Missouri Application for the Disabled Program

LE-RU TELEPHONE COMPANY

Consumers meeting certain eligibility criteria are able to receive a **$24.00 monthly discount** for residential voice telephony service through the Disabled program. To apply, complete this form and submit proof of eligibility.

DISABLED PROGRAM ELIGIBILITY CRITERIA

Check all programs that you or someone in your household currently participates in:

- ☐ Veteran Administration Disability Benefits
- ☐ State Aid to Blind Persons
- ☐ Federal Social Security Disability
- ☐ State Blind Pension
- ☐ State Supplemental Disability Assistance

APPLICANT INFORMATION

Applicant's Full Name: _____ Birth Date: _____

Last 4 Digits of Social Security #: _____ Customer Contact Telephone #: _____

Name on Voice Service Account (if different from Applicant): _____

Customer's Address *(no P.O. boxes)*

Street: _____

City: _____ State: _____ Zip: _____

HOUSEHOLD INFORMATION

Is this address occupied by multiple households? ☐ Yes ☐ No

If yes, an address with multiple households must respond to the following question(s) in the order indicated below:

Questions Solely for Multiple Households	Yes	No	Instruction
Do you live with another adult?	☐	☐	If no, you can apply for Disabled program. If yes, proceed to next question.
Do they get a benefit from the Lifeline or Disabled programs?	☐	☐	If no, you can apply for Disabled program. If yes, proceed to next question.
Do you share money (income or expenses) with them?	☐	☐	If no, you can apply for Disabled program. **If yes, you are ineligible for the Disabled program.**

Is this address also the mailing address? ☐ Yes ☐ No

If No, please provide mailing address:

_____

_____

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PROGRAM OBLIGATIONS AND PROVISIONS

I understand the following obligations and provisions about the Disabled program:

- The Disabled program is a government benefit program and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one benefit from either the Disabled or Lifeline programs 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 program 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.
- The Disabled program is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

CERTIFICATION

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

INITIALS — I meet the eligibility criteria for the Disabled program.

INITIALS — I will provide notification to my voice service provider within 30 days if for any reason I no longer satisfy the criteria for receiving Disabled benefits including if I or any member of my household receives a benefit from the Lifeline or Disabled programs.

INITIALS — My household will receive only one benefit from the Disabled or Lifeline programs and, to the best of my knowledge, my household is not already receiving a benefit from the Disabled or Lifeline programs.

INITIALS — I acknowledge I may be asked to verify my continued eligibility for Disabled benefits and failure to verify my continued eligibility will result in de-enrollment and the termination of Disabled benefits.

INITIALS — I consent to sharing my account information with the Missouri Public Service Commission who oversees and administers the Disabled program.

The information supplied on this form is true and correct. I acknowledge providing false or fraudulent information to receive Disabled benefits is punishable by law.

Signature of Customer | **Date**

Submit a completed signed form and proof of eligibility.

COMPANY USE ONLY

I hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official | **Signature** | **Date**