

Telephone assistance programs available at Qwest® for Arizona customers

In order to make telephone service more affordable for low-income households, Qwest supports the Lifeline and the Link-Up telephone assistance programs. The Arizona Department of Economic Security – Community Partnerships and Innovative Practices (DES-CPIP) administers these programs for Qwest.

What do these programs provide?

- **LIFELINE** provides eligible customers with a **monthly credit** of \$8.05 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. (The credit cannot be applied to Qwest wireless service.) If you currently receive a discount from the Senior Telephone Discount Program (STDP) or the Medically Needy Telephone Assistance Program, you are not eligible to apply for Lifeline. Free Long Distance Restriction is also available, at the customer's request.
- **LINK-UP** provides eligible customers with a **one-time credit** of \$13.75 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 for telephone assistance?

Customers qualify for telephone assistance when they participate in one of the following low-income programs:

- Medicaid (AHCCCS)
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance within the last year
- Temporary Assistance to Needy Families program (TANF)
- National School Lunch Program (NSL)
- State Children's Health Insurance Plan (SCHIP) or KidsCare

Customers may also qualify for telephone assistance if their household income is at or below 150% of the Federal Poverty Guidelines (see application form for details).

How do I apply?

If you currently have phone service with Qwest, simply fill out the following application form and mail it to DES-CPIP at the address shown on the bottom of the application. **If you are determined eligible by DES, the Lifeline credits will appear on your phone bill in approximately 60 days.**

If you do not currently have phone service with Qwest, please call Customer Service at **1 800-244-1111** to place an order for service BEFORE sending in your completed application. Not available in all areas; long distance not included.

Customers applying for Lifeline based on the size and income level of their household must provide a copy of one of the following:

- Last year's Federal or State Income Tax Return
- Current Income Statement or Paycheck Stubs for three consecutive months
- Social Security Statement of Benefits
- Veteran's Administration Statement of Benefits
- Retirement or Pension Statement of Benefits
- Unemployment or Worker's Compensation Statement of Benefits
- Letter of Participation in Federal or BIA General Assistance
- Divorce Decree
- Child Support Documentation

**Bank statements are not accepted.*

For more information, please call DES-CPIP at 1 602-542-6600, or 1 800-582-5706.

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Lifeline Telephone Assistance **Application for Arizona**

(Please Print)

Name: _____
(First) (Middle) (Last)

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

Home Telephone Number: _____

Check here if your home telephone service was installed within the past 60 days.

Please fill out Section 1 -or- Section 2. (Do **NOT** fill out both sections)

SECTION 1.

I currently participate in the following program(s): Check all that apply.

- | | |
|---|----------------|
| <input type="checkbox"/> Medicaid / AHCCCS | Case No: _____ |
| <input type="checkbox"/> Food Stamps | Case No: _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI) | Case No: _____ |
| <input type="checkbox"/> Federal Public Housing Assistance | Case No: _____ |
| <input type="checkbox"/> Temporary Assistance to Needy Families program (TANF) | Case No: _____ |
| <input type="checkbox"/> State Children's Health Insurance Plan (SCHIP) or KidsCare | Case No: _____ |
| <input type="checkbox"/> National School Lunch Program (NSL) | |
| <input type="checkbox"/> Low-Income Home Energy Assistance received within the past 12 months | |

OR

SECTION 2. (Fill in this section ONLY if you do not fill in Section 1)

If you do not participate in one of the programs listed above, you may qualify for telephone assistance based on the size and income level of your household. (Household refers to the number of people who occupy your housing unit as their place of residence.)

Please check the box below that applies to your household and attach the supporting documentation described on the previous page:

Please Check Box	Size of Household Unit:	Household Income (at or below:)	Please Check Box	Size of Household Unit	Household Income (at or below:)
<input type="checkbox"/>	1	\$15,600	<input type="checkbox"/>	6	\$42,600
<input type="checkbox"/>	2	\$21,000	<input type="checkbox"/>	7	\$48,000
<input type="checkbox"/>	3	\$26,400	<input type="checkbox"/>	8	\$53,400
<input type="checkbox"/>	4	\$31,800	<input type="checkbox"/>	No: _____	*\$ _____
<input type="checkbox"/>	5	\$37,200	*For each additional person, add \$5,400.		

I agree to notify DES-CPIP if I have a change of address or phone number; when I no longer participate in any of the above qualifying public assistance programs; or when there has been a change in the size or income level of my household. I also authorize DES-CPIP and/or its delegate agencies to contact any sources necessary to establish the accuracy of information given by me. If found eligible by DES-CPIP, permission is granted to release my name, address and telephone number to Qwest for the purpose of receiving a discount on my telephone bill.

I certify under penalty of perjury the above information is true and that I am not receiving Lifeline credits of any kind on any other telephone or wireless telephone account. I have read the information on this application and understand I must meet the above qualifications to receive Telephone Assistance (Lifeline and/or Link-Up) on my primary residential line.

Your Signature _____

Date _____

Mail completed form and supporting documentation to:
Arizona Department of Economic Security -
Community Partnerships and Innovative Practices
Lifeline Telephone Discount Program - 086Z
PO Box 6123
Phoenix, AZ 85005-6123

