

Life-Line/Link-Up Application

Social Security Number (SSN): _____

Last Name: _____

First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (Home): (____) _____ - _____

Phone Number (Work): (____) _____ - _____

I authorize the Wisconsin Department of Health and Social Services to provide verification to **UNION TELEPHONE COMPANY** as necessary while I am a participant in the Lifeline and/or Link-Up programs.

Signature of benefit recipient

Date

CHECK ELIGIBILITY FOR:

DATE OF ELIGIBILITY
(CSLLC USE ONLY)

___ Aid to Families with Dependent Children (AFDC)	____/____/____
___ Low income Household Energy Assistance (LIHEAP)	____/____/____
___ Supplemental Security Income (SSI)	____/____/____
___ Food Stamps	____/____/____
___ Medical Assistance (MA)	____/____/____
___ Wisconsin Works (W-2)	____/____/____
___ Wisconsin Homestead Tax Credit	____/____/____

UNION TELEPHONE OFFICE USE ONLY

FREQUENCY TO CHECK ELIGIBILITY:

___ Annually ___ Semi-Annually ___ Quarterly ___ Monthly

Customer Connect/Move Date: _____

CSLLC USE ONLY:

Date Verified: _____ Initials: _____ Date Faxed to Telco: _____

No Eligibility has been confirmed within the 45-day time frame. Customer has been notified in writing.

Checked _____ Day to Recheck _____ (45 Day)

Checked _____ Day to Recheck _____ (60 Day)

Checked _____ Eligible: Yes: No:

No longer Eligible: _____