



Lifeline and Link-Up Assistance Application

(Please Print)

Name _____
(Last) (First) (Middle)

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

Valley Telco Assigned Telephone Number: (____) ____ - _____

Number where you can be reached : (____) ____ - _____

Please answer the following questions (check appropriate lines):

1. I am applying for: _____ **Lifeline** monthly telephone service discount
_____ **Link-Up** telephone connection charge discount

NOTE: TELEPHONE SERVICE MUST BE IN APPLICANT'S NAME.

2. I am currently participating in the following program(s):
(check all that apply – documentation required)

- _____ Medicaid(ex.Title XIX/Medical, State Supplemental Assistance)
_____ Supplemental Nutrition Assistance Program (Food Stamps)
_____ Supplemental Security Income (SSI)
_____ Federal Public Housing Assistance
_____ Low-Income Home Energy Assistance
_____ Temporary Assistance for Needy Families (TANF)
_____ National School Lunch (NSL) free lunch program

OR

3. _____ My household income is at or below 135 percent of the Federal Poverty Guidelines. (documentation required)

I agree to notify Valley Telecommunications Cooperative Assn., Inc. if/when I no longer qualify based on the above criteria.

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 at least one of the above qualifications to receive Lifeline and/or Link-Up assistance on my primary residential telephone line.

Your signature

Social Security Number

Date

Return to: Valley Telco, PO Box 7, Herreid, SD 57632-0007