

# Telephone assistance programs available at Qwest® for North Dakota customers

In order to make telephone service more affordable for low-income households, Qwest supports the federal government's Lifeline and the Link-Up telephone assistance programs.

## What do these programs provide?

- LIFELINE provides eligible customers with a monthly credit of \$13.50 to help offset the cost of their home telephone line. In order to receive this credit, the telephone service must be billed to the individual applying for telephone assistance. Free Long Distance Restriction is also available, at the customer's request.
- LINK-UP provides eligible customers with a one-time credit of \$15.24 to help offset the installation charge associated with their home telephone line. Customers who qualify for Lifeline assistance will also be given the Link-Up credit if their application for telephone assistance is received within 60 days following the installation of their phone service and if they have not previously received a Link-Up credit at this address.

## Who is eligible for telephone assistance?

Customers qualify for telephone assistance when they participate in one of the following low-income programs:

- Medicaid
- Food Stamps (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance / Section 8
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- National School Lunch (free program only)

Customers may also qualify for telephone assistance if their household income is at or below 135% of the Federal Poverty Guidelines (see application form for details).

## How do I apply?

If you meet one of the eligibility requirements listed, please complete and sign the attached Telephone Assistance Application form and mail it to:

Qwest  
PO Box 2738  
Omaha, NE 68103-2738

Customers applying for Lifeline based on the size and income level of their household must provide a copy of one of the following:

- Last year's Federal or State Income Tax Return
  - Current Income Statement or Paycheck Stubs for three consecutive months
  - Social Security Statement of Benefits
  - Veteran's Administration Statement of Benefits
  - Retirement or Pension Statement of Benefits
  - Unemployment or Worker's Compensation Statement of Benefits
  - Letter of Participation in Federal or BIA General Assistance
  - Divorce Decree
  - Child Support Documentation
- \*Bank statements are not accepted.

**If you do not currently have phone service with Qwest, please call Customer Service at 1 800.244.1111 to place an order for service BEFORE sending in your completed application. Not available in all areas; long distance not included.**



# Telephone Assistance Application For North Dakota

(Please Print)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone Number: \_\_\_\_\_  
(The name of the person applying for Telephone Assistance must appear on the telephone account.)

Telephone Number where you can be reached or receive messages: \_\_\_\_\_

## Please fill out Section 1 -or- Section 2. (Do NOT fill out both sections)

### SECTION 1.

I currently participate in the following program(s): Check all that apply.

- Medicaid
- Food Stamps (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance / Section 8
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- National School Lunch (free program only)

OR

### SECTION 2. (Fill in this section ONLY if you do not fill in Section 1)

If you do not participate in one of the programs listed above, you may qualify for telephone assistance based on the size and income level of your household. (Household refers to the number of people who occupy your housing unit as their place of residence.)

Please check the box below that applies to your household and attach the supporting documentation described on the previous page:

Please Check Box	Size of Household Unit:	Household Income (at or below:)	Please Check Box	Size of Household Unit	Household Income (at or below:)
<input type="checkbox"/>	1	\$14,621	<input type="checkbox"/>	6	\$39,866
<input type="checkbox"/>	2	\$19,670	<input type="checkbox"/>	7	\$44,915
<input type="checkbox"/>	3	\$24,719	<input type="checkbox"/>	8	\$49,964
<input type="checkbox"/>	4	\$29,768	<input type="checkbox"/>	No: _____	*\$ _____
<input type="checkbox"/>	5	\$34,817	*For each additional person, add \$5,049		

I agree to notify Qwest when I no longer participate in any of the above qualifying public assistance programs or when there has been a change in the size or income level of my household. I certify under penalty of perjury the above information and attached documentation are true and that I and no one else is receiving Lifeline benefits at this address, on either a telephone or wireless telephone account.

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

Mail completed form and supporting documentation to:

Qwest  
P O Box 2738  
Omaha, NE 68103-2738

