

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.

- 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: Operations Support
Midcontinent Communications
P.O. Box 5010
Sioux Falls, SD 57117-9908

STAY MIDCONTINENT CAN HELP! CONNECTED!



LIFELINE ASSISTANCE & LINK-UP AMERICA



**WANT IT
NOW!**

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COMMUNICATIONS

MT-09 0809

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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.

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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 _____