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16.04.02 - IDAHO TELECOMMUNICATION SERVICE ASSISTANCE PROGRAM RULES

000. LEGAL AUTHORITY.
Section 56-901, Idaho Code, grants legal authority to the Department of Health and Welfare to adopt rules to provide eligible recipients with a reduction in the costs of telecommunication service. The program is authorized by the Federal Communication Commission (FCC) under 47 CFR Sections 54.101 through 54.422. (4-4-13)

001. TITLE, SCOPE, AND PURPOSE.
01. Title. These rules are cited as IDAPA 16.04.02, “Idaho Telecommunication Service Assistance Program Rules.” (4-4-13)
02. Scope. These rules contain official requirements governing the program’s right to provide eligible recipients with a reduction of costs in telecommunication installation and service. (4-4-13)
03. Purpose. The purpose of these rules is to establish requirements of the Idaho Telecommunication Service Assistance Program (ITSAP) as authorized by Sections 62-610, 56-901, 56-902, 56-903, and 56-904, Idaho Code. ITSAP shall grant limited federal “lifeline” contributions to Idaho’s low income customers. (3-20-14)

002. WRITTEN INTERPRETATIONS.
In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements that pertain to the interpretations of the rules of this chapter. (4-4-13)

003. ADMINISTRATIVE APPEALS.
Contested case appeals are governed by Idaho Department of Health and Welfare Rules, IDAPA 16.05.03, “Rules Governing Contested Case Proceedings and Declaratory Rulings,” Section 300, et seq. (4-4-13)

004. INCORPORATION BY REFERENCE.
No documents are incorporated by reference in this chapter of rule. (4-4-13)

005. OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE -- WEBSITE.
01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the State of Idaho. (4-4-13)
02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (4-4-13)
03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-4-13)
04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (4-4-13)
05. Internet Website. The Department’s internet website is http://www.healthandwelfare.idaho.gov/. (4-4-13)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.
01. Confidential Records. Disclosure of any information about an individual covered by these rules and contained in the Department’s records must comply with IDAPA 16.05.01, “Use and Disclosure of Department Records.” (4-4-13)
02. Public Records. The Department will comply with Title 74, Chapter 1, Idaho Code, when requests
007. -- 009. (RESERVED)

10. DEFINITIONS.

01. Assistance Rate Discount. A monthly discount to eligible “lifeline” subscribers for basic local service under the Idaho Telecommunication Service Assistance Program (ITSAP) authorized in Sections 56-901 through 56-904, and 62-610, Idaho Code.

02. Department. The Idaho Department of Health and Welfare or its designee.

03. Eligibility Application. The current Participant Assessment Application form or the Application for Assistance (AFA) form.

04. Eligible Basic Local Service. A single telecommunication service at the eligible subscriber household.


06. Head of Household. The adult member of a household responsible for payment of at least fifty percent (50%) of the cost of the basic local service.

07. Household. A household is either an individual living alone or a group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An “economic unit” consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen (18) years or older. If an adult has no or minimal income, and lives with someone who provides financial support to him, both people shall be considered part of the same household. Children under the age of eighteen (18) living with their parents or guardians are considered to be part of the same household as their parents or guardians.

08. Income. Income is the gross amount of money actually received in the recipients household from all sources.

09. ITSAP. Idaho Telecommunication Service Assistance Program.

10. Lifeline. ITSAP component that provides a monthly discount rate to eligible subscribers on their basic local service costs.

11. Provider. The eligible telecommunication carrier providing basic local service to Idaho residents.

12. Recipient. A person who is determined eligible for ITSAP.

13. Subscriber. A person applying for basic local service or, in whose name the basic local service is listed. The subscriber does not need to be the head of the household.

011. -- 099. (RESERVED)

100. ASSISTANCE ELIGIBILITY REQUIREMENTS.

01. Head of Household. A recipient must be the head of the household.

02. Application. A person must complete an application on behalf of the household, listing all...
members. The application may be completed by a person other than the head of the household. (3-25-16)

03. **Income Limit.** The household’s gross income must be at or below one hundred and thirty-five percent (135%) of the Federal Poverty Guideline (FPG). Households receiving any type of state or federal assistance with income limits at or below one hundred and thirty-five percent (135%) of the FPG are income eligible for ITSAP. (4-4-13)

101. -- 109. (RESERVED)

110. **ASSISTANCE DISCOUNT RATE.**
An eligible “lifeline” recipient is given a monthly discount for basic local service in the amount of two dollars and fifty cents ($2.50). The discount cannot exceed the rate charged for the grade of basic local service subscribed to by eligible recipient. (3-20-14)

111. -- 399. (RESERVED)

400. **TIME LIMITS.**

01. **Maximum Time Limit.** Unless circumstances occur beyond the control of the Department or the provider, the maximum time limit for determination of ITSAP eligibility is thirty (30) days from the date of the subscriber’s application with the Department. (7-1-99)

02. **Assistance Discount.** Eligible recipients will receive the monthly discount for a period of not less than twelve (12) months unless:

a. Discount is terminated at the request of the eligible recipients; or (7-1-99)

b. The household telephone service is terminated. (3-5-91)

401. -- 499. (RESERVED)

500. **DISCONTINUANCE OF ELIGIBILITY.**
The Department will furnish to the providers a list of recipients eligible to receive the monthly discount. (7-1-99)

501. -- 599. (RESERVED)

600. **NOTIFICATION OF DECISION.**
Subscribers removed from ITSAP will be notified by their provider that the discount will cease to be effective upon the subscriber’s next billing. (7-1-99)

601. -- 999. (RESERVED)
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