

Lifeline/Link-Up-America Application

When completed, mail or fax form to:
dPi Teleconnect, LLC
2997 LBJ Freeway, Suite 225
Dallas, TX 75234
Fax 1-800-265-7673
Call today for more information: 1-800-646-2111

This signed authorization is required in order to enroll you in the Lifeline/Link-Up-America program in your state. This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose.

1. ☐ Sign me up for LifeLine

State service is provided in: _____

2. I hereby certify that I participate in at least one of the following programs (check all that apply):

- ☐ Food Stamps
- ☐ Food Distribution Program (United Tribes)
- ☐ General Assistance
- ☐ Medicaid
- ☐ Supplemental Security Income (SSI)
- ☐ Temporary Assistance to Families
- ☐ Income at or below 150% of federal poverty level

Note: You must enclose proof of participation. This can be a photocopy of your card or authorization form. If you are qualifying via income level, you may self-certify that your income is at or below 150% of the federal poverty level by signing at the bottom of this form.

3. I also certify that:

- ☐ My telephone service is listed in my name.
- ☐ I am not listed as a dependent on another person's tax return (unless over the age of 60). My age _____
- ☐ The address listed is my primary residence, not a second home or business.

4. If in the future I no longer participate in at least one of the programs listed in item 2 above, or conditions in item 3 above change, I will promptly notify dPi Teleconnect by calling the appropriate number listed above.
5. I authorize dPi Teleconnect, or its duly appointed representative, to access any records required to verify these statements in order to confirm my continued participation in the above program(s). I authorize representatives of the above programs to discuss with and /or provide copies to dPi Teleconnect, if requested by the company, to verify my participation in the above program and my eligibility for LifeLine service.
6. I affirm, under penalty of perjury, that the information I have provided is correct.

Applicant's Name: _____ Social Security Number: _____

Applicant's Home Address _____

City: _____ State: _____ Zip code: _____

Applicant's Home Telephone Number: _____ Or Applicant can be reached at: _____

Applicant's Signature: _____ Date: _____