									Direct Contact Re-certification				State Administrator/Eligibility Data Re-certification		
Last Name	First Name	Physical/ Service Address	Apt, Unit, or Lot #	City	State	Zip	Telephone Number	Line provided to wireline reseller? [Y/N] (Form 555 Column B)	Subscriber contacted directly to re-certify eligibility? [Y/N] (Form 555 Column C)	Subscriber responded to direct contact to re-certify eligibility? [Y/N/NA] (Form 555 Column D)	Subscriber responded to direct contact that he/she is no longer eligible? [Y/N/NA] (Form 555 Column F)	Subscriber de-enrolled prior to direct contact to re-certify eligibility? [Y/N/NA] (Form 555 Column H)	Subscriber eligibility reviewed by state administrator or via access to eligibility data? [Y/N] (Form 555 Column I)	Subscriber found ineligible through review by state administrator or via access to eligibility data? [Y/N/NA] (Form 555 Column J)	Subscriber de-enrolled prior to state administrator re-certification attempt or eligibility data review? [Y/N/NA] (Form 555 Column L)