

NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP) APPLICATION

(If you live on Tribal land, **DO NOT** use this application. Contact your local telephone company for a Tribal land Discount.)

LAST NAME FIRST NAME MIDDLE (Name/Initial) SOCIAL SECURITY NUMBER

STREET ADDRESS (MUST be street address / NOT a P.O. Box) CITY STATE ZIP CODE

MAILING ADDRESS (ONLY if different from above) CITY STATE ZIP CODE

1. Select ALL that apply:

- A. _____ I have phone service. My phone number is:
(_____) _____
Name of Telephone Co.: _____
Name on Bill/Account: _____
- B. _____ I have moved or started service in the last 60 days
Date new service began: _____
- C. _____ I **DO NOT CURRENTLY** have phone service **OR**
have been disconnected

2. Select ALL of the programs that apply:

- _____ Medicaid (NOT MEDICARE)
_____ Food Stamps
_____ Supplemental Security Income (SSI)
_____ Federal Public Housing Assistance
_____ Low-Income Home Energy Assistance

_____ Kids Connection, SAM, MAC, EMAC
Child's Name: _____

3. PLEASE PROVIDE PROOF OF PARTICIPATION IN ONE OF THE ABOVE PROGRAMS:

- A. **For Kids Connection, SAM, MAC, or EMAC:**
You **MUST** have your caseworker sign this form below to verify that your child is currently receiving one of the programs.
- B. **For all other programs, do ONE of the following:**
- Send in a copy of either:
 - Your current 8 1/2 X 11 Medicaid Sheet, Food Stamp approval letter, OR Low-Income Home Energy Assistance statement
 - Your current award letter received for Supplemental Security Income (SSI) from the Social Security Administration
 - Have your HHS caseworker sign this form below to verify that you are enrolled in a qualifying program
 - Have the local Housing Authority sign this form below to verify that you receive Federal Public Housing Assistance

4. I understand completion of this application does not constitute immediate acceptance into this program. I agree to notify the Nebraska Public Service Commission or my local telephone company when I no longer participate in at least one of the above qualifying programs. I agree to fill out a new application requesting assistance prior to moving.

I certify, under penalty of perjury, the above information is true. I have read the information on this application and understand I must meet the above qualification to receive assistance from these programs.

Applicant or POA Signature *Copy of Power Of Attorney Page must be included with application Date

-----**FOR AUTHORIZING AGENCY'S USE ONLY**-----
AGENCIES hereby "certify" that their office is directly involved with administering the program(s) or has access to the records of the office that does administer the program(s), and the applicant is currently on these program(s). If enrollment in the Kids Connection, SAM, MAC, or EMAC program(s) is used to determine eligibility, AGENCIES hereby "certify" that the applicant's income was used in such determination.

Authorized Signature (HHS Caseworker or Housing Authority Personnel ONLY) Title

Printed Name Date Telephone Number

Agency Address City State Zip Code

Return Completed Application To: **NTAP**
PO Box 94927
Lincoln, NE 68509-4927

Have Questions? Call 1-800-526-0017
Or, in Lincoln 471-3101
Veá el revés para la traducción en Español