APPLICATION FOR LINK UP AMERICA/WYOMING TELEPHONE ASSISTANCE PROGRAMS in Dubois, Crowheart, Baggs, Dixon & Savery WY.

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 participation in the program you indicate. Certain restrictions do apply on your telephone service when you use a telephone assistance program. Please call DTE at 455-2341 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.

WYOMING TELEPHONE ASSISTANCE: This program offers a $3.50 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
- ❑ Wyoming Telephone Assistance

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

- ❑ Medicaid
- ❑ Food Stamps
- ❑ Child Care Assistance
- ❑ Federal Public Housing Assistance/Section 8
- ❑ LIHEAP-Low Income Home Energy Assistance Program
- ❑ POWER-Personal Opportunities with Employment Responsibilities
- ❑ Prescription Drug Program
- ❑ SSI-Supplemental Security Income
- ❑ TANF-Temporary Assistance for Needy Families

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

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 participation document to Dubois Telephone Exchange, Inc., PO Box 246, Dubois, WY 82513.