

**[Insert Missouri-designated ETC name and/or logo]**

**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 \$x.xx or a monthly usage allotment of x minutes with no monthly fee]**. To apply complete this form and also submit **proof of eligibility**.

<b>Eligibility Criteria for the Lifeline Program</b>
<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>

<b>Applicant's Full Name :</b>	<b>Birth Date:</b>	<b>Social Security # (last 4 digits):</b>	<b>DCN:*</b>
<b>Name on Voice Service Account (If different from Applicant):</b>		<b>Customer Contact Telephone Number:</b>	
<b>Customer's Full Residential Service Address (no P.O. Boxes):</b> Street:  City, Town, Zip:		<b>Is this address a temporary address?</b> Yes / No <i>(circle the appropriate response)</i> <i>(If "yes" then must verify address every 90 days.)</i>	
<b>Is this address also my billing address?</b> <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
\$15,890	\$21,506	\$27,122	\$32,738	\$38,354	\$43,970	\$49,586	\$55,202	+ \$5,616/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**

**[If desired, insert Missouri-designated ETC name, logo, or contact information.]**