

## 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 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.

### 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, 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 receive either or both of the Low-Income Telephone Assistance Programs:

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. 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.

## Low-Income Telephone Assistance Programs

Revised: May 2009

# Iowa



## Low-Income Telephone Assistance Programs

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: (Please provide a copy of any of the following)

\_\_\_\_\_ 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)

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 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 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.**