

Lifeline Oklahoma 1-877-677-5635

The signed application on the next page is required to enroll you in the Lifeline program. This application is only for the purpose of verifying your participation in these programs and will not be used for any other purpose.

Return the application on the following page to:

AT&T Lifeline Oklahoma Program P.O. Box 4600 Waterloo, IA 50704-4600 Fax: 1-800-295-7495

You are eligible for Enhanced (Tribal Lands) Lifeline if you live here	You are eligible for Regular Lifeline if you live here
Available in all counties EXCEPT Beaver, Cimarron,	Available in the following counties: Beaver, Cimarron,
Greer, Harmon, Jackson, Texas, and Beckham County	Greer, Harmon, Jackson, Texas, and Beckham County
north of the North Fork of the Red River	south of the North Fork of the Red River
Monthly cost of \$1	Monthly discount of \$8.71
• Line connection - 1/2 price	• Line connection - 1/2 price
All additional services allowed	All additional services allowed
Free toll restriction	Free toll restriction

Application Instructions

For **Enhanced (Tribal Lands) Lifeline**, all you need to do is self-certify that you are participating in one of the programs listed on the application by filling out and signing the application on the following page.

For **Regular Lifeline**, you must fill out the application on the following page and provide proof that you participate in at least one of the following qualifying programs:

Eligibility Program	Proof Required for Regular Lifeline Send with Application
Food Stamps, Medical Assistance, or Temporary Assistance for Needy Families (TANF)	Ask your local Department of Human Services office to confirm eligibility by having them stamp the bottom of the application or enclose a photocopy of documentation that demonstrates your participation.
Supplemental Security Income (SSI)	Enclose a photocopy of the letter you received indicating your eligibility to receive SSI benefits.
Federal Public Housing Assistance, Low Income Home Energy Assistance, Vocational Rehabilitation, or OK Sales Tax Relief	Enclose a photocopy of documentation that demonstrates your participation.

Lifeline Oklahoma Application



REGULAR Lifeline Authorization and ENHANCED (Tribal Lands) Lifeline Self-Certification Form 1-877-677-5635

□ Enhanced Lifeline □ Regular Lifeline and am providing proof, as sho	wn on page 1 of this letter, that I am eligible
· · · · · · · · · · · · · · · · · · ·	following programs (check all that apply). Note: You may its, but to qualify for Lifeline, you must participate in on
☐ Food Stamps	□ Vocational Rehabilitation (including hearing impaired)
☐ Medical Assistance (Medicaid)	☐ Supplemental Security Income (SSI)
☐ Federal Public Housing/Section 8	☐ Bureau of Indian Affairs General Assistance
☐ Low Income Home Energy Assistance Program (LIHEAP)	☐ Tribally Administered Temporary Assistance for Needy Families (TANF)
☐ OK Sales Tax Relief	☐ Head Start (income qualified customers only)
☐ Temporary Assistance for Needy Families (TANF)	☐ National School Lunch Program (free lunch only)
If you are over 60, list your age here The address listed below is my primary 4. If, in the future, I no longer participate in at least item 3 above change, I will promptly notify AT& 5. I authorize AT&T Oklahoma, or its duly appoint these statements in order to confirm my continure representatives of the above programs to discussion.	her person's income tax return (unless over the age of 60). 7 residence, not a second home or business st one of the programs listed in item 1 above, or conditions in the ATT Oklahoma at 1-877-677-5635. The department of the program in the above program. I authorize suss with and/or provide copies to AT&T Oklahoma, if pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above program and my eligibility for "enhanced or the pation in the above progr
Applicant Name: Last:	First/Initial:
Social Security Number:	i ii Striittai.
Home Address:	
City, State, Zip:	
Home Phone:	
(Your home telephone number is required. If y will be a delay processing your application. If AT&T at 1-877-677-5635 to establish service first	ou do not provide your home telephone number, there you do not have a home telephone number, please call st.)
Signed:	Date:
Signeu.	
	DHS Certification or Stamp