



## DISCOUNT COUPON for Telephone Services

**Please Check:**

NEW Service

Monthly Discount

If **you** are an **adult**, receive **Medicaid services** and have **your own phone**, you may qualify for a discount on your local telephone service. Please fill out this DISCOUNT COUPON. Drop it off at your local OPA. We will verify eligibility now and annually and send your name on to your local telephone provider. Look for a rate reduction in about two months. If you have NO phone, you may qualify for a connection fee discount. Please contact your local phone company first and place an order for phone service. By signing this form, you are consenting to dissemination of this information to all applicable parties including your telephone provider.

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Name (please print as it appears on your bill)

Telephone number (required)

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Address

City/State/ Zip

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Social Security Number (required)

Your Local Telephone Company

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Signature

Date

### ***The Montana Telephone Assistance Program***

*A service of the State of Montana and your local telephone company.*

***You are responsible to report any changes in Medicaid eligibility to your phone company.***

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**Who is eligible?**

1. Adults (18 years or older),
2. Currently receive Medicaid services, and
3. Have your own phone (in your name).

\*\*Your telephone service must be in the name of the individual receiving Medicaid benefits.\*\*

**How do I apply?** Please fill out this DISCOUNT COUPON. Drop it off at your local OPA. We will verify eligibility now and annually and send your name on to your local telephone provider. Look for a rate reduction in about two months. Questions? Contact your local Office of Public Assistance.

**I do not have a phone, can you help?** If you are an adult, receive Medicaid services and have *NO* phone, you may qualify for a 50% discount on the connection fee, as well as a monthly rate discount. Please contact your phone company and place your order for service before filling out this form.

You may qualify for discounts of more than half the monthly phone rate on your local telephone service (no long distance carriers).

**Not all telephone companies participate in this program.**

**You are responsible to report changes in your Medicaid eligibility to your phone company.**

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**Questions?** Contact your local Office of Public Assistance