



# KANSAS APPLICATION FORM - LIFELINE/LINK-UP ASSISTANCE PROGRAMS

Please Read All Instructions Before Completing

Date: \_\_\_\_\_

PLEASE PRINT name and address of person applying for assistance.

Telephone Number	First Name	Middle Initial	Last Name	
Street/Apartment No	City	State	Zip Code	Social Security Number

<b>2. PLEASE CHECK the programs you currently participate in:</b>	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Previously called Food Stamps	<input type="checkbox"/> National School Free Lunch Program
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> General Assistance	<input type="checkbox"/> Household Income at or below 150% of federal poverty level
<input type="checkbox"/> Signed letter from the Social Service Agency Representative indicating program participation, Agency Name and Representative contact telephone number	

### PLEASE READ AND SIGN THE FOLLOWING:

By signing below, I certify under penalty of perjury that 1) The information contained within this application is true and correct 2) The telephone service I am applying for the Lifeline discount is listed in my name, 3) The address listed is my primary place of residence; not a second home or a business, 4) I understand and agree that I can only receive one Lifeline discount in total even if I have more than one telephone account including landline or wireless phone service.

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 CenturyLink that I am no longer eligible for assistance.

I authorize CenturyLink 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 CenturyLink 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 this completed application and any supporting documents to:

CenturyLink Scanning  
 ATTN: Data Distribution  
 Mailstop: FLAPKA0107  
 PO BOX 165700  
 Altamonte Springs, FL 32716

OR Fax to 1-800-473-2017

For answers to questions concerning Lifeline,  
 Please call CenturyLink's business office at 1-800-788-3500



## 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 (USF) and a reduction of local service charges.

**Tribal Telephone Assistance** is available for those living on federally recognized American Indian Tribal lands. Please contact CenturyLink for the appropriate application.

**Link Up** helps households pay the installation 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.

- A household is Eligible to receive only one Lifeline discount in total even if the household has more than one telephone account or more than one telephone company including landline or wireless phone service..
- The Telephone account must be in the Lifeline recipient’s name.
- Lifeline will not be furnished on a foreign exchange.
- Vacation Service is not applicable to lines with Lifeline assistance.
- 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.

### Eligibility

<p><b>Participation in one of the following programs, with current effective date:</b></p> <ul style="list-style-type: none"> <li>• Supplemental Nutrition Assistance Program (SNAP) Previously called Food Stamps</li> <li>• Medicaid</li> <li>• Supplemental Security Income</li> <li>• General Assistance</li> <li>• Low-Income Home Energy Assistance (LIHEAP)</li> <li>• Temporary Assistance to Needy Families (TANF)</li> <li>• National School Free Lunch Program</li> </ul>	<p><b>2009 Household annual gross income at or below 150% of poverty level</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Size of Family Unit</th> <th style="text-align: center; border-bottom: 1px solid black;">150%</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: right;">\$16,245/yr</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: right;">\$21,855/yr</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: right;">\$27,465/yr</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: right;">\$33,075/yr</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: right;">\$38,685/yr</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: right;">\$44,295/yr</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">For each additional person, add</td> </tr> <tr> <td></td> <td style="text-align: right;">\$5,610</td> </tr> </tbody> </table>	Size of Family Unit	150%	1	\$16,245/yr	2	\$21,855/yr	3	\$27,465/yr	4	\$33,075/yr	5	\$38,685/yr	6	\$44,295/yr	For each additional person, add			\$5,610
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Source: Federal Register /Vol. 74, No. 14 / Friday, January 23, 2009 /Notices

### Eligibility Checklist – Please Attach the following

- Signed and completed Lifeline application.
- A copy of a program identification card or other social service agency documentation showing current participation.
- If enrolling under the 150% of poverty level, documentation must be provided. Individuals choosing this option are required to obtain and mail to the Company a photocopy of the most recent U.S. Individual Tax Return (Form 1040, 1040A or 1040EZ) that was submitted to the Internal Revenue Service, or a state tax return

**Please mail this completed application and any supporting documents to:**

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