



Lifeline & Link-Up Application

Name _____

Address _____

City _____ State _____ Zip _____

Do you currently have home phone service? Yes No

If you do have home phone service, what is the telephone number?

If you do have home phone service, is this telephone number unlisted? Yes NO

Lifeline is a program designed to increase the availability of telecommunications services to low income subscribers by providing a credit to monthly recurring local service for qualifying residential subscribers.

Link-Up provides a credit on the non-recurring installation charges for qualifying residential subscribers.

Eligibility Requirements

I currently participate in or receive benefits from the following programs (check all that apply):

- Food Stamps (AL, FL, GA, KY, LA, MS, NC, SC, TN, TX)
- Supplemental Security Income (SSI) (AL, FL, GA, KY, LA, MS, NC, TN, TX)
- Federal Public Housing Assistance (SECTION 8) (AL, FL, GA, KY, LA, NC, TN, TX)
- Medicaid (AL, FL, GA, KY, LA, MS, NC, SC, TN, TX)
- Low-Income Home Energy Assistance (LIHEAP) (AL, FL, GA, KY, LA, NC, TN)
- National School Lunch Program's free lunch program (must qualify for free lunch). (FL, KY, LA, TN)
- Temporary Assistance for Needy Families (TANF) (AL, FL, GA, KY, LA, MS, NC, SC, TN, TX)

Certification

I understand that I must meet the above requirements to receive Lifeline or Link-Up benefits. I understand that these are only available for a single telephone line at my principal residence and that I may not receive Link-Up benefits more than once at the same residence. I understand that completion of the application does not constitute immediate enrollment in the Lifeline or Link-Up programs. I consent to the release of my personal information as may be required for the administration of the Lifeline or Link-Up programs. I agree to notify my local telephone company when I am no longer participating in any of the above-designated program(s).

I authorize All American Home Phone to be my local service provider, and, appoint All American Home Phone as my agent to make changes to my local service.

Signature _____

Date _____

Please fax completed form to: 1-877-607-7070

Or, mail to: All American Home Phone, P.O. Box 2039, Gonzales, LA 70707-2039