratcliffe@rhbglaw.com">Rratcliffe@rhbglaw.com</a>	
Leo Wold, Esq. Dept. of Attorney General 150 South Main St. Providence, RI 02903	<a href="mailto:Lwold@riag.ri.gov">Lwold@riag.ri.gov</a>	401-222-2424
	<a href="mailto:Brian.kent@dpuc.ri.gov">Brian.kent@dpuc.ri.gov</a>	
	<a href="mailto:James.lanni@dpuc.ri.gov">James.lanni@dpuc.ri.gov</a>	
	<a href="mailto:Jmunoz@riag.ri.gov">Jmunoz@riag.ri.gov</a>	
<b>File an original &amp; nine (9) copies w/:</b> Luly E. Massaro, Commission Clerk Public Utilities Commission 89 Jefferson Blvd. Warwick, RI 02888	<a href="mailto:dmacrae@riag.ri.gov">dmacrae@riag.ri.gov</a>	401-780-2107
	<a href="mailto:Luly.massaro@puc.ri.gov">Luly.massaro@puc.ri.gov</a>	
	<a href="mailto:Cynthia.WilsonFrias@puc.ri.gov">Cynthia.WilsonFrias@puc.ri.gov</a>	

