



**APPLICATION FOR LINK UP AMERICA/COLORADO TELEPHONE ASSISTANCE PROGRAMS in Slater, Colorado.**

**DESCRIPTION:** Please read the descriptions for the telephone assistance programs below so you can determine the type of assistance for which you would like to apply. Fill out the form, sign it, and return it to Dubois Telephone. You must be able to show proof of your eligibility for the Lifeline assistance. Certain restrictions do apply on your telephone service when you use a telephone assistance program. Please call DTE at 383-2150 or 1-800-877-7699 if you would like these restrictions explained to you in detail.

**LINK UP AMERICA:** This program is designed to promote universal service by providing a discount on service connection charges for qualified low-income customers. Benefits include 50% discount on the service connection charges associated with the connection of a new residence exchange access line as specified in DTE's tariff. The total amount of the discount may not exceed \$30.00.

**COLORADO TELEPHONE ASSISTANCE:** This program offers a Colorado state \$2.75 discount on the monthly telephone service for eligible individuals as well as the FCC Lifeline discount of \$10.00.

1. **PLEASE PRINT** the following required information. Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial Social Security Number

\_\_\_\_\_  
Location Address Mailing Address City State Zip Code

2. **PLEASE CHECK** type of assistance requested.

- Link Up America  Lifeline-Colorado

3. **PLEASE CHECK** the programs you currently participate in. Lifeline eligibility will be determined by the Colorado Department of Human Resources. Contact DHR at 1-800-782-0721.

Primary Requirement

- Income at or below one hundred eighty-five percent (185%) of the federal poverty level

Additional Criteria

- Old Age Pension benefits (OAP)  
 Aid to the Blind (AB)  
 Aid to the Needy Disabled (AND)  
 Supplemental Security Income (SSI)  
 Colorado Works/Temporary Assistance to Needy Families (TANF)

4. **PLEASE ATTACH** a copy of eligibility as provided by the Colorado Department of Human Resources.

5. **PLEASE SIGN.** By signing below, I certify to the best of my knowledge and belief that the information contained within this application is true and correct. I authorize the administering agency to release to DTE any information required to verify my participation in the qualifying program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

6. **PLEASE RETURN** the signed & completed application form and copy of eligibility to Dubois Telephone Exchange, Inc., PO Box 246, Dubois, WY 82513.