

Low-Income Telephone Assistance Programs

Link-Up

Link-Up is a plan that assists qualified low-income lowans in obtaining basic telephone service by providing:

- Reduced connection charges for basic phone service by 50%, or \$30.00, whichever is less.
- Deferred payment of connection charges, without interest.

Lifeline

Lifeline is a plan that assists qualified low-income lowans by providing a monthly credit on their telephone bill in an amount of \$6.62 or \$8.25, depending on your provider.

Questions?

Call your local telephone provider.

NOTE:

Low-income telephone assistance does not cover the cost of a telephone or the cost of wiring inside your home.

Eligibility Requirements

To be eligible for assistance in either, or both of the programs, an applicant must participate in at least one of the following:

- Medicaid
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)

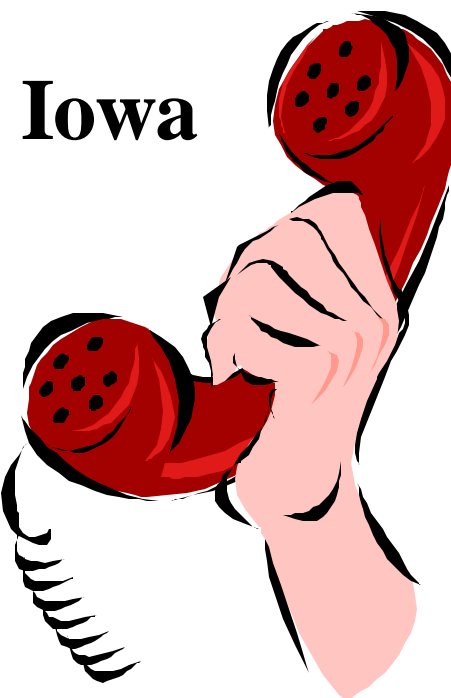
To sign up for either or both of the Low-Income Telephone Assistance Programs:

1. Fill out the application form on the other side of this brochure.
2. Return it to your local telephone company's business office. This address can be found in the telephone directory for your community.



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Sponsored by:

Iowa Telecommunications Association
Iowa Utilities Board
Rural Iowa Independent Telephone Assoc.
Your Local Telephone Company

Low-Income Telephone Assistance Application

(Please print)

Name: _____ SSN: _____
(Last) (First) (Middle)

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

Phone number where you may be reached or receive messages: _____

Please answer the following questions (indicate by check mark):

1. By filling out this application I (the applicant) request:

A. New Service:

_____ Low-income telephone connection assistance (Link-Up) and/or

_____ Low-income monthly telephone bill assistance (Lifeline)

B. Existing Service:

_____ Low-income monthly telephone bill assistance (Lifeline)

Phone Number: _____

Billing Name: _____

2. Have you received telephone connection (Link-Up) assistance at the above address?

_____ Yes

_____ No

If the answer is "yes," you are not eligible to receive telephone connection (Link-Up) assistance.

3. Are you currently participating in any of the following programs:

_____ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)

_____ Food Stamps

_____ Supplemental Security Income (SSI)

_____ Federal Public Housing Assistance

_____ Low-Income Home Energy Assistance Program (LIHEAP)

I understand completion of this application does not constitute immediate acceptance into this program. I agree to notify my telecommunications provider if I cease to participate in any of the public assistance programs I checked above.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive low-income telephone assistance through the Lifeline or Link-Up programs. This information may be shared with the public assistance program.

Signature: _____ Date: _____

Prompt return of this application to your local telephone provider will ensure proper credits to your account.