



KANSAS-APPLICATIONFORM-LIFELINE /LINK-UP ASSISTANCE PROGRAMS

Please Read All Instructions Before Completing

Date: _____

1. PLEASE PRINT name and address of person applying for assistance.

Telephone Number	First Name	M I	Last Name	
Street/Apartment No	City	State	Zip Code	Social Security Number

2. PLEASE CHECK the programs you currently participate in;

- Medicaid
- Food Stamps
- Supplement Security Income
- General Assistance
- Signed letter from the Social Service Agency Representative indicating program, Agency Name and Representative contact telephone number
- Temporary Assistance to Needy Families (TANF)
- National School Free Lunch Program
- Low Income Home Energy Assistance Program
- Food Distribution Program (UNITED TRIBES)

PLEASE READ AND SIGN THE FOLLOWING:

By signing below, I certify to the best of my knowledge that the information contained within this application is true and correct.

If in the future I am no longer participating in at least one of the benefits programs (and do not meet any other requirements) that qualifies me for Lifeline/Link-Up assistance, I will promptly notify Mutual Telephone Company that I am no longer eligible for assistance.

I authorize Mutual Telephone Company or its duly appointed representative to access any records required to verify my statements herein and to confirm my continued eligibility for Lifeline/Link-Up assistance. I also authorize social service agency representatives to discuss with and/or provide information to Mutual Telephone Company verifying my participation in benefit programs that qualify me for Lifeline/Link-Up assistance. I understand that completion of this application does not constitute immediate approval for Lifeline/Link-Up assistance. I understand that qualifying for Lifeline/Link-Up assistance may not waive deposit requirements for local telephone service.

By signing below, I acknowledge that providing fraudulent documentation in order to receive assistance is punishable by law.

Applicant Signature

Date

Please mail or drop by office this completed application and any supporting documents to:
Mutual Telephone Company, 365 Main St, PO Box 338, Little River, KS 67457



Kansas Lifeline/Link-Up Assistance Program

Lifeline Telephone Service is a federal telecommunications service assistance program designed to provide eligible customers a waiver of the Subscriber Line Charge (SLC), a waiver of the Federal Universal Service Fund Charge (FUSF) and a reduction of local service charges.

- √ Only one phone line per residence, at the customer’s primary place of residence, is eligible.
- √ Customer may not have multiple lines in the house.
- √ Lifeline will not be furnished on a foreign exchange.
- √ Toll Blocking is available to Lifeline subscribers at no charge.
- √ You are not required to pay a service deposit if you voluntarily elect to receive Toll Blocking. However, if you later choose to remove the service, a deposit may be required.

Tribal Telephone Assistance is available for those living on federally recognized American Indian Tribal Lands. Please contact your telephone company for appropriate application.

Link-Up helps households pay the installment charge for telephone service. This federally funded program pays some of the cost of installing local service in your home if you are currently without telephone services, but Link-up does not cover the cost of wiring inside your home. Credit will be applied to the nonrecurring charges for the establishment of service.

- √ Credit for one residential telephone line per household at the principal place of residence only.
- √ The applicant may not have multiple lines in the house.
- √ Lifeline recipient cannot be a dependent (as defined by the Federal Income Tax Code) under the age of 60.

Eligibility

Lifeline and Link-Up

- √ Total household gross income does not exceed 150% of the federally established poverty levels set forth for the number of persons in the customer’s household.

<p>Participation in one of the following programs, with current effective date:</p> <ul style="list-style-type: none"> Food Stamps Medicaid Supplemental Security Income General Assistance Low-Income Home Energy Assistance Temporary Assistance to Needy Families (TANF) National School Free Lunch Program Food Distribution Program 	<p>2008 Household annual gross income at or below 150% of poverty level</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Size of Family</th> <th style="text-align: center;">UNIT</th> <th style="text-align: center;">150%</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td style="text-align: right;">\$15,600 yr</td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td style="text-align: right;">\$21,000 yr</td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td style="text-align: right;">\$26,400 yr</td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td style="text-align: right;">\$31,800 yr</td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td style="text-align: right;">\$37,200 yr</td> </tr> <tr> <td style="text-align: center;">6</td> <td></td> <td style="text-align: right;">\$42,600 yr</td> </tr> <tr> <td style="text-align: center;">7</td> <td></td> <td style="text-align: right;">\$48,000 yr</td> </tr> <tr> <td style="text-align: center;">8</td> <td></td> <td style="text-align: right;">\$53,400 yr</td> </tr> <tr> <td style="text-align: center;">each additional person</td> <td></td> <td style="text-align: right;">\$ 5,400 yr</td> </tr> </tbody> </table>	Size of Family	UNIT	150%	1		\$15,600 yr	2		\$21,000 yr	3		\$26,400 yr	4		\$31,800 yr	5		\$37,200 yr	6		\$42,600 yr	7		\$48,000 yr	8		\$53,400 yr	each additional person		\$ 5,400 yr
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Verification of Eligibility

- √ Completed Lifeline application
 - √ Copy of assistance program ID card or appropriate documents issued by agency administering
- OR**
- Copy of most recent Federal or State Individual Income Tax Return