

## Application Form

# 1. About Montana Telephone Assistance Program (MTAP)

The MTAP discount is a state benefit that lowers the monthly cost of phone service.

## Rules

If you qualify, your household can get the Montana Telephone Assistance Program (MTAP) for your phone. Your household cannot get MTAP from more than one phone company.

You are only allowed to get one MTAP benefit per household, **not per person**. If more than one person in your household gets MTAP, you are breaking the rules and will lose your benefit.

## What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

## Do not give your benefit to another person

The MTAP is non-transferable. You cannot give your MTAP benefit to another person, even if they qualify.

You must give accurate and true information on this form and on all MTAP related forms or questionnaires. If you give false or fraudulent information, you will lose your MTAP benefit (i.e., de-enrollment or being barred from the program).

## Documentation of Eligibility

You will need to show an official document to prove your participation in the Medicaid program. You must submit copies of your official documents with this application.

Provide a copy of one of the following:

1. A copy of a program award letter or government agency document containing your name, your address, the program name and the **effective date of the award**.
2. Only program cards that display your name, your address or state, program name and effective date will be accepted.
3. Income:
  - a. Last year's Federal or State Income Tax Return
  - b. Current Annual Income Statement from Employer
  - c. Paycheck stubs or other official document containing income information for any three consecutive months within the last twelve months
  - d. Social Security Statement of Benefits
  - e. Veteran's Administration Statement of Benefits
  - f. Retirement or Pension Statement of Benefits
  - g. Unemployment or Worker's Compensation Statement of Benefits
  - h. Letter of Participation in General Assistance
  - i. Divorce Decree or Child Support Documentation containing income information
  - j. Bank Statement is not valid proof of income.

## Apply

To apply for a Montana Telephone Assistance Program, fill out every section of this form and return to:

CenturyLink  
555 Lake Border Dr  
Apopka, FL 32703

FAX: 866-810-7530  
Customer Service: 800-201-4099  
Email: e-Records@centurylink.com

## 2. Your Information

All fields are required unless indicated.

**What is your full legal name?**  
The name you use on official documents, like your Social Security Card or State ID. Not

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First

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Middle (Optional) Suffix (Optional)

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Last

**What is your phone number** (if you have one)?

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**What is your date of birth?**

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Month      Day      Year

**What is your email address?** (if you have one)?

**What are the last four numbers of your Social Security Number (SSN)?**

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If you do not have a SSN, what is your Tribal Identification Number?

**What is the best way to reach you?**

email     
  phone     
  text message     
  mail

**What is your home address?** (The address where you will get service. Do not use a P.O. Box)

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Street Number and Name Apt, Unit, etc.

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City State Zip Code

**What is your mailing address?** (Only fill this out if it is not the same as your home address.)

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Street Number and Name Apt, Unit, etc.

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City State Zip Code

### 3.

## **Qualify for the Montana Telephone Assistance Program (MTAP)**

1. You must be a participant in the Montana Medicaid program.
2. Please provide a copy of an official document from the program.
3. A copy of a program award letter or government agency document containing your name, your address, the program name and the effective date of the award.
4. Only program cards that display your name, your address or state, program name and effective date will be accepted.

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## 4. Agreement

I agree, under penalty of perjury, to the following statements:

*You must initial next to each statement.*

  
Initial

I or a member of my family area participant in the Montana Medicaid program.

  
Initial

I agree that if I move, I will give my service provider my new address within 30 days.

  
Initial

I understand that I must tell my service provider within 30 days if I do not qualify for the Montana Telephone Assistance Program (MTAP) anymore, including:

- 1) I do not qualify through Medicaid.
- 2) I get more than one MTAP benefit.

  
Initial

I know that my household can only get one MTAP benefit and, to the best of my knowledge, my household is not getting more than one MTAP benefit.

  
Initial

All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

  
Initial

I know that willingly giving false or fraudulent information to get MTAP benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

  
Initial

My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my MTAP Benefit, I understand that I must respond by the deadline or I will be removed from the MTAP Program and my MTAP benefit will stop.

  
Initial

I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

I consent to let CenturyLink contact me at my phone number for important reminders and updates to my service.

<b>Signature</b> <input type="text"/>	<b>Today's Date</b> <input type="text"/>
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