19.8 TEL-ASSISTANCE / LIFELINE AND LINK UP 85

I. INTRODUCTION 85

A. STATE ADMINISTRATION 85

B. **LOCAL OFFICE RESPONSIBILITIES** 85

C. ELIGIBILITY REQUIREMENTS 85

D. APPLICATION PROCESS 86

1. Mail-Out Application Kits 86
2. Walk-In Applications 86

E. CLOSURE PROCESS 87

F. TELEPHONE COMPANY RESPONSIBILITY 87

1. Notification Eligibility 87
2. Question of Eligibility 87
3. Hearing Process 87

G. FORMS 87

H. PARTICIPATING **TELEPHONE** COMPANIES 88

APPENDIX A EMERGENCY ASSISTANCE INCOME LIMITS A-1

APPENDIX B COUNTIES SERVED – UTILITY PROGRAM B-1

APPENDIX C HOSPITALS WITH BORDER STATUS FOR MEDICAID C-1

APPENDIX D PUBLIC FORMS D-1

DFA-67-A, Burial Billing Form
DFA-BU-1, Application for Burial Benefits
DFA-BU-2, Affidavit of Responsible Relative
OFA-NEMT-1, NEMT Application
OFA-NEMT-1A, Supplement to NEMT Application
DFA-TA-2, Tel-Assistance Application
DFA-TA-3, Tel-Assistance Fact Sheet

APPENDIX E TEL-ASSISTANCE/LIFELINE AND LINK UP PARTICIPATING TELEPHONE COMPANIES E-1