

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.

Company Use Only:

I hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official

Signature

Date

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