Lifeline and/or Link-Up

Application/Verification for Telephone Discount

Name_____ ___ _____ _____

First **MI** **Last** **Jr./Sr./etc.**

Social Security Number: |___|___|___|-|___|___|-|___|___|___||___|

Address (include City & State): _____

_____

For Lifeline: Telephone Number: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Telephone Number to contact customer until phone installed:

_____

(The telephone number must be in **the** applicant's name, and the applicant must receive the telephone bill.)

-- For Telephone Company Use --

For Link-Up: Assigned telephone number ___ ___ ___- ___ ___ ___- ___ ___ ___ ____

Order Number _____

To receive Link-Up — discount on the installation of telephone service and/or Lifeline — monthly discount, I authorize the Social Security Administration, the County Department of Social Services, or the North Carolina Division of Social Services to release information about myself to the telephone company. I understand the agency will release my name, social security number, and telephone number. This consent remains in effect as long as I am receiving benefits from one of the above-mentioned programs or until I no longer want the discount. I understand that this form is not an application for telephone service.

Currently I receive (Please mark only one, even if you receive benefits from more than one agency.):

- ☐ **Supplemental Security Income**
- ☐ **Food Stamps**
- ☐ **Work First**
- ☐ **Low Income Energy Assistance Program (LIEAP)**
- ☐ **Medicaid**
- ☐ **Crisis Intervention Program (CIP)- program under LIHEAP**

_____ _____

Signature of Applicant or Authorized Representative of Applicant Date

I certify that the above named person is currently receiving (Circle the benefit below.):

SSI **Work First** **Food Stamps** **Medicaid** **LIEAP** **CIP**

Eligibility Worker's Name: _____

Case No.: _____

County: _____

Date: _____

-- For Agency Use --

Name of telephone company to which information was provided:

_____

_____

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Routing: White Copy to Telephone Company
Canary Copy – File

DSS-8168-I (Rev. 3/01)
Economic Independence

Figure 1