



Missouri Application for the Lifeline Program

Consumers meeting certain eligibility criteria are able to participate in the Lifeline program and receive discounted voice telephony service. Lifeline service offers a monthly discount of \$9.25 or a monthly usage allotment of 250 minutes with no monthly fee. To apply complete this form and also submit **proof of eligibility**.

Eligibility Criteria for the Lifeline Program
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> National School Free Lunch Program <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i>

Applicant's Full Name :	Birth Date:	Social Security # (last 4 digits):	DCN:*
Name on Voice Service Account (If different from Applicant):		Customer Contact Telephone Number:	
Customer's Full Residential Service Address (no P.O. Boxes): Street:		Is this address a temporary address? Yes / No <i>(circle the appropriate response)</i> <i>(If "yes" then must verify address every 90 days.)</i>	
City, Town, Zip:		Is this address also my billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no" please provide billing address):</i>	

**This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.*

I understand the following obligations and provisions about the Lifeline program:

- The Lifeline program is a government benefit program and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

- I will be de-enrolled from the Lifeline program and my service deactivated if my service fails to be used for a 60-day time period. Using the service includes completion of an outbound call, purchase of additional usage, or answering an incoming call from a party not affiliated with this company.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I receive more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline program.

_____ I certify I have _____ individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline benefits is punishable by law.

Signature of Customer

Date

Submit a completed signed form and proof of eligibility.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$15,512	\$20,939	\$26,366	\$31,793	\$37,220	\$42,647	\$48,074	\$53,501	+ \$5,427/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a fully year or three consecutive months within the previous twelve months.

Company Use Only:

I hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official

Signature

Date