

# Northwest Missouri Cellular

## 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. The programs that qualify for low income benefits are listed below. To apply complete this form and also submit **proof of eligibility**.

<b>Eligibility Criteria for the Lifeline Program</b>
<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</p> <p style="text-align: center;"><i>(See next page for income threshold requirements)</i></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> <i>(If different from Applicant):</i>		<b>Customer Contact Telephone Number:</b>	
<b>Customer’s Full Residential Service Address</b> <i>(no P.O. Boxes):</i> Street:		<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>	
City, Town, Zip:		<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 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 hereby certify under penalty of perjury that (please initial next to each statement):**

- 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
\$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 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**