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803 South Ellen Street · Dixon, MO 65459 · 573-759-7146

## Missouri Application for the Disabled Program

Consumers meeting certain eligibility criteria can 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 Blind Pension
- State Aid to Blind Persons
- State Supplemental Disability Assistance
- Federal Social Security Disability

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 Physical Address (no P.O. boxes): \_\_\_\_\_  
Street City/State/Zip

- **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. <b>If yes, you are ineligible for the Disabled program.</b>

- **Is this address also the mailing address?** \_\_\_Yes \_\_\_No

If No, please provide mailing address: \_\_\_\_\_

**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.

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

\_\_\_ I meet the eligibility criteria for the Disabled program.

\_\_\_ 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.

\_\_\_ 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.

\_\_\_ 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.

\_\_\_ 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\*.

<b><u>GTech Fiber Use Only:</u></b>		
I hereby attest the applicant presented acceptable proof of eligibility:		
_____	_____	_____
<b>Print name of company official</b>	<b>Signature</b>	<b>Date</b>

**\*Documentation of Eligibility**

You must submit copies of your official documents with this application.

Provide a copy of one of the following:

1. 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.
2. Only program cards that display your name, your address or state, program name and effective date will be accepted.
3. Income:
  - a. Last year's Federal or State Income Tax Return
  - b. Current Annual Income Statement from Employer
  - c. Paycheck stubs or other official document containing income information for any three consecutive months within the last twelve months
  - d. Social Security Statement of Benefits
  - e. Veteran's Administration Statement of Benefits
  - f. Retirement or Pension Statement of Benefits
  - g. Unemployment or Worker's Compensation Statement of Benefits
  - h. Letter of Participation in General Assistance
  - i. Divorce Decree or Child Support Documentation containing income information
  - j. Bank Statement is not a valid proof of income.

