



SAFE CONNECTIONS ACT **LINE SEPARATION REQUEST FORM**

NOTICE TO CONSUMERS

OVERVIEW OF THE LINE SEPARATION PROCESS

The Safe Connections Act (SCA) is a federal law that ensures Survivors of domestic violence (and other related crimes and abuse) can separate from Abusers without losing independent access to their mobile service plan. It allows Survivors of domestic violence to separate lines of service that are together on the same account so the Survivor (and any person(s) under the care of the Survivor) does not have to share an account with their Abuser.

If you are, or someone in your care is, a Survivor of domestic violence (or other related crime or abuse) and the mobile device you use is on the same account as the device your Abuser uses, you can request a line separation. Your line separation request is kept secure and confidential. For your safety, Appalachian Wireless will only communicate with you when necessary and only as you instruct in your request. If your request is approved, Appalachian Wireless will notify you (or your designated representative) prior to contacting the account holder or Abuser to notify them of any account changes.

Definitions

Abuser means a person who has committed or allegedly committed a covered act against a Survivor, or someone in the care of a Survivor.

Covered Act means an act that constitutes abuse, including domestic violence, dating violence, sexual assault, stalking, sex trafficking, neglect, abandonment, economic abuse, technological abuse, and other similar crimes. A criminal conviction or any other determination of a court is not required for these actions to constitute a covered act.

Shared Account means a mobile service account that includes service for two or more telephone numbers, regardless of the type of device.

Survivor means a person who is 18 or older and has had a covered act committed or allegedly committed against them or someone in their care (provided that the person providing care is not the Abuser). A person who "cares for" another person, or person "in the care of" another person, includes (1) any people who are part of the same household; (2) parents, guardians, and minor children even if the parents and children live at different addresses; (3) those who care for, or are in the care of, another person by valid court order or power of attorney; and (4) a person who is the parent, guardian, or caretaker of a person 18 or older upon whom others are financially or physically dependent (and those dependents).

A line separation request begins with completing a Safe Connections Act Line Separation Request Form. This form may be downloaded from our website at www.appalachianwireless.com, picked up at any Appalachian Wireless store, or filled out online at www.appalachianwireless.com. Once completed, you can submit the form (along with required documentation) by any of the following means:

- Online: <https://www.appalachianwireless.com/safe-connections>
- Email: safeconnections@ekn.com
- Mail: Appalachian Wireless, Attn: SCA, 101 Technology Trail, Ivel, KY 41642
- In person at any Appalachian Wireless store. Visit our website to find a location near you.

You (or your designated representative) will be notified of the completion or denial of the line separation request within two business days.

If you have requested your line be separated from a Shared Account, you may be required to fill out additional forms after the line separation is complete.

Please be aware that the SCA does not permit Appalachian Wireless to make a line separation conditional upon the imposition of penalties, fees, or other requirements or limitations.

DESCRIPTION OF SERVICE OPTIONS THAT MAY BE AVAILABLE TO SURVIVORS

You may keep the same plan or choose a new plan from any of the plans currently available. You may also choose to continue using your device associated with the separated line, bring your own device not under contract or installments, or purchase a new one. You may request a separation of any line on the Shared Account including phones, watches, and tablets.

AVAILABILITY OF LIFELINE

Standard Lifeline Support

Lifeline is a government assistance program that provides a discount for qualifying households.¹ You may qualify if your household income is at or below 135% of the Federal Poverty Guidelines² or if any member of your household is currently enrolled in:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Veterans Pension Benefit
- Survivors Pension Benefit

Federal Lifeline

\$5.25 discount available on any eligible plan with at least 1000 voice minutes (phones only)

OR

\$9.25 discount available on any eligible plan with at least 4.5 GB of data (phones or tablets)

Kentucky Lifeline

\$6.00 discount available on any eligible plan with unlimited voice (phones only)

Emergency Communications Support for Survivors

Emergency Communications Support is also available under the Lifeline program for qualifying Survivors who are suffering financial hardship. You may qualify if your household income is at or below 200% of the Federal Poverty Guidelines³ or at least one member of your household meets the following criteria:

- Is approved to receive benefits under the free and reduced-price school lunch program or the school breakfast program, including through the USDA Community Eligibility Provision;
- Received a Federal Pell Grant in the current award year; or
- Receives assistance through the Supplemental Nutrition Assistance Program (SNAP).

If you qualify for Emergency Communications Support, you may receive the federal Lifeline benefit of \$9.25 for any voice service with at least 1000 voice minutes or any service that includes at least 4.5 GB of data per month.

Emergency Communications Support is available for a period of six months. After the six-month period, if you have not shown your eligibility to continue under the standard Lifeline program terms, you will be de-enrolled.

Step 1 – You must apply through the Lifeline National Verifier. Please visit www.lifelinesupport.org for more information on how to apply.

In order to qualify for Emergency Communications Support, in addition to showing financial hardship as defined above, you must also submit proof to the Lifeline National Verifier that you requested a line separation under the Safe Communications Act.

Step 2 – After your Lifeline eligibility has been approved by the Lifeline National Verifier, you can enroll with Appalachian Wireless and the Lifeline discount will be applied to reduce your bill. You must submit a completed Appalachian Wireless Lifeline Enrollment form, which is available on our website or at any retail store.

¹ Benefit amounts and minimum standards for eligible plans are determined by the federal and/or state government and are subject to change. Your Lifeline benefit is non-transferable. Proof of eligibility is required, and only eligible customers may enroll. Only one Lifeline discount is allowed per household. Consumers who willfully make false statements in order to obtain the Lifeline benefit can be punished by fine or imprisonment or being barred from the program. The Lifeline discount will be applied beginning in the service period that includes the first day of the month following successful enrollment. Appalachian Wireless offers Lifeline services only in Kentucky. The Lifeline Enrollment Form must be in the name of the account holder. Lifeline is not available on Forward Pay plans.

² Find the qualifying income limits based on household size at www.lifelinesupport.org/do-i-qualify/.

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Return Pages 3 and 4 by:

Mail: Appalachian Wireless
Attn: SCA
101 Technology Trail
Ivel, KY 41642

Email: safeconnections@ekn.com

Online: <https://www.appalachianwireless.com/safe-connections>

Or return in person to any Appalachian Wireless store.

SECTION 1: SURVIVOR NAME AND CONTACT INFORMATION

The Survivor named below is requesting a line separation under the Safe Connections Act (47 U.S.C. §345) and the FCC's rules (64 C.F.R. §64.400, *et seq.*).

Name of Survivor: _____

Address: _____

IMPORTANT NOTICE – WE MAY CONTACT YOU TO CONFIRM THE LINE SEPARATION, TO INFORM YOU IF WE ARE UNABLE TO COMPLETE THE LINE SEPARATION, OR TO REQUEST ADDITIONAL INFORMATION

By what method may we contact you? (*You must choose at least one. You may choose more than one.*)

☐ Text Number: _____

☐ Email Email Address: _____

☐ Phone Number: _____

☐ Designated Representative. *Complete the Designated Representative Section, below.*

Special Instructions for Communications with Survivor: _____

SECTION 2: DESIGNATED REPRESENTATIVE INFORMATION

The individual listed below is the designated representative of the Survivor listed above and has assisted the Survivor with this line separation request.

Name: _____ Relationship to Survivor: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

SECTION 3: ABUSER INFORMATION AND DOCUMENTATION

Name of Abuser: _____

You must submit one of the following documents as evidence that the Abuser has committed or allegedly committed a Covered Act against you or someone in your care:

- ☐ A signed affidavit from a licensed medical or mental health provider, licensed social worker, victim services provider, or employee of a court acting in the course of their employment
- ☐ A police report or statement provided by the police to a magistrate or judge
- ☐ Charging documents
- ☐ Protective or restraining order
- ☐ Any other official record that documents the abuse

This documentation must have the name of the Abuser and the name of the Survivor.

SECTION 4: ACCOUNT INFORMATION

Instructions: Provide the following information for the Shared Account from which the requested lines should be separated. This information is not required to process the line separation request, and the request will not be denied if the information is not provided or is inaccurate.

Account #: _____ Primary Phone #: _____ PIN/Password: _____

Address: _____

SECTION 5: LINE SEPARATION INFORMATION

Instructions: List all lines the Survivor is requesting to be separated from the Shared Account listed above. Check which lines are used by the Survivor, by the Abuser, and/or by the person(s) under care of the Survivor. If the line(s) of someone in the Survivor's care is being separated, the Survivor must also sign and date the statement below close in time to the submission of this form.

Line	Phone Number (Describe device if number unknown)	Survivor <input checked="" type="checkbox"/>	Person Under Care of Survivor <input checked="" type="checkbox"/>	Abuser <input checked="" type="checkbox"/>
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I affirm that the lines listed above which are marked "Person Under Care of Survivor" belong to individuals under my care, and those individuals are the users of those specific lines.

Survivor's Signature: _____ Date: _____

SECTION 6: PLANS AND DEVICES

Instructions: For each line listed above as belonging to the Survivor or a Person Under Care of Survivor, check below whether you intend to (1) keep your current plan, change plans (write in your preferred plan), or are unsure; and (2) keep your current device, get a new device (write in your preferred new device), bring your own device, or if you are unsure. If you check unsure regarding the choice of plan or device, a specialist will attempt to contact you in the manner you have indicated above to discuss your options. If the specialist is unable to reach you within two business days, your line will be transferred with the same plan and same device and we will work with you in the future to switch you to a plan and/or device of your choice. DO NOT COMPLETE THIS INFORMATION FOR LINES BELONGING TO THE ABUSER.

Line	Plan			Device			
	Keep <input checked="" type="checkbox"/>	Change <input checked="" type="checkbox"/> (Preferred Plan)	Unsure <input checked="" type="checkbox"/>	Keep <input checked="" type="checkbox"/>	New <input checked="" type="checkbox"/> (Preferred Device)	BYOD <input checked="" type="checkbox"/>	Unsure <input checked="" type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>

For assistance with completing this form or questions regarding your options under The Safe Connections Act, you may contact Customer Service at (800) 435-2355 and request a Safe Connections Specialist.