

Qualifications and 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)**

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

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.

To Apply, complete form on the inside pages and mail to:
ATTN: Quality Assurance
Midcontinent Communications
P.O Box 5010
Sioux Falls, SD 57117-9908

1.800.888.1300 | midcocomm.com



Services not available in all areas. Some restrictions may apply.

Lifeline Assistance and Link-Up America



Stay
connected



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.

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.

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

(please print)

▶ _____

Last Name

First Name

Middle

Street Address

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 *(If existing service and in your name)*

Telephone Number *(Where you can be reached)*

Telephone Company

Number of people
living in your
household

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and Link-Up America Form

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 under part 1 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

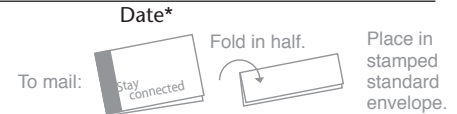
Print Authorized Representative Name*

Date

Day Phone Number*

Date*

* Fill in only if you are an "Authorized Representative" for the applicant; are submitting this form on behalf of this customer and are willing to assist the applicant in seeking telephone service discounts.



FOLD
LINE