



June 10, 2015

VIA Electronic Comment Filing System

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

**RE: WC Docket No. 14-58
2015 ETC Annual Report of Missouri RSA No. 5 Partnership
Study Area Code 429790**

Dear Ms. Dortch:

Pursuant to sections 54.313 and 54.422 of the Commission's rules, please find **FCC Form 481** ETC annual reporting information for Missouri RSA No. 5 Partnership.

If you have questions regarding this filing, please contact me.

Sincerely,

MISSOURI RSA 5 PARTNERSHIP d/b/a CHARITON VALLEY WIRELESS
SERVICES

A handwritten signature in blue ink that reads 'James A. Simon'. The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

James A. Simon
General Manager

CC: USAC

| | | |
|-------|--|--------------------------------|
| <010> | Study Area Code | 429790 |
| <015> | Study Area Name | MISSOURI RSA NO. 5 PARTNERSHIP |
| <020> | Program Year | 2016 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Tina Jordan |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 6603959682 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | tjordan@charitonvalley.com |

| | | |
|--|---|---|
| ANNUAL REPORTING FOR ALL CARRIERS | 54,313 Completion Required | 54,422 Completion Required |
|--|---|---|

| | | | (check box when complete) | |
|--------|--|--|-------------------------------------|-------------------------------------|
| <100> | Service Quality Improvement Reporting | <i>(complete attached worksheet)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <200> | Outage Reporting (voice) | <i>(complete attached worksheet)</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> | <input type="text"/> <- check box if no outages to report | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <300> | Unfulfilled Service Requests (voice) | <input type="text" value="0"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <310> | Detail on Attempts (voice) | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <320> | Unfulfilled Service Requests (broadband) | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <330> | Detail on Attempts (broadband) | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <400> | Number of Complaints per 1,000 customers (voice) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> | Fixed | <input type="text" value="0.0"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> | Mobile | <input type="text" value="0.0"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> | Number of Complaints per 1,000 customers (broadband) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <440> | Fixed | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <450> | Mobile | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance | <i>(check to indicate certification)</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> | <div style="border: 1px solid black; padding: 5px;">429790M0510ServiceQuality.pdf</div> <i>(attached descriptive document)</i> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> | Functionality in Emergency Situations | <i>(check to indicate certification)</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> | <div style="border: 1px solid black; padding: 5px;">429790M0610ERSituations.pdf</div> <i>(attached descriptive document)</i> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> | Company Price Offerings (voice) | <i>(complete attached worksheet)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <710> | Company Price Offerings (broadband) | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <800> | Operating Companies and Affiliates | <i>(complete attached worksheet)</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> | Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> | <i>(if yes, complete attached worksheet)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <1000> | Voice Services Rate Comparability Certification | <input type="text" value="Yes"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <1010> | <div style="border: 1px solid black; padding: 5px;">429790M01010RateComparability.pdf</div> <i>(attach descriptive document)</i> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <1100> | Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> | <i>(if not, check to indicate certification)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <1110> | | <i>(complete attached worksheet)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <1200> | Terms and Condition for Lifeline Customers | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | | |
|--------|--|--|--------------------------|--------------------------|
| <2000> | | <i>(check to indicate certification)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | | |
|--------|--|--|--------------------------|--------------------------|
| <3000> | | <i>(check to indicate certification)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <3005> | | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | |
|---|--------------------------------|
| <010> Study Area Code | 429790 |
| <015> Study Area Name | MISSOURI RSA NO. 5 PARTNERSHIP |
| <020> Program Year | 2016 |
| <030> Contact Name - Person USAC should contact regarding this data | Tina Jordan |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 6603959692 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tjordan@charitonvalley.com |

| | |
|---|---|
| <110> Has your company received its ETC certification from the FCC? | (yes / no) <input checked="" type="radio"/> <input type="radio"/> |
| If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | |
| <111> | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

CVWS Narrative 2-year Plan 2016.docx

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

| |
|----------------|
| Not Applicable |

| | |
|--|--|
| (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 429790 |
| <015> | Study Area Name | MISSOURI RSA NO. 5 PARTNERSHIP |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tina Jordan |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6603959682 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tjordan@charitonvalley.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

429790M01210Lifeline.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP www.cvalley.net

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|--------------------------------|
| <010> Study Area Code | 429790 |
| <015> Study Area Name | MISSOURI RSA NO. 5 PARTNERSHIP |
| <020> Program Year | 2016 |
| <030> Contact Name - Person USAC should contact regarding this data | Tina Jordan |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 6603959682 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tjordan@charitonvalley.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|---|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: MISSOURI RSA NO. 5 PARTNERSHIP | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date 06/10/2015 |
| Printed name of Authorized Officer: Tina Jordan | |
| Title or position of Authorized Officer: Director of Finance | |
| Telephone number of Authorized Officer: 6603959682 ext. | |
| Study Area Code of Reporting Carrier: 429790 | Filing Due Date for this form: 07/01/2015 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

**CONFIDENTIAL
NOT FOR PUBLIC INSPECTION**

**2-Year Network Improvement Plan
For Missouri RSA 5 Partnership**

In its *USF/ICC Transformation Order* and subsequent Orders, the Federal Communications Commission (“FCC” or “Commission”) does not require Competitive Eligible Telecommunications Carriers (“CETCs”) whose support is being phased down to submit a five-year build-out plan in a manner consistent with Section 54.202(a)(1) of the Commission’s Rules, but must continue to submit information or certifications with respect to their provision of voice service, including filing progress reports on any previously filed build-out plans.¹ **Missouri RSA 5 Partnership d/b/a Chariton Valley Wireless Services (CVWS)** is a CETC and hereby submits its update to a previously submitted two-year network improvement plan.

Description of the Company and its Service Area

CVWS serves the North Central part of the state. Linn, Macon, Chariton, Randolph and Shelby Counties are served with 8,453 subscribers as of December 31, 2014 in competition with the incumbent local exchange carriers of Chariton Valley Telephone Corporation, Windstream Missouri, Inc., Grand River Mutual Telephone Corporation, Mark Twain Rural Telephone Company, Spectra Communications Group, LLC d/b/a Century Tel, and Southwestern Bell Telephone, L.P d/b/a AT&T Missouri

¹ See *Connect America Fund; A National Broadband Plan for Our Future; Establishing Just and Reasonable Rates for Local Exchange Carriers; High-Cost Universal Service Support; Developing a Unified Intercarrier Compensation Regime; Federal-State Joint Board on Universal Service; Lifeline and Link-Up; Universal Service Reform—Mobility Fund*; WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Report and Order and Further Notice of Proposed Rulemaking, FCC 11-61 (rel. Nov. 18, 2011) (*USF/ICC Transformation Order*) at Para. 587; *pets. for review pending sub nom. In re: FCC 11-161*, No. 11-9900 (10th Cir. filed Dec. 8, 2011); see also *Connect America Fund et al.*, WC Docket 10-90 *et al.*, Order, DA 12-147 (rel. Feb. 12, 2012) at Para. 5 (amending Section 54.313(a)(1) to clarify this requirement); *Connect America Fund et al.*, WC Docket 10-90 *et al.*, Third Order on Reconsideration, FCC 12-52 (rel. May 14, 2012) at Para. 10 (changing the filing deadline for the annual reports from April 1 to July 1); *Connect America Fund et al.*, WC Docket 10-90 *et al.*, Order, DA 13-332 (rel. Mar. 5, 2013) (“*March 5, 2013 Order*”) at Para’s. 4, 6-9. Delaying Five Year Plan until July 1, 2014 see WC Docket No. 10-90, Order, DA 13-1115, Para. 8 (released May 16, 2013).

The Company Has Used and Will Use Universal Service Support Only For the Intended Purposes

CVWS has received \$269,650 in 2015. Due to the phase out of CETC USF, we budgeted for said funds to be used for Network Maintenance in its entirety. Likewise, any reduced funds received in the next two funding years will be used for a portion of Network Maintenance.

CVWS attests that federal high-cost support has been used consistent with the Commission's rules and the Telecommunications Act of 1996, and that the costs incurred and/or estimated budgeted/investment amounts were no greater than necessary to provide consumers in CVWS's service area access to telecommunications and information services that are reasonably comparable to those services provided in urban areas.

Certification of Officer as to Compliance with Applicable Service Quality Standards and Consumer Protection Rules

| | |
|-----------------------------|--------------------------------|
| (010) Study Area Code | 429790 |
| (015) Study Area Name | MISSOURI RSA NO. 5 PARTNERSHIP |
| (020) Program Year | 2016 |
| (030) Contact Name | Tina Jordan |
| (035) Contact Telephone No | 660-395-9682 |
| (039) Contact Email Address | tjordan@charitonvalley.com |

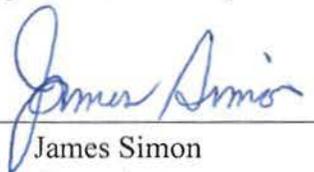
CERTIFICATION

Missouri RSA 5 Partnership d/b/a Chariton Valley Wireless Services complies with Red Flag Rules, CPNI, and the Fair Credit Reporting Act, the Cellular Telecommunications and Internet Association's Consumer Code for Wireless Service, and seeks to protect our customer's privacy while providing them with high quality, state-of-the-art telecommunications products and services. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the applicable service quality standards as well as the consumer protection rules; and, to the best of my knowledge, the carrier is in compliance with applicable service quality standards and consumer protection rules pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer

Printed Name of Authorized Officer

Title or position of Authorized Officer



James Simon

General Manager

Date

6/8/2015

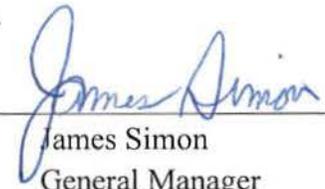
(Persons making willful false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.)

Certification of Officer as to Compliance with Functionality in Emergency Situations

(010) Study Area Code 429790
(015) Study Area Name MISSOURI RSA NO. 5 PARTNERSHIP
(020) Program Year 2016
(030) Contact Name Tina Jordan
(035) Contact Telephone No 660-395-9682
(039) Contact Email Address tjordan@charitonvalley.com

CERTIFICATION

Missouri RSA 5 Partnership d/b/a Chariton Valley Wireless Services (CVWS) provides a minimum of 8 hours of battery back-up power at each site, has added generators to new sites to avoid service outages during commercial power failure, has access to two 33kw portable trailer generators, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring functionality in emergency situations; and, to the best of my knowledge, the carrier is in compliance with the ability to function in emergency situations pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer  Date 6/8/2015
Printed Name of Authorized Officer James Simon
Title or position of Authorized Officer General Manager

(Persons making willful false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.)

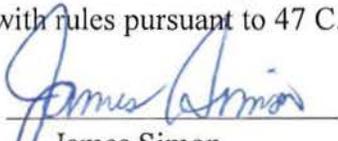
Certification of Officer as to Compliance with Voice Services Rate Comparability

(010) Study Area Code 429790
(015) Study Area Name MISSOURI RSA NO. 5 PARTNERSHIP
(020) Program Year 2016
(030) Contact Name Tina Jordan
(035) Contact Telephone No 660-395-9682
(039) Contact Email Address tjordan@charitonvalley.com

CERTIFICATION

Missouri RSA 5 Partnership d/b/a Chariton Valley Wireless Services (Chariton Valley) operates in the state of Missouri and has a \$20 call plan that applies to their entire study area, no more than two standard deviations above the applicable national average urban rate for voice services (\$47.48.) I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the voice services rate comparability; and, to the best of my knowledge, the carrier is in compliance with rules pursuant to 47 C.F. R. 54.313.

Signature of Authorized Officer


James Simon

Date

6/10/15

Printed Name of Authorized Officer

James Simon

Title or position of Authorized Officer

General Manager

(Persons making willful false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.)



Chariton Valley Wireless Services Missouri Application for the Lifeline Program

Consumers meeting certain eligibility criteria are able to participate in the Lifeline program and receive discounted voice telephony service. Lifeline service offers a monthly discount of \$9.25. To apply complete this form and also submit **proof of eligibility**.

| Eligibility Criteria for the Lifeline Program |
|--|
| <input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> National School Free Lunch Program <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i> |

| | | | |
|--|--------------------|---|--------------|
| Applicant's Full Name : | Birth Date: | Social Security # (last 4 digits): | DCN:* |
| Name on Voice Service Account (If different from Applicant): | | Customer Contact Telephone Number: | |
| Customer's Full Residential Service Address (no P.O. Boxes): Street: | | Is this address a temporary address? Yes / No <i>(circle the appropriate response)</i> <i>(If "yes" then must verify address every 90 days.)</i> | |
| City, Town, Zip: | | Is this address also my billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no" please provide billing address):</i> | |

**This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.*

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

- The Lifeline program is a government benefit program and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household.
- A household is defined, for purposes of the Lifeline program, 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 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.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- I will be de-enrolled from the Lifeline program and my service deactivated if my service fails to be used for a 60-day time period. Using the service includes completion of an outbound call, purchase of additional usage, or answering an incoming call from a party not affiliated with this company.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I receive more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline program.

_____ I certify I have _____ individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline benefits is punishable by law.

Signature of Customer

Date

Submit a completed signed form and proof of eligibility.

| Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size) | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Each add'l person |
| \$15,755 | \$21,236 | \$26,717 | \$32,198 | \$37,679 | \$43,160 | \$48,641 | \$54,122 | + \$5,481/person |

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a fully year or three consecutive months within the previous twelve months.

Company Use Only:

I hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official

Signature

Date



Wireless Lifeline Plan

Lifeline Plan \$20*/Month

- Standard phone usage with ability for customers to make and receive calls within the **Chariton Valley service area.**
- Unlimited airtime (inbound and outbound calling) in the **Chariton Valley service area.**
- Toll is restricted to within the **Chariton Valley service area.**
- Roaming is not allowed.
- \$9.25 Low Income Benefit applied to monthly invoice.
- Activation fee \$30.
- 911 Calling is available in all areas where technology compatible service is available.
- Taxes and fees apply.

Wireline Lifeline Plan

Lifeline Plan

Telephone Local Service \$14.00*/Month
Telecom Local Service \$18.75*/Month

- \$15.75 Low Income Benefit applied to monthly invoice.
- Local Service Charges apply.
- 911 calling
- Toll Restricted
- Long Distance available for an additional fee.
- Service order and connection fees apply.

*This rate is prior to the Lifeline program credit. Rates shown are residential only.

Customer Service Centers

Brookfield

201 N. Main

Macon

1206 N. Missouri

Moberly

1320 Hwy. 24 E.

Salisbury

302 N. Weber

Bucklin

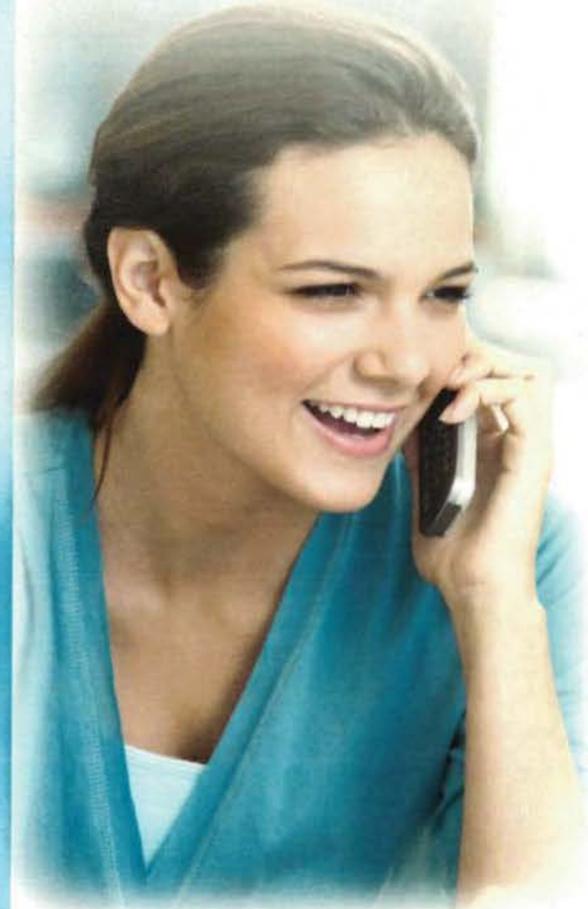
606 Oak Street

Agent Location

Shelbina

Tim's Home Center
201 Fairgrounds Rd

Lifeline Low Income Telephone Benefit Program



660-395-9000 • 800-769-8731
www.cvalley.net

10.6.14





Chariton Valley
is your "Lifeline" to reliable phone
service at a discounted price!



What is Lifeline?

Lifeline assistance provides discounted monthly basic service. Lifeline is available on one telephone service per household, whether wireline or wireless.

Who is eligible for Lifeline assistance?

You are eligible if you participate in any of the following programs:

- MO Healthet (Medicaid)
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance or Section 8
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- National School "Free Lunch" Program
- 135% of Federal Poverty Level

If you don't qualify for Lifeline Wireline only customers may be eligible for a \$3.50 monthly benefit under the Disabled Program:

- Veteran Administration Disability Benefits Program
- State Blind Pension
- State Aid to Blind Persons
- State Supplemental Disability Assistance Payments Administered by the Family Support Division Federal
- Federal Supplemental Security Income

You may not combine Lifeline and Disabled benefits.



Are there any restrictions?

Lifeline benefits are limited to one discount per household, either wireless or wireline, but not both. You must provide proof of eligibility before the service can be activated.

How do I apply for Lifeline benefits?

Applications are available at any of our customer service locations, as well as at our website www.cvalley.net under the telephone section.

When does the discount end?

When you no longer receive benefits from any of the programs that made you eligible for the Lifeline Program.

What do I do when my current situation changes?

Notify your local customer service office or call 660-395-9000 immediately and inform them of the changes to determine if you are still eligible.

Do I need to apply each year?

Yes, annual recertification is required to continue benefits. You will be notified when and how to recertify.

*Being a lifeline customer does not protect you from being disconnected if you fail to pay your telephone bill. Normal collection practices apply.

