

Low-Income Telephone Assistance Programs

Link-Up

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

- Reduced connection charges for basic phone service by 50 percent or \$30, 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 reduction on their telephone bill. This reduction varies by service provider and can range up to \$10. Please contact your local telephone provider for details.

Effective July 29, 2011 you may only receive low-income assistance from one wireline or wireless telephone 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 programs, you must meet income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines **OR** participate in at least one of the following:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

To Apply for Link-Up or Lifeline:

1. Complete the certification form on the other side of this brochure and return it to your local telephone company's business office. This address can be found in your local telephone directory.
2. Apply when becoming certified for LIHEAP Assistance.
3. If you receive an eligibility verification form, complete and return it to your local telephone company within 30 days. Verification forms are mailed to randomly selected subscribers every year. Your telephone company may suspend your eligibility for low-income assistance if you do not return the form.

Iowa Low-Income Telephone Assistance Programs

Revised: December 2011



Sponsored by:

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

Link-up and Lifeline Assistance Certification

(Please print)

Name:

(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 certification form, I (the applicant) request:

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

_____ Low-income monthly telephone bill assistance (Lifeline)

2. Have you previously 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)

_____ Supplemental Nutrition Assistance Program (SNAP)

_____ Supplemental Security Income (SSI)

_____ Federal Public Housing Assistance Section 8

_____ Low-Income Home Energy Assistance Program (LIHEAP)

_____ Temporary Assistance to Needy Families Program (TANF)

_____ National School Lunch Program (NSL) Free Lunch Program; **or**

_____ Is your income at or below 135 percent of the Federal Poverty Guidelines?

If yes, how many persons are in your household? _____

(Proof of income may be required)

4. Are you currently receiving any low-income assistance from any other wireline or wireless telephone provider? Yes No (circle one)

I understand completion of this certification form 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, if my income becomes greater than 135 percent of the Federal Poverty Guidelines, or if I begin to receive Lifeline Assistance from another wireline or wireless telephone provider.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand that I must meet the above qualifications to receive assistance from these programs.

Signature: _____

Date: _____

Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account.

Certified low-income telephone assistance subscribers who receive an eligibility verification form from their local telephone company must return that form to their telephone company within 30 days to ensure the continuation of assistance benefits.

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