



100 W North Street - PO Box 96  
Plainfield, WI 54966  
715-335-6301 - Fax 715-335-6305

### Lifeline and Link-Up Programs Information Release Authorization

Union Telephone Company provides a discount under the Lifeline and Link-Up (Link-Up available for tribal lands only) Programs to customers whose eligibility has been verified to receive benefits from any of the following (check all that apply):

#### Federal Programs

- Income at or below 135% of Federal Poverty Level  
(proof of income securely retained but not shared)
- Federal Public Housing Assistance (FPHA)  
(proof of benefit securely retained but not shared)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Supplemental Security Income (SSI)
- Veterans Pension and Survivors Benefit Program
- Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- Bureau of Indian Affairs General Assistance Program
- Tribal Head Start
- Food Distribution on Indian Reservations (FDPIR)

#### State Programs

- National School Lunch Program  
(proof of benefit securely retained but not shared)
- Low Income Energy Assistance Program (LIEAP)
- Temporary Assistance for Needy Families (TANF)
- Wisconsin Works (W2)
- Badger Care
- Wisconsin Homestead Tax Credit (Schedule H)

The signed authorization is required by the Department of Workforce Development and/or the Department of Revenue to release information concerning eligibility to Union Telephone Company or its authorized agent. The authorization is only for the purposes of verifying your participation in these programs and will not be used for any other purpose.

Choose one service to apply the Lifeline discount (check with provider for availability):

- Telephone       Broadband Internet Access Service (BIAS)       Service Bundle (Phone & BIAS)

Please complete and sign the form following. Return all to:

**Union Telephone Company**  
PO Box 96  
Plainfield, WI 54966

#### **For Office Use Only**

For use in determining eligibility under 135% Federal Poverty Guidelines, Federal Public Housing Assistance (FPHA), and National School Lunch Program.

Date: \_\_\_\_\_

Telephone Number or Account Number associated with Lifeline Service application: \_\_\_\_\_

Qualifying Documents: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Applicant qualifies: Yes No

**INFORMATION RELEASE & ACKNOWLEDEMENT AUTHORIZATION FORM**

Please print or type

Last 4 digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Residential Address: (P.O. Box not acceptable) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is this a permanent or temporary address? \_\_\_\_\_ (if temporary, must re-verify every 90 days)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ or Account Number: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

I, the undersigned, authorize the Wisconsin Department of Workforce Development and/or the Department of Revenue to release information to Union Telephone Company or its authorized agent, to allow the annual verification of my eligibility while I am a participant in the Lifeline and/or Link-Up programs.

I, the undersigned, verify via my initials and signature that:

- \_\_\_\_\_ • I have read the information on this certification and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- \_\_\_\_\_ • I am not currently receiving Lifeline support benefits nor is anyone from my household, from any other wireline or wireless telephone provider or any other BIAS provider, and will notify Union Telephone Company within 30 days in the event of receipt of Lifeline Assistance from another wireline or wireless provider.
- \_\_\_\_\_ • I will notify Union Telephone Company within 30 days in the event I no longer qualify for Lifeline Assistance under the programs listed above. Failure to do so can result in loss of benefits and possible prosecution.
- \_\_\_\_\_ • The information provided is true and correct. Providing false information is punishable by law.
- \_\_\_\_\_ • I will notify Union Telephone Company within 30 days of change of address.
- \_\_\_\_\_ • I acknowledge that I may be required to recertify my eligibility for Lifeline at any time and failure to recertify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- \_\_\_\_\_ • If I seek to qualify for Lifeline as an eligible resident of tribal lands, I live on tribal lands.
- \_\_\_\_\_ • I understand completion of this form does not constitute immediate acceptance into this program.
- \_\_\_\_\_ • If I qualify and receive Lifeline Benefits my information will be provided to the National Lifeline Database.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date