

# Life-Line & Link-Up

When enrolled in the ReachOut Wireless™ Program you will receive a free, state set, allotment of minutes each month. If you choose, you may purchase additional minutes with discounted Refill Cards below.

ReachOut Wireless™ Refill Minutes **ROLLOVER** to the next month and **NEVER EXPIRE** while enrolled in the LifeLine Government Assisted Program! Call **1-877-870-9222** to purchase minutes over the phone or for a retailer in your area.

Face Value: \$5  
Anytime Minutes: 25  
Long Distance: Yes



Face Value: \$10  
Anytime Minutes: 83  
Long Distance: Yes



Face Value: \$20  
Anytime Minutes: 200  
Long Distance: Yes



Face Value: \$30  
Anytime Minutes: 350  
Long Distance: Yes



Face Value: \$50  
Anytime Minutes: 700  
Long Distance: Yes



Purchase online at:

[www.reachoutwireless.com](http://www.reachoutwireless.com)

# How Do I Qualify?

If you receive any of the assistance programs below, you are automatically accepted in the ReachOut Wireless™ LinkUp & LifeLine program.

Food Stamps



Medicaid



HUD-US Department of Housing and Urban Development



Temporary Assistance for Needy Families



Home Energy Assistance Program



Supplemental Social Security



Board of Education Free Lunch Program



Don't see yours? Call Toll Free  
1-877-870-9444 to find how you can  
become eligible!

[www.reachoutwireless.com](http://www.reachoutwireless.com)

# Friends & Family Enrollment Form



## Government Assisted Cellular Service

Inside this brochure is an enrollment form for someone you know that might also benefit from the ReachOut Wireless™ Linkup & Lifeline wireless phone program.

If you have additional questions, please feel free to call us at 1-877-870-9222. You may also visit [www.reachoutwireless.com](http://www.reachoutwireless.com) for more information.

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# Friends & Family Referral Program



Tell Someone You Know About The ReachOut™ Wireless Government Assisted Program Today!

Just give this form to someone you know that would like to enroll in the Reachout Wireless™ program today. The person that you refer cannot live at the same address as a recipient that has already received a Linkup Wireless phone.

**Attention: You are authorized to make additional copies of this form.**

## Wireless Enrollment Application

LifeLine-LinkUp Self Certification Form-Program Based Eligibility

I hereby certify that I participate in a minimum of one of the following programs:

- Medicaid**
- Supplemental Security Income (SSI)**
- Temporary Assistance to Needy Families (TANF)**
- Low Income Home Energy Assistance Programs (LIHEAP)**
- Food Stamps**
- Federal Public Housing Assistance (Section 8)**
- National School Lunch Program's Free Lunch**

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FIRST NAME

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LAST NAME

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FULL ADDRESS EXAMPLE- 1234 MAIN STREET-----1234 MAIN AVENUE

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APT. OR UNIT

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CITY

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STATE

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ZIP CODE

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SOCIAL SECURITY NUMBER

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MONTH DAY YEAR

DATE OF BIRTH

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AREA CODE

CONTACT NUMBER

I hereby authorize Nexus Communications, Inc., d/b/a ReachOut Wireless™ or its duly appointed representative to access records relating to me and my family, that are in any state or federal database to verify my eligibility for the Lifeline/Linkup program. I authorize representatives of the above programs to discuss with and/or provide copies if requested by the company, to verify my participation in the above selected programs and my eligibility for Lifeline or Link-Up service and that I will notify my telecommunications provider if and when I am no longer participating in at least one of the above-designated programs. I certify that I have not utilized Link-Up at my existing address. I certify that I do not currently have Lifeline service and no other resident at my residential address participates in the Lifeline program. If I have Lifeline service now I agree to cancel my current Lifeline support in favor of ReachOut Wireless.™ I affirm that I am over eighteen years of age, I am head of household and that I am not claimed as a dependant on another person's federal or state income tax return. I agree to notify ReachOut Wireless™ if I have a change of address. I affirm, under **penalty of perjury**, that the foregoing representations are true and correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Certification is good for up to one year from the date of signing. This certification must be updated annually to avoid program termination.

**UNV-BRO-7/09**

### Submit Completed Form 3 ways:

**1 Fax Toll Free**  
1-877-870-9333

**2 EMAIL**  
Sign, scan @ email to:  
enroll@reachoutmobile.com

**3 US MAIL**  
PO BOX 247168  
Columbus, Ohio 43224

Form must be completed, signed and received by ReachOut Wireless™ before order is processed. Orders are shipped immediately. Please allow 5 to 7 business days for shipping. Phone models vary by availability.  
**ONLY ONE RECIPIENT PER HOUSEHOLD PER ADDRESS ALLOWED. ABSOLUTELY NO EXCEPTIONS.**

Customer Service: 1-877-870-9444 Toll Free Fax: 1-877-870-9333  
visit [www.reachoutwireless.com](http://www.reachoutwireless.com) or send inquires to [enroll@reachoutmobile.com](mailto:enroll@reachoutmobile.com)

