Bell Auxiliary Lifeline Application

Charter [] or AT&T []

name	Age: D.O.B
Address	Phone
LANDLINE PHON	IE or <mark>CELL PHONE</mark> – Please Circle
	m the subscriber if possible. 3 responders is optimal.
1. Name	Cell Phone
Relationship to subscriber	Home Phone
	Work Phone
	Key to home: Yes No
2. Name	Cell phone
Relationship to subscriber	Home Phone
	Work Phone
	Key to Home Yes No
3. Name	Cell phone
Relationship to subscriber	Home phone
	Work phone
	Key to home Yes No
Next of kin to contact in an emergency	
Phone Number	
Primary Care Physician	Phone
Address	Hospital Preference
Allergies	
Medical Problems	
	ert Button or On the Go \$37.50 Circle button choice oscriber is billed on the 1 st of every month; payment is o credit cards are charged an extra .50 fee.

Return completed application to: Tami Ketchem, Lifeline Program Manager

tami.ketchem@bellmi.org 901 Lakeshore Drive

Ishpeming, MI 49849

Direct Line 906-485-2611 (fax) 485-2775