

BPS Telephone Company
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) for a total monthly discount of up to \$15.75. The Disabled Program offers a \$6.50 (Voice) monthly discount. To apply, complete this form and also submit **proof of eligibility**.

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)

<input checked="" type="checkbox"/> Initial Application <input checked="" type="checkbox"/> Proof Required	OR	<input type="checkbox"/> Annual Re-certification <input type="checkbox"/> Proof Required
---	-----------	---

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

Account Owner Name:			Home Phone Number:		
Email Address:			Daytime or Can Be Reached Phone Number:		
Last 4 Digits of SSN: <small>(If account owner is program beneficiary)</small>	Date of Birth: <small>(If account owner is program beneficiary)</small>	DCN:* <small>(If account owner is program beneficiary)</small> <i>(*This number only applies if participating in MO HealthNet, Food Stamps, LIHEAP, and TANF)</i>			
Home Address:	Street	Apt.	City	State	Zip Code
Is your home address temporary? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If “yes” then must verify address every 90 days.)</i>					
Billing Address: <small>(If different from above)</small>	Street	Apt.	City	State	Zip Code

Program beneficiary (if different than account owner):		
DCN* (if applicable): <i>(*This number is assigned to program participants of MO HealthNet, Food Stamps, LIHEAP, and TANF)</i>		
Relationship to account owner:	Last 4 Digits of SSN:	Date of Birth:

Is this address occupied by multiple households? Yes / No (circle the appropriate response) 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 Lifeline Household Worksheet.

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. Your household may receive Lifeline or Disabled benefits on one wireless **OR** one home (wireline) telephone. Your household may not receive the Lifeline or Disabled benefit from more than one Telephone company.
- 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, even if he or she is eligible.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING (initial each statement):

___ My household meets 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 my household no longer satisfies the criteria for receiving Lifeline or Disabled benefits including, as relevant, if my household 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 from any company.

___ I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits each year and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.

___ I give permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other. 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.

___ I certify I have ___ individuals in my household.

(Initial and complete only if qualifying under income threshold which appears in the pink box below.)

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 Account Owner

Date

Submit a completed signed form and proof of eligibility if applicable.

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 full year or three consecutive months within the previous twelve months.

Company Use Only:

I have reviewed the form to be complete and hereby attest the applicant presented acceptable proof of eligibility for the _____ program (if applicable).

Print Name of company official

Signature

Date

NLAD database queried? Yes or No

Lifeline Household Worksheet? Yes or No

De-enroll 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 Date

Mail application and proof of eligibility (if applicable) to: BPS Telephone Company P. O. Box 550, Bernie, MO 63822-0550