



Lifeline and Link-Up Programs Information Release Authorization

Tri-County Communications Cooperative Inc. (TCC) 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

State Programs

- | | |
|---|--|
| <input type="checkbox"/> Income at or below 135% of Federal Poverty Level
(proof of income securely retained but not shared)
shared)
<input type="checkbox"/> Federal Public Housing Assistance (FPHA)
(proof of benefit securely retained but not shared)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Veterans Pension and Survivors Benefit Program
<input type="checkbox"/> Tribally-Administered Temporary Assistance for Needy Families (TTANF)
<input type="checkbox"/> Bureau of Indian Affairs General Assistance Program
<input type="checkbox"/> Tribal Head Start
<input type="checkbox"/> Food Distribution on Indian Reservations (FDPIR) | <input type="checkbox"/> National School Lunch Program
(proof of benefit securely retained but not
<input type="checkbox"/> Low Income Energy Assistance Program (LIEAP)
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Wisconsin Works (W2)
<input type="checkbox"/> Badger Care
<input type="checkbox"/> Wisconsin Homestead Tax Credit (Schedule H) |
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The signed authorization is required by the Department of Workforce Development and/or the Department of Revenue to release information concerning eligibility to **TCC** 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:

Tri-County Communications Cooperative, Inc.
P.O. Box 578
Strum WI 54770

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 **TCC** 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 **TCC** within 30 days in the event of receipt of Lifeline Assistance from another wireline or wireless provider.
- _____ • I will notify **TCC** 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 **TCC** 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

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