



# Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for telecommunications service through the Lifeline Program or the Disabled Program. Lifeline service offers a monthly federal discount of \$9.25 (for Voice or Broadband Internet) and state discount of \$6.50 (Voice or a service bundle of Voice and Broadband) for a total monthly discount of up to \$15.75. The Disabled Program offers a \$6.50 (Voice) monthly discount.

Eligibility Criteria	
To qualify for a discount you must submit this completed and signed application along with proof of eligibility.	
Lifeline Program	Disabled Program
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid)	<input type="checkbox"/> Veteran Administration Disability Benefits
<input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps)	<input type="checkbox"/> State Blind Pension
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> State Aid to Blind Persons
<input type="checkbox"/> Veterans and Survivors Pension Benefit	<input type="checkbox"/> State Supplemental Disability Assistance
<input type="checkbox"/> Federal Public Housing Assistance (Section 8)	<input type="checkbox"/> Federal Social Security Disability
<input type="checkbox"/> 135% of the Federal Poverty Level	
<input type="checkbox"/> (See next page for income threshold requirements)	

**Lifeline Program – Choose ONE service to apply the discount:** *(check with provider for availability)*

- Telephone
  Broadband Internet Access Service (“BIAS”)
  Service Bundle (Phone and BIAS)

APPLICANT INFORMATION:				
<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>	<b>DCN #:*</b>	
<i>Last Name</i>	<i>First Name</i>	<i>MM/DD/YY</i>	<b>LAST 4 DIGITS ONLY</b>	<b>*MO HealthNet/Food Stamps</b>
<b>Telephone Number:</b> (____) _____-_____				

BENEFIT QUALIFYING PERSON INFORMATION: IF DIFFERENT FROM APPLICANT				
<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>	<b>DCN #:*</b>	
<i>Last Name</i>	<i>First Name</i>	<i>MM/DD/YY</i>	<b>LAST 4 DIGITS ONLY</b>	<b>*MO HealthNet/Food Stamps</b>

ADDRESS				
<b>Service Address (No P.O. Box):</b>				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<b>Is this address also my billing address?</b> YES                      NO <i>(If “NO” please provide billing address below)</i>				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<b>Is this address a temporary address?</b> YES                      NO <i>(If “YES” then address must be verified every 90 days)</i>				
<b>Is this address occupied by multiple households?</b> YES                      NO <i>(If “YES” or if Lifeline Program records indicate another person at this address is already receiving a LifeLine Program benefit, then you must complete the <b>Lifeline Household Worksheet</b> attached.)</i>				

**I understand the following obligations and provisions about the Lifeline and Disabled pro**

- The Lifeline and Disabled programs are government benefit programs 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 or Disabled 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 or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- 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 and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

**I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING: Please initial each item below**

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my telecommunications provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my telecommunications provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my telecommunications provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline benefits. I will receive a letter from the Universal Service Administrative Company ('USAC') annually, prior to my anniversary date, and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline benefits. If receiving Disability benefits, I may be required to re-certify my continued eligibility for Disabled benefits with Fidelity
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company ('USAC') 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 and their agents and designees who oversee and administer the Lifeline or Disabled programs.
- I certify I have \_\_\_\_\_ individuals in my household. (Initial and complete only if qualifying under the income threshold)

The information supplied on this form is true and correct.

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

Signature of Customer \_\_\_\_\_

Date \_\_\_\_\_

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each additional person:
\$16,389	\$22,221	\$28,053	\$33,885	\$39,717	\$45,549	\$51,381	\$57,213	+ \$5,832/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 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 full 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

## Lifeline Household Worksheet

This Worksheet is not applicable for the Disabled Program.

**Only one Lifeline Program-supported service per household (either wireless or landline telephone, Broadband Internet, or a cell phone data plan) is allowed under Federal law.**

Your **household** is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Answer the questions below to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.


1. Does another adult (age 18 or emancipated minor) live with you AND have a Lifeline-discounted service or a "free" wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

**No.** You are ELIGIBLE for Lifeline because no one in your household has Lifeline. Please SIGN below to certify that this is true and complete the rest of this form.

**Yes.** Please answer question 2 below.

2. Do you share expenses for bills, good, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted service?

**No.** You are ELIGIBLE for Lifeline because no one in your household has Lifeline. Please SIGN below to certify that this is true and complete the rest of this form.

**Yes.**  Do NOT complete the rest of this form. You are NOT ELIGIBLE because someone in your household already has Lifeline.

**I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.**

Signature of Customer \_\_\_\_\_

Date \_\_\_\_\_