



# South Dakota Lifeline and Link-Up Assistance Application

(Please Print or Type)

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ (if existing service)

Telephone number where you can be reached or receive messages \_\_\_\_\_

- I am applying for:
- Lifeline (monthly telephone service discount)
  - Link-Up (telephone connection charge discount)
  - Toll Limitation Service (free toll blocking or toll control)

- I am in the following program(s): Check all that apply
- Medicaid (e.g. Title XIX/Medical, State currently participating Supplemental Assistance)
  - Food Stamps
  - Supplemental Security Income (SSI)
  - Federal Public Housing Assistance (Section 8)
  - Low-Income Home Energy Assistance
  - Temporary Assistance for Needy Families (TANF) program
  - National School Lunch (NSL) free lunch program
  - OR My household income is at or below 135% of the Federal Poverty Guidelines

### 2009 Health and Human Services Poverty Guidelines

Number in Residence	135% Guideline (Annual)	135% Guideline (Monthly)	Number In Residence	135% Guideline (Annual)	135% Guideline (Monthly)
1	\$14,621	\$1,218	5	\$34,817	\$2,901
2	\$19,670	\$1,639	6	\$39,866	\$3,322
3	\$24,719	\$2,060	7	\$44,915	\$3,743
4	\$29,768	\$2,481	8	\$49,964	\$4,164

For each additional person after 8, add \$5,049 to the annual guideline or \$421 to the monthly guideline.

Source: Federal Register, Vol. 74 No 14, January 23, 2009 pp 4199-4201 (Applicable to 48 contiguous states only)

I agree to notify the telephone company when I no longer qualify for this program based on the above criteria.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I have read the information on this application and understand that I must meet at least one of the above qualifications to receive Lifeline, Link-Up or Toll Limitation Service assistance on my primary residential telephone line.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**“Return filled out form to ITC Telecom”  
P.O. Box 920 Clear Lake, SD 57226-0920**