

**TCT WEST, INC.**

PO Box 671  
 Basin, WY 82410  
 (307) 568-3357  
 800-354-2911

PO Box 158  
 Lovell, WY 82431  
 (307) 548-2275  
 800-890-3136

**Tri County Telephone Association, Inc.**

PO Box 310  
 Basin, WY 82410  
 (307) 568-2427  
 800-354-2911

**Instructions:** Please read the descriptions for the telephone assistance programs below, so you can determine the type of assistance for which you would like to apply. Fill out the form, sign it, and return it to *Tri County Telephone Association, Inc./TCT WEST, INC.* You must be able to show proof of your participation in the program you indicate.

**LINK UP AMERICA:** This program is designed to promote universal service by providing a discount on service connection charges for qualified low-income customers. Benefits include 50% discount on the service connection charges associated with the connection of a new residence exchange access line as specified in the company's tariff. The total amount of the discount may not exceed \$30.00.

**WYOMING TELEPHONE ASSISTANCE:** This program offers a discount on the monthly telephone service for eligible individuals.

1. **PLEASE PRINT** the following required information.

Last Name	First Name	Middle Initial	Social Security Number
Telephone Number/Contact Number		Title XIX ID # or Case #	
Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code

2. **PLEASE CHECK** type of assistance requested

- Link Up America                       Wyoming Telephone Assistance

3. **PLEASE CHECK** the programs you currently participate in. You must be eligible for one to participate.

- Medicaid     POWER  
 Food Stamps     LIEAP  
 Child Care     Prescription Drug Program

4. **PLEASE ATTACH** a copy of your current Equality Card or an approval letter from Department of Family Services.

5. **PLEASE SIGN.** By signing below, I certify to the best of my knowledge and belief that the information contained within this application is true and correct. I authorize the administering agency to release to *Tri County Telephone Association, Inc./TCT WEST, INC.* any information required to verify my participation in the qualifying program designated above.

\_\_\_\_\_  
 Signature of Applicant    Date

6. **PLEASE RETURN** the signed & completed application form and copy of Equality Card or DFS letter to your nearest telephone office.

Office Use Only:  
 Verified by: \_\_\_\_\_ Date: \_\_\_\_\_