

California Telephone Assistance Program Application Form



1. About California Telephone Assistance Program (CTAP)

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

Rules

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

You are only allowed to get one CTAP benefit per household, **not per person**. If more than one person in your household gets CTAP, 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 CTAP is non-transferable. You cannot give your CTAP benefit to another person, even if they qualify.

You must give accurate and true information on this form and on all CTAP related forms or questionnaires. If you give false or fraudulent information, you will lose your CTAP 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 California Telephone Assistance Program, fill out every section of this form and return to:

Return this form to:
RECORDS/MASS MKTS - 02-RM234
LUMEN TECHNOLOGIES
5325 ZUNI ST
DENVER CO 80221

FAX: 866-810-7530
CUSTOMER SERVICE: 800-244-1111
EMAIL: e-Records@Centurylink.com

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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

First

Middle (Optional)

Suffix (Optional)

Last

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

What is your date of birth?

Month

Day

Year

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

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)

Street Number and Name

Apt, Unit, etc.

City

State

Zip Code

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

Street Number and Name

Apt, Unit, etc.

City

State

Zip Code

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3. Qualify for CTAP

Fill out this section to show that you, your dependent, or someone in your household qualifies for CTAP.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:

Check all programs that you have:

<input type="checkbox"/>	National School Lunch Program's Free Lunch Program
<input type="checkbox"/>	Low Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/>	Women, Infants & Children (WIC)
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/>	Healthy Families Category A
<input type="checkbox"/>	CalWORKs / StanWORKs / Welfare to Work
<input type="checkbox"/>	Greater Avenues for Independence (GAIN)

Qualify through your income:

Including you, how many people live in your household? (check one)	Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size)		
Persons in Family/Household	Poverty Guidelines at 150% of the Federal Poverty		
1	\$23,940	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	\$32,460	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	\$40,980	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	\$49,500	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	\$58,020	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	\$66,540	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	\$75,060	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8	\$83,580	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If more than 8, add this amount for each person: Number in Household: _____	\$8,520	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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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 currently get benefits from the government program(s) listed on this form or my annual household income is 150% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

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 California Telephone Assistance Program (CTAP) anymore, including:

1) I do not qualify for any aid program.

2) I get more than one CTAP benefit.

Initial

I know that my household can only get one CTAP benefit and, to the best of my knowledge, my household is not getting more than one CTAP 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 CTAP 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 CTAP Benefit, I understand that I must respond by the deadline or I will be removed from the CTAP Program and my CTAP 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.

Signature

Today's Date