



APPLICATION FOR ENHANCED LINK UP AMERICA & ENHANCED LIFELINE PROGRAMS FOR RESIDENTS OF TRIBAL LANDS in Crowheart WY.

DESCRIPTION: Tribal Lifeline service and Enhanced Link Up America is offered to low-income individuals in a qualified area as determined by the FCC and the Bureau of Indian Affairs.

TRIBAL LIFELINE: This program provides monthly assistance of traditional Lifeline support plus an additional support amount up to \$25 per month, per primary residential connection, for each qualifying low-income individual to reduce the basic monthly service rate to \$1.00 per month.

ENHANCED LINK UP AMERICA: This program provides up to \$70.00 in assistance, in addition to the traditional Link-Up discount up to \$30.00, on service connection charges for the primary local residential access line for qualified low-income customers.

INSTRUCTIONS: Fill out the form with the information required, sign it, and return it to Dubois Telephone. You must be able to show proof of your participation in the program you indicate. Please call DTE at 455-2341 or 1-800-877-7699 if you have any questions.

1. **PLEASE PRINT** the following required information.

_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial	Social Security Number	
_____	_____	_____	_____	_____
Rural Location Address	Mailing Address	City	State	Zip Code

2. **PLEASE CHECK** the programs you currently participate in. You must be eligible for at least one to receive the Lifeline benefit.

- | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> BIA general assistance program | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Tribally-administered Temporary Assistance for Needy Families block grant program | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Head Start program (only those meeting its income-qualified standard) | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> National School Lunch program's free lunch program | <input type="checkbox"/> POWER |
| | <input type="checkbox"/> LIEAP |
| | <input type="checkbox"/> Minimum Medical |

3. **PLEASE ATTACH** a copy of proof of your participation in the program(s) you checked above.

4. **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

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