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Lifeline

Telephone Assistance Program



Link-Up America & Lifeline Telephone Assistance

Link-Up America & Lifeline Assistance

Link-Up provides eligible subscribers with up to a 50% connection charge reduction for basic home telephone service. Deferred payments of connection charges, without interest, can also be arranged.

Lifeline Assistance provides eligible subscribers a minimum amount per month toward basic home telephone service. Lifeline subscribers may receive long distance blocking on their telephone line at no charge.

Applications:
 (Applications must be filled out for the state where you reside and have local telephone service)

[MN Lifelink](#)

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Qualifications & Instructions

People who are currently participating in at least one of the following or have an annual income below 135% of the Federal Poverty Guideline can qualify for Link-Up America and Lifeline Assistance programs.

- **Medicaid** (e.g. Title XIX/Medical, State Supplemental Assistance)
- **Federal Public Housing Assistance**
- **Supplemental Security Income (SSI)**
- **Food Stamps**
- **Low-Income Energy Assistance**
- **Temporary Assistance for Needy Families (TANF)**
- **National School Lunch Program's free lunch program**

Additionally, for persons living on or near Tribal Lands:

- **Bureau of Indian Affairs General Assistance**
- **Tribally administered Temporary Assistance for Needy Families**
- **Head Start** (only those meeting its income qualifying standard)

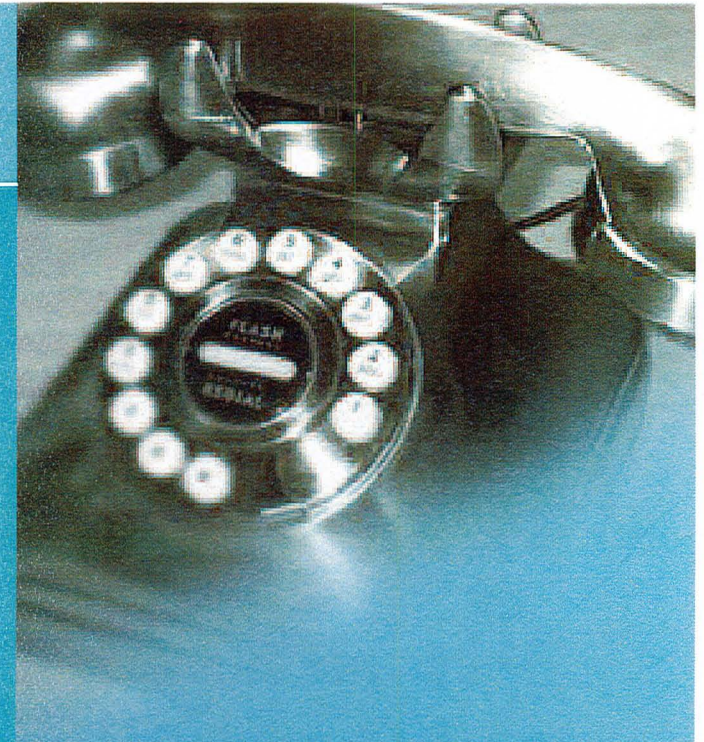
(see inside for a complete list of qualifying programs)

Midcontinent Communications
3901 N. Louise Avenue
Sioux Falls, SD 57107
1-800-888-1300
www.midcocomm.com

To Apply

Complete and mail the attached application to:

ATTN: CSO
Midcontinent Communications
3901 N. Louise Avenue
Sioux Falls, SD 57107



Link-Up America

& Lifeline Assistance Programs



connecting you to the future



connecting you to the future

Link-Up/Lifeline Assistance Application

(please print)

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Check the box that best describes where you live: I live on Tribal Land I do not live on Tribal Land.

Telephone Number _____ Telephone Number _____
(If existing service and in your name) (Where you can be reached)

Telephone Company _____ No. of people living in your household: _____

1. I receive benefits from the following program(s): (check all that apply and attach proof)

- | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medicaid/Medical Assistance | <input type="checkbox"/> National School Free Lunch Program |
| <input type="checkbox"/> Federal Public Housing or Section 8 Assistance | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Tribally administered Temporary Assistance for Needy Families (TTANF) |
| <input type="checkbox"/> Food Support (food stamps) | <input type="checkbox"/> Tribally administered Head Start (for those meeting income qualifying standard) |
| <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | |

2. I do not receive benefits from any of the programs listed above BUT my income is at or below 135% of Federal Poverty Guideline. (please attach one of the documents below if you did not check any boxes in #1.)

- | | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Last year's State, Federal or Tribal Tax Return | <input type="checkbox"/> Child Support Document |
| <input type="checkbox"/> 3 consecutive months of most recent paycheck stub | <input type="checkbox"/> Current annual income statement from employer |
| <input type="checkbox"/> Veterans Administration Benefits Statement | <input type="checkbox"/> Social Security Benefits Statement |
| <input type="checkbox"/> Unemployment/Workmen's Compensation Statement | <input type="checkbox"/> Retirement/Pension Benefits Statement |
| | <input type="checkbox"/> Divorce Decree |
| | <input type="checkbox"/> Other _____ |

I agree to notify the telephone company when I no longer participate in any of the above qualifying programs or my income rises above 135% of the Federal Poverty Guideline. I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet one of the criteria above to receive telephone service discounts on my home telephone line.

Applicant Signature _____ Social Security Number _____ Date _____

I am an "Authorized Representative" for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking telephone service discounts.

Print "Authorized Representative" Name _____ Day Phone Number _____ Date _____

Link-Up America

Link-Up provides eligible subscribers with up to a 50% connection charge reduction (up to \$30) for basic home telephone service.

Deferred payments of connection charges, without interest, can also be arranged.

Lifeline Assistance

Lifeline provides eligible subscribers home telephone service at a reduced monthly rate.

Lifeline subscribers may receive long distance blocking on their telephone line at no charge.

To Apply, complete and mail this application to:

ATTN: CSO
Midcontinent Communications
3901 N. Louise Avenue
Sioux Falls, SD 57107

