

# LIFELINE MISSOURI

## AT&T Missouri Low Income/Disabled Discount Plans 1-877-677-0250

The Missouri Public Service Commission requires a written application to enroll a customer in either the Low-Income Discount Plan or Disabled Discount Plan. The plan for which you qualify depends on whether you or a dependent residing in your household participate in certain government benefit programs. You also must provide documentation of participation in the benefit program (e.g., photocopy of an award letter or card) with your application. If you or a dependent residing in your household qualify for both plans, you will be enrolled in the Low-Income Discount Plan, which provides a higher discount.

Please complete and sign the application on the next page, and return it and your documentation of participation, either by mail or fax, to:

AT&T Missouri Lifeline Plan  
P.O. Box 4600  
Waterloo, IA 50704-4600  
Fax: 1-800-295-7495

If you qualify for the Low-Income Discount Plan, you will receive:

- a waiver of the subscriber line charge plus an additional \$7 monthly discount on basic service. Discounted service is limited to one phone line at your principal place of residence;
- a 50% discount on line connection charges (not to exceed \$30);
- toll restriction at no charge.

If you qualify for the Disabled Discount Plan, you will receive:

- a \$3.50 monthly discount on basic service.

In addition, after you have been enrolled in one of the plans, you may call our business office at 800-288-2020 to obtain blocking of 900/976 numbers and/or pay-per-use services (e.g., 3-Way Calling) at no charge.\*

\* Other optional services, such as Caller ID, Call Waiting, etc., are available at regular, non-discounted rates.

For TTY service 1-877-677-5652. Para asistencia en Español, por favor llame al 1-877-677-5649.

# **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 receives low income or disability benefits under certain programs. The programs that qualify for low income benefits or disability benefits are listed below. If you or a member of your household receives 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 AT&T 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 dependent of my household, currently receive benefits from one or more of the programs listed below (only one is required to qualify):

LOW INCOME PROGRAMS
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid)
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Low-income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> Federal Public Housing or Section 8
<input type="checkbox"/> National School Lunch Program
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)

DISABLED PROGRAMS
<input type="checkbox"/> Veterans 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. I certify that my telephone service is listed in my name and the above address is my principal residence.

Customer Signature/Date	Customer Name (please print)
Home Telephone Number	Address (include apartment number, if applicable)
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	Qualifying Program Beneficiary Name (please print)
Qualifying Program Beneficiary's Social Security Number	Qualifying Program Guardian Social Security Number (if applicable)

## **MAIL OR FAX SIGNED APPLICATION AND DOCUMENTATION TO:**

AT&T Missouri, P.O. Box 4600, Waterloo, IA 50704-4600

Fax: 1-800-295-7495