

Application for Low Income or Disabled Discounts through the Missouri Universal Service Fund



You may qualify for a discount on your monthly telephone bill if you or a member of your household receive low income or disability benefits under certain programs. The discount varies between \$3.50 & \$13.50 depending on your local telephone company and the type of program. The programs that qualify for low income benefits or disability benefits are listed below.

If you or a member of your household receive benefits from one or more of the programs listed below, please check all that apply, complete the remainder of the form, and return it to your local telephone company with documentation verifying participation in at least one program. Documentation may include a benefit card or a letter to you or a member of your household from the federal, state, or local agency that administers the qualifying program. **Do not send originals in mail.**

I **certify** under penalty of perjury that I, or a dependant of my household, currently receive benefits from one or more of the programs listed below (only one is required to qualify):

LOW INCOME PROGRAMS	DISABLED PROGRAMS
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Food Stamps <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> Federal Public Housing Assistance or Section 8 <input type="checkbox"/> National School Lunch Program <input type="checkbox"/> Temporary Assistance for Needy Families	<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 Payments Administered by the Family Support Division <input type="checkbox"/> Federal Social Security Disability <input type="checkbox"/> Federal Supplemental Security Income

I **agree** to notify my local telephone company immediately if I, or the qualifying dependent of my household, cease to participate in the programs listed above.

Customer Signature / Date	Customer Name (please print)
Home Telephone Number	Address
Telephone Number Where you Can be Reached	City, State, Zip Code

I **hereby direct and authorize** the agency who disburses benefits to me, or to an individual for whom I am legal guardian, to confirm and provide verifying documents to the Missouri Public Service Commission, or any delegate thereof, current participation in a qualifying program. I **understand** that failure to authorize the release of this information will disqualify the *Customer* above from participating in Missouri Universal Service Fund discount programs.

Qualifying Program Beneficiary or Guardian Signature/Date	Qualifying Program Beneficiary Name (please print)
Qualifying Program Beneficiary's Social Security Number	

I _____ hereby attest that the supporting program documentation was presented and verified.
Company Representative (please print)

Signature	Title	Date
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