



**WYOMING  
APPLICATION FORM - BASIC TELEPHONE ASSISTANCE  
LINK UP/TELEPHONE ASSISTANCE PROGRAMS**

PLEASE READ ALL INSTRUCTIONS ON BACK BEFORE COMPLETING

**SECTION A – COMPLETED BY THE APPLICANT FOR TELEPHONE ASSISTANCE**

1. PLEASE PRINT name and address of person applying for assistance      Date Issued \_\_\_\_\_

\_\_\_\_\_

|           |            |                |                        |
|-----------|------------|----------------|------------------------|
| Last Name | First Name | Middle Initial | Social Security Number |
|-----------|------------|----------------|------------------------|

\_\_\_\_\_

|                      |                           |                     |
|----------------------|---------------------------|---------------------|
| Street/Apartment No. | Telephone No./Contact No. | Title XIX or Case # |
|----------------------|---------------------------|---------------------|

\_\_\_\_\_

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

2. PLEASE CHECK the type of Assistance requested.

- Link Up - Wyoming
- Telephone Assistance - Wyoming

3. PLEASE CHECK the programs you currently participate in. (must be eligible for one to participate)

- Medicaid                       LIEAP                       Prescription Drug Assistance
- Food Stamps                       Child Care
- POWER (Personal Opportunities with Employment Responsibilities)

4. PLEASE READ AND SIGN the following:

Please fill out the application form and sign it. Attach a copy of your current Equality Care Card or an approval letter and place both in a stamped envelope and mail to Qwest® at the address below:

Qwest  
Attn: TAP  
P. O. Box 2738  
Omaha, NE 68103-2738

By signing below, I certify to the best of my knowledge and belief that the information contained within this application is true and correct.

By signing below, I authorize the administering agency to release to Qwest any information required to verify my participation in the qualifying program designated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION B – RESERVED FOR AGENCY AND/OR TELEPHONE COMPANY USE.**

\_\_\_\_\_

|                                  |                      |                        |
|----------------------------------|----------------------|------------------------|
| Name of Agency/Telephone Company | Agency Telephone No. | Customer Documentation |
|----------------------------------|----------------------|------------------------|

\_\_\_\_\_

|  |      |                           |
|--|------|---------------------------|
| Signature of Agency/Company Representative | Date | Applicant's Telephone No. |
|--|------|---------------------------|

## **WYOMING BASIC TELEPHONE ASSISTANCE APPLICATION FORM**

### **INSTRUCTIONS:**

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. Once you make that determination, fill out the form, sign it, and return it to your local telephone company's office. You must be able to show the telephone company proof of your participation in the program you have indicated on the application form.

### **LINK UP - WYOMING**

Link Up is a program 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 (dial tone line) as specified in the Telephone Company's tariffs. The total amount of the discount may not exceed \$30.00.

### **TELEPHONE ASSISTANCE - WYOMING**

This offers a discount on the monthly telephone service for eligible individuals.

### **FOR MORE INFORMATION:**

If you have questions about eligibility for the Telephone Assistance Program, contact your Department of Family Services Field Office 1-800-457-3659.

If you have questions concerning telephone service, please call your Qwest Service Representative, toll free, 1-800-244-1111.