



LIFELINE / LINKUP SERVICE REQUEST FORM

About Lifeline and Link Up

Lifeline assistance is available for eligible customers living on a reservation and eligible customers who receive Medicaid. Only one Lifeline account is allowed per household, whether landline or wireless. Lifeline can provide a discount off your telephone bill. Link Up can provide a discount or waive your first service activation fee. Taxes, fees, long distance, phone accessories and calling features are not discounted. Some restrictions may apply.

SECTION 1 –Applicant Information

The person whose name is on the Cellular One account must fill out this section. The qualifying household member must live at the service address.

Name (as it appears on your utility bill – please print):

Form with fields for Last, First, Middle, Mailing Address, City, State, Zip Code, Telephone, Social Security, Contact Number, and Date of Birth.

SECTION 2 – Certification All Applicants must complete this Section

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE. I have read all pages of this form and understand that I must meet at least one of the stated qualifications to receive Enhanced Lifeline/Link-Up assistance on my primary residential landline or wireless phone. I also certify that there is not already a Lifeline discount on telecommunications service for this address. I further authorize Cellular One, the Tribal government, and the Department of Health and Human Services to use my Social Security number and to communicate about my enrollment, eligibility or continued eligibility in the programs shown above. I agree that these entities may share the type of information provided above in order to verify my enrollment status. My continued eligibility may be subject to random verification by Cellular One. I certify that I will notify Cellular One if I cease to participate in the qualifying assistance program(s) or (if I relied on income for eligibility for this discount) if my household income exceeds 135% of federal poverty guidelines.

X \_\_\_\_\_ Date: \_\_\_\_\_
Signature of Eligible Benefit Recipient (or Parent for Minor Child)

Printed Name of Benefit Recipient Printed Name of Parent if Signing for Child

Please fax, mail or bring this completed form to a Cellular One location or fax or mail to:
Montana Lifeline/LinkUp Processing, Cellular One, 170 S. Warner Rd., Suite 104, Wayne PA 19087
Fax (484) 598-2049
Questions? Call Cellular One Customer Service ♦ 1-877-424-4666

For Cellular One to fill out:
Wireless Consultant Name Phone Number Fax Number

**SECTION 3**

**Complete This Section If You Do NOT Live On Tribal Lands**



**DISCOUNT COUPON** for Telephone Services

**Please Check:**

**NEW Service**

**Monthly Discount**

If **you** are an **adult**, receive **Medicaid services** and **have your own phone**, you may qualify for a discount on your local telephone service. Please fill out this DISCOUNT COUPON. Drop it off at your local OPA. We will verify eligibility now and annually and send your name on to your local telephone provider. Look for a rate reduction in about two months. If you have **NO** phone, you may qualify for a connection fee discount. Please contact your local phone company first and place an order for phone service. By signing this form, you are consenting to dissemination of this information to all applicable parties including your telephone provider.

\_\_\_\_\_  
Name (please print as it appears on your bill) Telephone number (required)

\_\_\_\_\_  
Address (as it appears on your phone bill) City/State/ Zip

\_\_\_\_\_  
Social Security Number (required) Your Telephone Company

\_\_\_\_\_  
Signature Date

***The Montana Telephone Assistance Program***

*A service of the State of Montana and your local telephone company.*

***You are responsible to report any changes in Medicaid eligibility to your phone company.***

**Who is eligible?**

1. Adults (18 years or older),
2. Currently receive Medicaid services, and
3. Have your own phone (in your name).

**\*\*Your telephone service must be in the name of the individual receiving Medicaid benefits.\*\***

**How do I apply?** Please fill out this DISCOUNT COUPON. Drop it off at your local OPA. We will verify eligibility now and annually and send your name on to your local telephone provider. Look for a rate reduction in about two to three months. Questions? Contact **Mollye Gauer at 444-9401.**

**I do not have a phone, can you help?** If you are an adult, receive Medicaid services and have *NO* phone, you may qualify for a 50% discount on the connection fee, as well as a monthly rate discount. Please contact your phone company and place your order for service before filling out this form.

You may qualify for discounts of more than half the monthly phone rate on your local telephone service (no long distance carriers).

**Not all telephone companies participate in this program.**

**You are responsible to report changes in your Medicaid eligibility to your phone company.**

**Questions?** Contact Mollye Gauer at 444-9401

**SECTION 4 Tribal Resident Enrollment**

I am currently living on tribal lands (please indicate which tribe):

\_\_\_\_\_ Tribe Name

And I receive assistance from the program(s) indicated below:

- Medicaid
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program’s free lunch program
- Temporary Assistance for Needy Families (TANF) (state or tribally administered)
- Head Start (meeting income qualifying standards)
- Bureau of Indian Affairs general assistance

**OR**

I am currently living on tribal lands and my household income is at or below 135 percent of the federal poverty guidelines (additional information is required; please fill out Section 5 below).

**SECTION 5 – Income For Tribal Residents Applying Based on Income.**

Total household gross annual income from all sources cannot exceed these guidelines:

Number of people in Household	1	2	3	4	5	6	7	8
Total Household annual income	\$14,621	\$19,670	\$24,719	\$29,768	\$34,817	\$39,866	\$44,915	\$49,964*

\*For each additional person after 8 people, add \$5,049. “People in household” means adults and children.

Income Source	Dollar Amount	PROVIDE PROOF OF HOUSEHOLD INCOME WITH THIS APPLICATION (please provide <b>copies</b> of all documents that apply – Original documents will <b>not</b> be returned.)
Wages shown on pay stub or W-2 Form		<ul style="list-style-type: none"> <li>• Copy of most recent pay stub(s) from all employers covering the <b>last two months (for all members of the household)</b></li> <li>• Copy of most recently filed tax return (<b>must be signed</b>) or W-2</li> <li>• A signed letter from each employer stating your wage level</li> <li>• Documentation of social security income</li> <li>• Copy of an unemployment form with eligibility dates</li> <li>• Copies of the two most recent unemployment checks</li> <li>• Copy of most recent bank statement showing direct deposit of income.</li> </ul>
Social Security		
Retirement Income		
Alimony or Child Support		
Unemployment or Worker’s Compensation		
All Other Earnings		