



## Chariton Valley Communications Corporation

### Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of up to \$15.75. The Disabled program offers a \$6.50 monthly discount. To apply complete this form and also submit **proof of eligibility**.

Eligibility Criteria	
Lifeline Program	Disabled Program
<p>___ MO HealthNet (f/k/a Medicaid)</p> <p>___ Supplemental Nutrition Assistance (Food Stamps)</p> <p>___ Supplemental Security Income</p> <p>___ Veterans and Survivors Pension Benefit</p> <p>___ Federal Public Housing Assistance (Section 8)</p> <p>___ 135% of the Federal Poverty Level (See next page for income threshold requirements)</p>	<p>___ Veteran Administration Disability Benefits</p> <p>___ State Blind Pension</p> <p>___ State Aid to Blind Persons</p> <p>___ State Supplemental Disability Assistance</p> <p>___ Federal Social Security Disability</p>

**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)

<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</b> (If different from Applicant):		<b>Customer Contact Telephone Number:</b>	
<b>Customer’s Full Residential Service Address</b> <i>(no P.O. Boxes):</i> 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 occupied by multiple households?</b> Yes/No <i>(circle the appropriate response)</i> <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 separate Lifeline Household Worksheet.)</i>	
		<b>Is this address also my billing address?</b> ___ Yes ___ No <i>(If “no” please provide billing address):</i>	

\*This number is assigned to program participants of MO HealthNet and Food Stamps.

**I understand the following obligations and provisions about the Lifeline and Disabled programs:**

- 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.

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- 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 hereby certify under penalty of perjury that (please initial next to each statement):**

- ☐ I meet the eligibility criteria for the Lifeline program or the Disabled 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 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 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 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 or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled 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 or Disabled programs.

**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**

**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
\$16,281	\$21,924	\$27,567	\$33,210	\$38,853	\$44,496	\$50,139	\$55,782	+ \$5,643/person

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

*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 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**

