

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 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 credit on their telephone bill in an amount of \$6.53 or \$8.25, depending upon 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 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
- Food Stamps
- 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 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.



Low-Income Telephone Assistance Programs

Revised: August 2004

Iowa



Low-Income Telephone Assistance Programs

Sponsored by:

Iowa Telecommunications Association
Iowa Utilities Board
Rural Iowa Independent Telephone Assoc.
Panora Communications Cooperative
Guthrie Center Communications

Link-up and Lifeline 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:

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

_____ Low-income monthly telephone bill assistance (Lifeline)

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)

_____ Temporary Assistance to Needy Families Program (TANF)

_____ National School Lunch Program (NSL)

4. Is your income at or below 135 percent of the Federal Poverty Guidelines? ___ Yes ___ No

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 or if my income becomes greater than 135 percent of the Federal Poverty Guidelines.

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 application to your local telephone provider will ensure proper credits to your account.