

**EAGLE COMMUNICATIONS, INC. AND THE SALVATION ARMY**  
**'EagleCares'**

**PROGRAM GUIDELINES**

**TYPES OF ASSISTANCE PROVIDED:**

Telephone	Internet
Cable	Combined package

**ELIGIBILITY REQUIREMENTS:**

1. Applicant must reside in a Kansas county where *Eagle Communications, Inc.* provides communications services and submit a current *Eagle Communications, Inc.* bill.
2. Applicant must live in the residence where the service is being provided.
3. Applicant must be the person responsible for paying the communications bill.
4. Applicant must be:
  - Senior Citizen(s) (65 or older)
  - Shut in/homebound
  - Household with children 18 years of age and under.
  - Household with a handicapped, disabled or seriously ill member
  - Household with family member terminated or laid off from their workplace due to economic down-turn.
5. Applicant must provide proof of identification: (please send copies only as originals will not be returned).
  - Driver's license or other picture ID
 And one or more of the following:
  - Social security numbers for household members
  - Birth certificates for household members under the age of 18
6. Gross family income may not exceed 185% of Federal Poverty Guidelines. Applicant must establish need by providing proof of income for all members of the household including the following:
  - Current pay stub from latest pay cycle
  - TANF award letter
  - Social Security award letter

**GRANTS:**

1. Qualifying applicant may receive program assistance up to a maximum of \$50.00 per qualifying application.
2. May apply up to three times in twelve month period for a total amount not to exceed \$150.00 during each grant period as one calendar year.
3. Applicant must submit new application and with current proof of household income with each new request for assistance up to three times per calendar year.
4. Grants will be distributed for telephone, cable, and/or internet service when client meets eligibility guidelines.
5. Grants will be distributed during each year on a first-come, first-serve basis until all funding is distributed.
6. The *Eagle Communications, Inc.* grant amount must be sufficient to prevent termination of service. For instance:
  - Client can show that for bills over \$50 the remainder can be met through a household payment
  - Service will remain connected *without* paying the entire outstanding balance
7. Program grants will be paid directly to *Eagle Communications, Inc.*

SIZE OF FAMILY	ANNUAL INCOME	MONTHLY INCOME	TWICE MONTHLY	WEEKLY INCOME
1	\$20,036	\$1,670	\$835	\$386
2	\$26,955	\$2,247	\$1,124	\$519
3	\$33,874	\$2,823	\$1,412	\$652
4	\$40,793	\$3,400	\$1,700	\$785
5	\$47,712	\$3,976	\$1,988	\$918
6	\$54,631	\$4,553	\$2,277	\$1,051
7	\$61,550	\$5,130	\$2,565	\$1,184
8	\$68,469	\$5,706	\$2,853	\$1,317
For each additional family member; please add	+\$6,919	+\$577	+\$289	+\$134