

QUALIFICATIONS & INSTRUCTIONS

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

- Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
- Federal Public Housing (FPHA) or Section 8 Assistance
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Low-Income Energy Assistance (LIHEAP)
- National School Lunch Program's free lunch program
- Temporary Assistance for Needy Families (TANF)
- Minnesota Family Investment Program (MFIP)

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)

*Federal Poverty Guideline) x 1.35 = Qualifying Income Level.
The percentage is subject to change.



To Apply

Complete application and mail to:

ATTN: Quality Assurance
Midcontinent Communications
P.O. Box 5010
Sioux Falls, SD 57117-9908

STAY MIDCONTINENT
CAN HELP!
CONNECTED



**LIFELINE ASSISTANCE
& LINK-UP AMERICA**



MT-09 0510



www.midcocomm.com • 1-800-888-1300



LINK-UP/LIFELINE ASSISTANCE APPLICATION

(please print)

WE'RE HERE TO HELP

For some people, especially the homebound, the telephone is a lifeline to the outside world. Low-income telephone subscribers can apply for aid to help with their phone bill through **Link-Up America** and **Lifeline Assistance** programs. If you have any questions, please call 1-800-888-1300 and we'll be happy to assist you.

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.

Telephone service must be in the eligible participants name.

To Apply, complete and mail this application to:

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Sioux Falls, SD 57117-9908



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 _____ Number of people living in your household: _____

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

- Medicaid/Medical Assistance
- Federal Public Housing (FPHA) or Section 8 Assistance
- Supplemental Security Income (SSI)
- National School Free Lunch Program
- Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- Minnesota Family Investment Program (MFIP)
- Temporary Assistance for Needy Families (TANF)
- Tribally administered Head Start (for those meeting income qualifying standard)
- Bureau of Indian Affairs General Assistance
- Tribally administered Temporary Assistance for Needy Families (TTANF)

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.)

- Last year's State, Federal or Tribal Tax Return
- A Federal or Tribal notice letter of participation in General Assistance Program
- 3 consecutive months of most recent paycheck stub
- Veterans Administration Benefits Statement
- Unemployment/Workmen's Compensation Statement
- Child Support Document (if proves income)
- Current annual income statement from employer
- Social Security Benefits Statement
- Retirement/Pension Benefits Statement
- Divorce Decree (if proves income)
- 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 _____