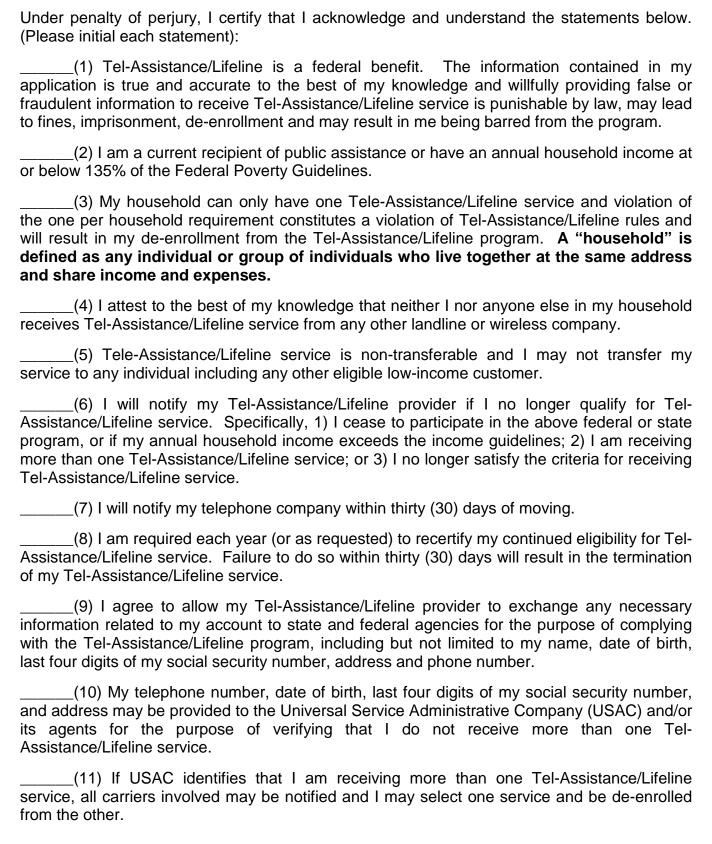
West Virginia Department of Health and Human Resources Tel-Assistance / Lifeline Program Application

Case Name:	Date of Birth:
Address:	SSN:
City, State, ZIP	County:
Telephone Number:	Account Number:
Selected Telephone Provider:	
To qualify for Tel-Assistance/Lifeline service your at below 135% of the Federal Poverty Guidelines (see to a participant in at least one of the public assistance pro	able on fact sheet provided) you must be
Please select one of the following options:	
I am a "Qualified Low-Income Customer" and cur qualifying public assistance programs.	rently participate in at least one of the
My annual household income is at or below 135% How many people are in your household?	
NOTE: To qualify based on your income, you must vecopies of one or more of the documents listed or application form:	•
Please complete the certifications located on page will result in the denial of your application.	2 of this application. Failure to do so
Applicant Signature	Date



Send the completed application to your selected telephone company. DO NOT RETURN THIS FORM TO DHHR. If you have questions about this service in your area, contact your selected telephone company.