

Oregon Farmers Mutual Telephone Company

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 up to \$15.75. The Disabled program offers a \$6.50 monthly discount. To apply complete this form and submit **proof of eligibility** if “Proof Required” box is checked.

<input type="checkbox"/> Initial Application <input type="checkbox"/> Proof Required	OR	<input type="checkbox"/> Annual Re-certification <input type="checkbox"/> Proof Required <input type="checkbox"/> No Proof Required
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Eligibility Criteria	
Lifeline Program	Disabled Program
<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>	<input type="checkbox"/> Veteran Administration Disability Benefits <input type="checkbox"/> State Blind Pension <input type="checkbox"/> State Aid to Blind Persons <input type="checkbox"/> State Supplemental Disability Assistance <input type="checkbox"/> Federal Social Security Disability

Account Owner Name: <input style="width: 100%;" type="text"/>			Home Phone Number: <input style="width: 100%;" type="text"/>		
Email Address: <input style="width: 100%;" type="text"/>			Daytime or Can Be Reached Phone Number: <input style="width: 100%;" type="text"/>		
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>(*This number only applies if participating in MO HealthNet, Food Stamps, LIHEAP, and TANF)</small>			
Home Address:	Street <input style="width: 100%;" type="text"/>	Apt. <input style="width: 100%;" type="text"/>	City <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>	Zip Code <input style="width: 100%;" type="text"/>
Is your home address temporary? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If “yes” then must verify address every 90 days.)</small>					
Billing Address: <small>(If different from above)</small>	Street <input style="width: 100%;" type="text"/>	Apt. <input style="width: 100%;" type="text"/>	City <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>	Zip Code <input style="width: 100%;" type="text"/>

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

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:

- 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
\$16,038	\$21,627	\$27,216	\$32,805	\$38,394	\$43,983	\$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 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: _____

**Mail application and proof of eligibility (if applicable) to:
 OREGON FARMERS MUTUAL TELEPHONE COMPANY
 118 East Nodaway Street, PO Box 227, Oregon MO 64473**