



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

- | | |
|--|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Supplemental Social Security-SSI |
| <input type="checkbox"/> Federal Public Housing Assistance-Section 8 | <input type="checkbox"/> Temporary Assistance to Needy Families-TANF |
| <input type="checkbox"/> National School Lunch Free Lunch Program | <input type="checkbox"/> Low Income Home Energy Assistance Program-LIHEAP |
| <input type="checkbox"/> Bureau of Indian Affairs Programs | <input type="checkbox"/> Medicaid |

FIRST NAME

LAST NAME

Service Address

Address -----
 Apt. or -----
 Unit -----
 City -----
 State -----
 Zip -----
 Code -----

SOCIAL SECURITY NUMBER

DATE OF BIRTH

Choose The Plan That Suits Your Lifestyle.

- 50 FREE Minutes , 50 FREE Text Messages 125 FREE Minutes *250 FREE Minutes

*250 Free Minute Plan minutes DO NOT roll over to the next month. All unused minutes expire and your phone is loaded with a new balance of 250 minutes each month.

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 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.

Submit your application 3 ways!

Email

Fax

Mail

Email To:
enroll@reachoutmobile.com

Toll Free :
1-877-870-9333

PO BOX 247168
Columbus, Ohio 43224

Customer Service:1-877-870-9444 www.reachoutwireless.com

Orders are shipped **immediately** upon receipt of signed form. Please allow 3 to 5 business days for shipping. Cellular phone models vary upon availability. All enrollment forms must have all sections completed. This includes: full social security number, date of birth, and it must be signed and dated. Only one phone per household address allowed regardless of how many government assisted recipients reside at the address. We can only ship to a home address and NOT a PO Box. There are absolutely no exceptions.

Nexus Communications™ Inc. d/b/a Reachout Wireless™ PO Box 247168 Columbus, Ohio 43224-7168 Certain restrictions apply. Phone models vary by availability. Service varies by coverage area. Not available in all areas. Copyright 2009. All Rights Reserved.

