

Telephone assistance programs available at Qwest® for New Mexico customers

WHAT PROGRAMS ARE AVAILABLE?

- **LIFELINE** provides eligible customers with a **monthly credit** of \$15.39 to help offset the cost of their home telephone line. In order to receive this credit, the telephone service must be billed to the individual applying for telephone assistance. (This credit cannot be applied to Qwest wireless service) Free Long Distance Restriction is also available, at the customer's request.
- **LINK-UP** provides eligible customers with a **one-time credit** of \$22.50 to help offset the installation charge associated with their home telephone line. Customers who qualify for Lifeline assistance will also be given the Link-Up credit, if their application for telephone assistance is received within 60 days following the installation of their phone service and if they have not previously received a Link-Up credit at this address.

WHO IS ELIGIBLE?

Customers qualify for telephone assistance if they receive benefits from either of the following programs:

- **Medicaid**
- **Low-Income Home Energy Assistance** within the past year.

HOW DO I APPLY?

If you currently have phone service with Qwest, simply fill out the application below and mail it and your supporting documentation to:

Qwest
PO Box 2738
Omaha, NE 68103-2738

*If you do not currently have phone service with Qwest, call **1 800-244-1111** to place an order for service before sending in your completed application.*

Application for Telephone Assistance

Name _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Home Telephone Number: _____

PLEASE CHECK ONE OF THE FOLLOWING:

- I currently participate in Medicaid.**

(Please send a copy of your Benefit History Screen, available from HSD, along with your completed application.)

- I have received Low-Income Home Energy Assistance within the past year.**

(Please send a copy of your Energy Certificate along with your completed application.)

I agree to notify Qwest if I have a change of address or phone number or when I no longer participate in either of the above qualifying public assistance programs. I certify under penalty of perjury the above information and attached documentation are true and that I and no one else is receiving Lifeline benefits at this address, on either a telephone or wireless telephone account.

Applicant Signature

Date

