



Lifeline and Link-Up Programs Information Release and Acknowledgement Authorization Form

Nsight Telservices provides a discount under the Lifeline and Link-Up (Link-Up available for tribal lands only) programs to customers whose eligibility has been verified to receive benefits.

Name: _____

I give permission to the Department of Health Services/Division of Medicaid Services to verify to **Nsight Telservices** or its authorized agent, whether I participate in a low-income assistance program that would qualify me for Lifeline. **Nsight Telservices** or its authorized agent, shall maintain the information in this form and any information received about me from the Department as confidential customer account information.

I understand completion of this form does not constitute immediate acceptance into this program.

Signature

Date

Choose one service to apply the Lifeline discount (check with provider for availability):

- Telephone Broadband Internet Access Service (BIAS) Service Bundle (Phone & BIAS)

Please return to: Nsight Telservices - Lifeline
470 Security Blvd
Green Bay, WI 54313

For Office Use Only

For use in determining eligibility under 135% Federal Poverty Guidelines, Federal Public Housing Assistance (FPHA), and National School Lunch Program.

Date: _____

Telephone Number or Account Number associated with Lifeline Service application: _____

Qualifying Documents: _____

Reviewed by: _____

Applicant qualifies: Yes No

Updated 12/28/18