

MISSOURI APPLICATION – LIFELINE/DISABLED ASSISTANCE PROGRAMS

Please Read All Instructions Before Completing

Please respond completely. **Inaccurate or incomplete responses may cause your application to be rejected.** The information on this application will only be used to assess your eligibility for Lifeline or Disabled Assistance. **Information provided below should be that of the account holder.**

Telephone Number or Existing Account #	First Name (No Initials)	Last Name	
Address Where Service Is Located (No PO Boxes)		City	State
Check here if this is a temporary address <input type="checkbox"/>		Zip Code	
Check here if you participate in the Address Confidentiality Program <input type="checkbox"/>	Billing Address, City, State & Zip Code (If different from Service Address) (PO Boxes Allowed)		
Last 4 Digits of Social Security Number OR Tribal Identification Number		Date of Birth	
SSN:	Tribal:		

LIFELINE ASSISTANCE PROGRAMS (ELIGIBILITY DOCUMENTATION REQUIRED): PLEASE CHECK programs in which you or your household currently participates.

<input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8	<input type="checkbox"/> Medicaid
<input type="checkbox"/> National School Lunch Program's Free Lunch Program	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Formerly Known As Food Stamps
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income (SSI)	

If you are applying for Lifeline assistance because a member of your household besides you participates in one of these programs, provide his/her name and certify that he/she is a member of your household here:

Name of Program Participant (please print)

_____ (Please Initial) I certify that this program participant is a member of my household.

LIFELINE INCOME GUIDELINES: Documentation required. If you do not participate in any of the programs above, you may still be eligible for Lifeline Assistance if your annual household income is at or below the amounts shown below depending on the size of your household. PLEASE CHECK the corresponding box if you are eligible on this income basis. Please indicate the number of household members if more than 5.

Number in Household	IF YOUR TOTAL YEARLY HOUSEHOLD GROSS INCOME IS AT OR BELOW THE AMOUNTS LISTED, WHICH ARE: 135% of Federal Poverty Level
1 <input type="checkbox"/>	\$16,038
2 <input type="checkbox"/>	\$21,627
3 <input type="checkbox"/>	\$27,216
4 <input type="checkbox"/>	\$32,805
5 <input type="checkbox"/>	\$38,394
For each additional household member add	\$5,616
Number of household members:	No: _____

MO DISABLED PROGRAMS (ELIGIBILITY DOCUMENTATION REQUIRED): PLEASE CHECK programs in which you or your household currently participates.

<input type="checkbox"/>	Veteran Administration Disability Benefits	<input type="checkbox"/>	State Supplemental Disability Assistance
<input type="checkbox"/>	State Aid to Blind Persons	<input type="checkbox"/>	Federal Social Security Disability
<input type="checkbox"/>	State Blind Pension		

If you are applying for Disabled assistance because a member of your household besides you participates in one of these programs, provide his/her name and certify that he/she is a member of your household here:

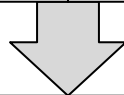
Name of Program Participant (please print)

_____ (Please Initial) I certify that this program participant is a member of my household.

A household is defined as a group of individuals who live together, at the same address, and share income and expenses. For example, apartments in an apartment building are usually unique households. Individuals living in a nursing home can be considered unique households. Answer the questions below to determine if there is more than one household living at your address. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.

1. Does another adult (age 18 or older or emancipated minor) live with you AND have a Lifeline-discounted phone service or a "free" wireless phone? 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.	_____ Yes. Please answer question 2 below.
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2. Do you share expenses for bills, food, 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 phone service?

_____ No. You are ELIGIBLE for Lifeline because no one in your household has Lifeline. Please SIGN below to certify that this is true.	_____ Yes. STOP. Do not sign the form. You are NOT ELIGIBLE because someone in your household already has Lifeline.
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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 _____

Please mail this completed application and any supporting documents to (Original Documents are not returned):
CenturyLink Data Services or Fax to 1-866-810-7530
555 Lake Border Drive Customer Service: Former CenturyTel/Embarq: (855) 954-6546
Apopka, FL 32703 Former Qwest: (888) 833-9522
Email: eRecords@CenturyLink.com

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU SIGN BELOW:

- The Lifeline and Disabled programs are government benefit programs and willfully making false statements to obtain the benefits 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 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 telephone service providers. This includes both wireless and wireline providers. A household also may not combine Lifeline and Disabled program benefits.
- I understand that if I am currently receiving Lifeline or Disabled benefits from another carrier, by submitting this form I am agreeing to discontinue receiving that other carrier's benefit and instead to receive my one benefit from CenturyLink.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications and Missouri State Public Service Commissions' rules and will result in the subscriber's de-enrollment from the program and potentially prosecution.
- Lifeline and Disabled program benefits are non-transferable and the subscriber may not transfer his or her benefit to any other person.

EACH OF THE FOLLOWING CERTIFICATIONS MUST BE CHECK-MARKED IN ORDER TO RECEIVE LIFELINE. FAILURE TO CHECK ANY OF THE CERTIFICATIONS BELOW WILL RESULT IN REJECTION OF YOUR APPLICATION FORM.

I certify, under penalty of perjury, that:

CHECK MARK EACH BOX

- I understand and consent to CenturyLink providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth; the last 4 digits of my social security number; the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I also consent to CenturyLink sharing my account information with the Missouri Public Service Commission, who oversees the administration of the state Lifeline and Disabled programs. **I understand that if I fail to provide this consent, CenturyLink will deny me Lifeline and Disabled program benefits.**
- My household meets the program-based or income-based eligibility criteria indicated above.
- I must notify CenturyLink within 30 days if for any reason my household no longer satisfies the criteria for receiving Lifeline or Disabled benefits. This includes if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, if I am receiving more than one Lifeline or Disabled benefit, if another member of my household is receiving a Lifeline or Disabled benefit, or for any other reason, my household no longer satisfies the criteria for receiving Lifeline or Disabled support. Failure to notify CenturyLink may result in penalties and de-enrollment from the program.
- I must notify CenturyLink within 30 days if I move to a new address.
- Only one Lifeline or Disabled service benefit is available per household. To the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I understand that my CenturyLink Lifeline or Disabled service is not transferrable. I may not transfer my service to any individual, including another eligible low-income consumer.
- I understand that providing false or fraudulent information to receive Lifeline or Disabled assistance is punishable by law.
- I understand that I may be required to re-certify my household's eligibility for Lifeline or Disabled assistance at any time, and if I fail to re-certify as to my continued eligibility, it will result in de-enrollment and the termination of my household's Lifeline or Disabled assistance.
- The information contained in this form is true and correct to the best of my knowledge.

Date: _____

Lifeline or Disabled Assistance Applicant Signature
 (Must be the CenturyLink account holder listed at the top of page one)

Please mail this completed application and any supporting documents to (Original Documents are not returned):
CenturyLink Data Services or **Fax to 1-866-810-7530**
555 Lake Border Drive **Customer Service: Former CenturyTel/Embarq: (855) 954-6546**
Apopka, FL 32703 **Former Qwest: (888) 833-9522**
Email: eRecords@CenturyLink.com

Application Checklist – Please provide the following:

1. Signed and completed Lifeline application form. Applicant name must be Account Holder name.
2. If applying based on program eligibility, a copy of a program award letter or government agency document containing your name, your address, the program name and the **effective date of the award**.
3. Only program cards that display your name, your address or state, program name and effective date will be accepted.
4. If applying based on the size and income level of customer's household, provide a copy of one of the following:
 - Last year's Federal or State Income Tax Return
 - Current Annual Income Statement from Employer
 - Paycheck stubs or other official document containing income information for any three consecutive months within the last twelve months
 - Social Security Statement of Benefits
 - Veteran's Administration Statement of Benefits
 - Retirement or Pension Statement of Benefits
 - Unemployment or Worker's Compensation Statement of Benefits
 - Letter of Participation in General Assistance
 - Divorce Decree or Child Support Documentation containing income information
 - Bank Statement is not valid proof of income.