



iFoster Phone Program Instructions & Intake Form

1. Sign up at www.iFoster.org . This will give you access to any resources on the iFoster portal and the *My Account Locker* where you can upload forms and vital documents.
2. Please *clearly print* and complete this Intake Form and the Information Release Form.
3. Send this form along with clear, readable copies of 1) social security card (*must be signed*) 2) birth certificate OR state identification card and 4) Medicaid card.
4. The easiest and most secure way to do this is by uploading everything to *My Account Locker* at: www.ifoster.org. Take a picture or scan all of those documents and upload it to your *My Account Locker*.
5. If you do **NOT** have Medicaid and have emancipated from foster care on or after your 18th birthday, call or email iFoster and we can help you. Also, if you have Medicaid but do not have the card call or email iFoster and we can help you. (email: Christina@ifoster.org or call: **855-936-7837 OR 646-330-5131**) **You need to be 18 years old to access the SafeLink cellphone resource.**
6. iFoster will review your paperwork and if all is good, we will submit your application first to our State Carrier Partner (i.e. Safelink) and then to the appropriate State LifeLine Administrator. The Safelink application requires documents to submit in the application as well. We will keep you updated on the progress of your application in posts to your *My Account*.
7. Pending approval, a phone will be mailed to you in **7-10 business days!**

First Name	
Last Name	
Date of Birth (MM/DD/YYYY)	
Last Four Digits of Social Security Number	
Home Address (street, apt #, city, state, zip) If living in a residential or dorm setting, please provide last home address.	
Will this be your Home Address for the next 30 Days?	If no, what will be your new home address?
Mailing Address (If different)	

<p>Are you living in any of the following housing arrangements? (Check all that apply)</p>	<p><input type="checkbox"/> With someone you would consider to be a <u>roommate</u>, this may include a relative (i.e. sibling, cousin, grandparent)</p> <p><input type="checkbox"/> With foster parents</p> <p><input type="checkbox"/> In a group home</p> <p><input type="checkbox"/> In transitional housing provided by County or a Foster Care Agency</p> <p><input type="checkbox"/> In a dorm</p> <p><input type="checkbox"/> In a frat or sorority house</p> <p><input type="checkbox"/> In a shelter</p>
<p>Are you claimed as a dependent on anyone else's tax return?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Do you currently receive Medicaid benefits?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, do you have your Medicaid card?(circle) YES or NO</p> <p>If no, did you leave foster care <u>on or after your 18th birthday?</u> (circle) YES or NO</p> <p>What County or State: _____</p> <p>Do you have a letter from your social worker that says you were in Foster Care, a Ward of the Court Letter, or an Emancipation Letter?(circle) YES or NO</p>
<p>Email Address</p>	
<p>Phone number you can be reached out by voice or text</p>	<p>Preferred Mode of Communication:</p> <p><input type="checkbox"/> Text</p> <p><input type="checkbox"/> Voice</p>
<p>I give iFoster permission to submit this application on my behalf.</p>	<p>Signature: _____</p> <p>Date: ____ / ____ / ____</p>

About Your Phone and Phone Plan

If you meet the eligibility requirements for this program, and have not been enrolled in the program previously you will receive a Android smartphone with 1,000 voice minutes a month and unlimited texts a month and 1MB of data a month for FREE. Lifeline is a government benefit program. LifeLine service supported by the federal Universal Service fund and your State Public Utility Commission.

IF YOU HAVE ANY QUESTIONS, PLEASE GIVE US A CALL AT
855-936-7837 OR 646-330-5131 OR EMAIL US
AT christina@ifOSTER.ORG



iFoster Information Release Consent

Instructions

I authorize iFoster to release to, and discuss with the iFoster’s program partners for LifeLine cell phone service, any of the below listed information required to apply for the specific program or programs I want. By submitting my completed application form for a specific program to iFoster, I authorize iFoster to act on my behalf, to enroll me in the program, to share necessary personal information from the list below, and to provide me with regular updates on the status of my application.

iFoster will only share the minimum required information necessary to apply for the specific program you want. iFoster will not share any information with partners for programs you do not specifically request iFoster to apply for on your behalf.

Information Release Form

I authorize iFoster to release any of the following information to specific program partners for LifeLine cell phone service. My receiving a completed application for a specific program from me, I allow iFoster to release to and discuss with the program partner(s) the necessary subset of information from the information I select below.

Please check all that apply:

	Yes, release
First Name	
Last Name	
Home Address	
Mailing Address (if different)	
Phone Number	
Date of Birth	
Social Security Number	

	Yes, release
Medicaid Number	
Living Arrangement (housing, placement)	
Tax return dependent status	
Account pin	
Secret answer for password retrieval	
If Emancipated, State you were in foster care on your 18th birthday	
Upload Personal Documents to iFoster Locker	

I understand my rights:

1. I authorize the disclosure of the above indicated information for the purpose listed. This Information Release Consent is voluntary.
2. I have the right to revoke this Information Release in writing to iFoster (email, fax or mail). The Information Release will stop on the date my request is received, except for action already taken, or if this Information Release was obtained as a condition of insurance, enrollment or eligibility.
3. I understand that I am signing this Information Release voluntarily and there are many iFoster programs that I have access to which do not require the release of information. I understand that I will continue to have access to these programs if I choose to not sign this release. However, there may be some programs which I will not have access to since these programs require some, if not all, the above requested information.
4. I understand a copy of this signed Informed Release will be posted to my personal iFoster Digital Locker for my personal records and use.

Signature

Print Name

Date

