

TDS TELECOM Lifeline and Linkup Programs

TDS TELECOM's Lifeline and Linkup programs provide financial assistance to low-income residents and help ensure that those customers can afford telephone service. The following information outlines the Lifeline and Linkup programs, including benefits, restrictions, qualification guidelines and how to apply, in addition to answers to frequently asked questions

What Is the Lifeline Program?

The Lifeline program was designed to preserve and promote telephone services to qualified low-income households. The program provides a monthly credit for local service.

What is the Link-Up Program?

The Linkup program offers eligible individuals a reduction in the local telephone company's charges for starting/installing telephone service. The program pays for half of the installation charge up to \$30.

How much is the Lifeline Credit?

The Lifeline credit is \$8.25 per month applied to your bill.

What Benefits Does Enrollment in Lifeline Provide?

Enrollment in Lifeline provides the following benefits:

- Waiver of universal service fee.
- Reduction in monthly residence line charge.
- Waiver of deposit for local service, if toll restricted.
- Reduced charge to activate new service.
- Free toll blocking service.

Are There Any Restrictions?

Yes. Lifeline can only be used for the primary telephone line in a household. You may purchase additional services available to a non-Lifeline customer. You must establish phone service prior to applying for the Lifeline discount. The name on the phone bill must match the name of the household member participating on the eligible program with the exception of the National School Lunch free Program.

Who Is Eligible?

-Program Participation Based Eligibility:

You are eligible to enroll in the Lifeline program or the Linkup programs if you participate in one of the following:

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

OR

-Income Based Eligibility:

Your household income is at or below 135% of the Federal Poverty Guidelines.

- Proof of eligibility is required and needs to be attached to the self-certification form. Customer must provide photo copies (not originals) of income documents. A list of applicable income documents will be included on the application.

How Do I Enroll?

You will first need to determine under which criteria you will be eligible for Lifeline, either “Program Participation Based Eligibility” or “Income Based Eligibility”. Forms are attached below to this document or call 1-888-225-5837 and they can be mailed to you.

Complete the proper form for your situation and send the form to:

TDS Telecom – Lifeline
P.O. Box 608
Lancaster, WI 53813
Or
Fax Toll Free to: **1-877-271-2861**

Are there any future requirements to continue to receive the Lifeline benefits?

Yes, there is an annual re-certification process, and TDS will send you a reminder letter with instructions each year. Eligibility is reviewed periodically. Your benefits will be discontinued when you no longer meet the eligibility requirements or when proof of eligibility is not received. Customers who are no longer eligible for Lifeline benefits must notify their service provider.

Who Can I Contact With Questions?

Contact TDS at 1-888-225-5837 with any questions you may have about either program.

What areas does TDS cover in New Hampshire?

The follow is a list of the telephone exchanges served by TDS in New Hampshire, in order to receive the Lifeline and Linkup benefit you must be a TDS customer or sign up for service with TDS.

<u>Exchange</u>	<u>NPA/NXX</u>
Chichester	(603) 798
Antrim	(603) 588
Bradford	(603) 938
Contoocook	(603) 746
Henniker	(603) 428
Hillsborough	(603) 464
Melvin Village	(603) 544
Sutton	(603) 927
Warner	(603) 456
Alton	(603) 875
Barnstead	(603) 776
Center Barnstead	(603) 269
Gilmanton Iron Works	(603) 364
New Durham	(603) 859
Hollis	(603) 465
Meriden	(603) 469
Andover	(603) 735
Boscawen	(603) 796
New London	(603) 526
Salisbury	(603) 648
Wilton	(603) 654



Lifeline/Link-Up Telephone Service Application Based on Program Participation

(PLEASE PRINT)

Last Name		First Name		Middle Initial	
Service Address		Mailing Address		City	State Zip Code
(____) _____ - _____ Telephone number to receive Lifeline discounts (Must be in your name)		(____) _____ - _____ Telephone number where you can be reached			

Eligibility for Lifeline and Link-Up Telephone Service is dependent on the applicant's participation in one or more of the programs listed below.

- I hereby certify that I participate in one or more of the following programs (check all that apply):
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Medicaid
 - Food Stamps – (a/k/a Supplemental Nutrition Assistance Program (SNAP))
 - Supplemental Security Income (SSI)
 - Federal Public Housing Assistance or Section 8
 - Temporary Assistance to Needy Families
 - National School Lunch's Free Lunch Program

- I also hereby certify that:
 - My telephone service is listed in my name;
 - The address listed is my primary residence; not a second home or business; and

If in the future I no longer participate in at least one of the programs listed in items 1 above or the conditions in item 2 above change, I will promptly notify TDS Telecom that I am no longer eligible for Lifeline and Link-Up Telephone Service.

I authorize TDS Telecom to access any records required to verify these statements to confirm my continued participation in the above programs. I authorize representatives of the above programs to discuss with and/or provide copies to TDS Telecom, if requested, to verify my participation in the above programs and my eligibility for Lifeline Telephone Service.

I understand that this form is not an application for telephone service.

I affirm, under penalty of perjury, that the foregoing representations are true.

Applicant's Signature

Date

Please Return:
TDS Telecom – Lifeline
P.O. Box 608
Lancaster, WI 53813 or Fax Toll Free 1-877-271-2861



Lifeline/Link-Up Telephone Service Application Based on Household Income

Please fill out the entire form.

(PLEASE PRINT)

Last Name
First Name
Middle Initial

Service Address
Mailing Address
City
State
Zip Code

(____) _____ - _____ (____) _____ - _____
 Telephone number to receive Lifeline discounts Telephone number where you can be reached
 (Must be in your name)

Number of people living in your household: _____

Eligibility is dependent on applicant's household income. To receive Lifeline/Link-Up benefits on the basis of income, your household income must be at or below 135% of the Federal Poverty Income Guidelines. To assist you in determining whether your household income is within those limits, please use the following chart.

Including yourself, your household has:	Your household income is at or below:
1 person	\$ 14,702
2 people	\$ 19,859
3 people	\$ 25,016
4 people	\$ 30,173
5 people	\$ 35,330
For each additional person, add \$5,157	

You must prove that your household income is at or below 135% of the Federal Poverty Income Guidelines. Please attach one of the documents listed below.

- A copy of your most recent federal or state tax return
 - Three consecutive months of recent paycheck stubs
 - The most recent Veterans Administration Benefits Statement
 - The most recent Retirement/Pension Benefits Statement
 - The most recent Unemployment/Workmen's Compensation Statement
- Current annual income statement from employer
 - The most recent Social Security Benefits Statement
 - Divorce Decree
 - Child Support Documentation
 - Any other legal document that would show your current income

By signing below, I certify under penalty of perjury that:

- My household income is at or below 135% of the Federal Poverty Income Guidelines.
- The attached proof of income document accurately represents my total household income.
- I am not a dependent for federal income tax purposes or I am a dependent over the age of 60.
- The service address listed above is my primary residence.
- I will promptly notify TDS Telecom if my income exceeds the income requirements.

Signature: _____ Date: _____

Mail completed application and proof documents to:
 TDS Telecom - Lifeline P.O. Box 608, Lancaster, WI 53813-0608 or
 Fax: Toll Free 1-877-271-2861