

RHC Connect User Guide – FCC Form 460

Updated as of September 2024

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About RHC Connect for the FCC Form 460

RHC Connect is the web-based system that hosts the FCC Form 460. Although the look of the application has changed, the FCC Form 460 did not. To submit your FCC Form 460, you will be asked the same questions and are required to provide the same information as in years past. No preparation for this change is required by you.

Per FCC Order <u>FCC 23-110</u>, the FCC Form 460 will now be used to determine eligibility in both the Healthcare Connect Fund (HCF) Program and the Telecommunications (Telecom Program). This eliminates the need for Telecom Program participants to seek an eligibility determination every time they engage in competitive bidding.

Please Note: The red boxes and arrows in the screenshots that follow do not actually appear in RHC Connect.



RHC Connect Walkthrough – Submitting a New FCC Form 460

Step 1: Dashboard Log In

Log into My Portal and click on **RHC Connect**.

) In accordance with the Supply Chain o and High Cost & Lifeline - FCC Form 48	rders, new certifications have been added to the following forms: RHC - FCC Form 46 1. Service providers are required to submit these annual certifications. For additional	3 and the 1 Linformati	felecom involce, E-rate - PCC Form 473, > on, visit the USAC Supply Chain page.
Upcoming Dates 10/18 2023 CCPP Program Invoicing Best Practices Webinar	Rural Health Care		Help?
	RHC Connect - Health care providers must use this section to create and submit forms for the Healthcare Connect Fund (HCR) Program for all required forms other than the RCC Form 468 for P12022 and later, and the Telecommunications (Telecom) Program for the FCC Form 468 for P12024 and later.		Send us a message Click here Call us (888) 641-8722
	RHC My Portal - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program for the FCC Form 460, the Connected Care Plot Program (CFPP), the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FV2021 and earlier, and the Telecommunications (Takecom) Program for the FCC Form 460 and Form 467 for FV2023 and earlier.		
	Connected Care Pilot Program - Health care providers must use this form to complete, cortify, and submit their required Connected Care Pilot Program Annual Reports and Final Report.		

Step 2: RHC Connect Dashboard

Here you can start a new form, resume working on a draft, or delete a draft FCC Form 460. There's a countdown banner displaying the days remaining in the filing window or stating that the current filing window is closed. The clock on the right is the current date and time.





Step 3: Start a Form Click FCC Form 460. Then, click Next.

<	٧	Vhat type of Form would you like to file	2?
17:25	See If you Qualify to Participate		*
May 21 2024	FCC Form 460		
	Determine If your health care facility is eligible for Bural Health Care (BHC) Program funding for the Healthcare Connect Pund (HCF) Program and/or Telecommunications (Telecom) Program by submitting on FCC Form 460.		
	Health Care Connect Fund		*
	FCC Form 461	FCC Form 462	FCC Form 463
	Ø	A	A ^N
	Develop Bid Evaluation Criteria & Select Services	Evaluate Bids & Select Service Provider	Invoice USAC
	After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 461 (Request for Services Form).	This form provides information about the services, equipment, or network facilities selected, and certifies that those services were the most cost-effective option of the offers received.	Once you receive a bill from the service provider, you can create an inveice for the services received using the FCC Form 463.
	Telecom		•
	FCC Form 465	FCC Form 466	
	Develop Bid bushuation Criteria & Select Services	Evaluate Bids & Select Service Provider	
	After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 465 (Request for Services Form).	This form provides information about the selected service and the applicant certifies the selected service was the most cost-effective means of meeting its specific health care needs.	
	_	war	

Step 4: Start a Form (Continued)

Select File a New FCC Form 460, then click Next.





Step 5: Zip Code Search

Enter the zip code of the HCP or enter an HCP number that might be associated with the HCP. Then click **Search**.

FCC Form 460		
ZIP Code Search		
ZIP Code Search		
You can search either by ZIP Code or HCP Number		
ZIP Code	HCP Number Enter HCP Number	Q SEARCH

HCPs with an **Active** status already have account holders assigned to them. Only authorized account holders can file a form for the HCP. If **Available** appears in the **Status** column, that HCP number has no account holders assigned and may be selected. Click the **Start FCC Form 460** hyperlink to begin.

. Farma 460						
. FORM 460						
Code Search	h					
Code Search						
You can search	h either by ZIP Code or HCP Number					
ZIP Co	ode 73628	HCP Number Enter HCP Nu	mber			Q, SEARCH
Code Search Result	ts					
• HCPs with an a	active status already have account holder/use	rs assigned to them.				
HCP Number	HCP Name	HCP Addrass	Primary Account Holder	Email	Status Action	
HCP Number	HCP Name	HCP Address	Primary Account Holder	Email	Status Action	
HCP Number 15224	HCP Name	HCP Address	Primary Account Holder	Email	Status Action	_
HCP Number 15224 27945	HCP Name	HCP Address	Primary Account Holder	Email	Status Action Active Active Available Start FCC Form 46	0

If none of the HCPs listed match the HCP, click the **New HCP** button.

ZIP Code Search ZIP Code Search Image: Transmitter by ZIP Code or HCP Number ZIP Code Texter HCP Number Image: Transmitter by ZIP Code or HCP. You may apply on behalf of HCPs that are listed as Available. If your HCP is not listed, you can start a New HCP by clicking the button below ZIP Code Search Results Image: Transmitter by ZIP Code Search Results Image: Transmitter by ZIP Code Search Results	
ZIP Code Search Image: Code or HCP Number Image: Code or HCP Number	
Vou can search either by ZIP Code or HCP Number	
Vou can search either by ZIP Code or HCP Number	
ZP code 73628 HCP Number Enter HCP Number Review the list of HCPs below to see if any match your HCP. You may apply on behalf of HCPs that are listed as Available. If your HCP is not listed, you can start a New HCP by clicking the button below NEW HCP	
Review the list of HCPs below to see if any match your HCP. You may apply on behalf of HCPs that are listed as Available . If your HCP is not listed, you can start a New HCP by clicking the button below NEW HCP ZIP Code Search Results It CPs with an active status already have account holder/users assigned to them.	Q, SEARCH
Review the list of HCPs below to see if any match your HCP. You may apply on behalf of HCPs that are listed as Available. If your HCP is not listed, you can start a New HCP by clicking the button below NEW HCP PC doe Search Results IP HCPs with an active status already have account holder/users assigned to them.	
HCPs with an active status already have account holder/users assigned to them.	
HCPs with an active status already have account holder/users assigned to them.	
HCP Number HCP Name HCP Address Primary Account Holder Email Status Action	
15224 Active	
27945 Available Start FCC Form 4	



Step 6: Start

If an existing **Available HCP** is selected, some information will be pre-populated, and the HCP number will be assigned a "version" with a number greater than 00001 attached to it. Enter information in the fields and click **Save & Continue**.

FCC Form 460					
Start	Registration Type	Physical Location	Contact Information	Supporting Documentation	Certification
Start					
Paperwork Reduction Act (PRA)					>
Your Health Care Provider (HCP) In	formation				
	HCP or Consortium Name Legal Entity Name Test				
	FCC Registration Number (FCC RN) If the legal entity opes not have an FCC	RN and only plans to participate as a consortiur	m member, applicant may enter FCC RN for the Consor	tium	
FCC Form 460 Application Informat	tion				
	Nickname (Optional) Test Application Number HCP27945 <mark>0002</mark>				
EXIT					SAVE & CONTINUE

If **New HCP** is selected, enter information about the site in the fields as shown. Then click **Save & Continue**.

FCC Form 460						
Start		Registration Type	Physical Location	Contact Information	Supporting Documentation	Certification
Start						
Paperwork Reduction Act (PRA)						>
Your Health Care Provider (HCP) Info	ormation					
	HCP or Consortium Name					
	Legal Entity Name	Main Street Health				
	FCC Registration Number (FCC RN)	00256 ⁴ If the legal entity does not have an FCC RN and only	y plans to participate as a consortium member, app	licant may enter FCC RN for the Consortium		
FCC Form 460 Application Informatio	on					
	Nickname (Optional) Application Number					
EXIT					_	SAVE & CONTINUE



Step 7: Paperwork Reduction Act (PRA)

Click the arrow to the far right to read information about the **Paperwork Reduction Act (PRA)**.

	FCC Form 460								
ľ	Start	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information	Supporting Documentation	Certification
	Start								
	Paperwork Reduction Act (PRA)						-	→`
	FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT								
	Pars 54 of the Federal Communications Commission's (FCC) rules autorizes the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits acupits by this form. Failure to provide all requested information will delay processing or result in the form being resurred without action. Information requested by this form, and the provide all requested by this form and the provide all requested by this form. The information result in the form being resurred without action. Information requested by this form, will be available for public inspection. The information results will be used to determine whether approxing this request is in the public interest.								n will delay processing or
	We have estimated that each response to this collection of information will take 2 hours. Our estimates includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complexes and review the form or response, if you have any comments on this astimate, or nhow use an improve the collection and reduce the burden it causes you, plasse write the Federal Communications Commission. AMD-PERM, Repervork, Reduction Project (3580-0804), Washington, DC 20554. We will also accept your comments via the intermet if you send them to your Still (Succember 2004) COMISSION COMPACTION COMPACTIO							nse. If you have any omments via the Internet if	
	Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-8064.							this notice. This collection	
	THE FOREGOING NOTICE IS REC	UIRED BY THE PAPERWORK REDUCT	TION ACT OF 1995, P.L. 104-13	OCTOBER 1, 1995, 44 U.S.C. § 35	07				

Step 8: Registration Type

Select the type of registration required. Then click **Save & Continue.**

FCC Form 460 HCP102078-00001					
Start	Registration Type	Physical Location	Contact Information	Supporting Documentation	Certification
Type of Registration					
Paperwork Reduction Act (PRA)					>
	What type of registration do y Oetermine eligibility of an HCP site Oetermine eligibility of a Construint Register an offsite accenter Register an inteligible site Register an offsite administrative of	bu require?			
BACK EXIT					SAVE & CONTINUE
					Approved by OMB 3060-0804

Step 8.1: Registering an Off-Site Data Center or Administrative Office

If an off-site data center or off-site administrative office is selected, the note in yellow will appear describing the rules regarding these entity types. These types of entities are only eligible for support if the services are connected to an eligible HCP listed on their FCC Form 460. Go to Steps 10-18 below to complete submission.

FCC Form 460 HCP27653-0002 Va	alley Health Team, Inc. dba Fireba	igh Sablan Health Center				
Start	Registration Type	Site Information	Physical Location	Contact Information	Supporting Documentation	Certification
Type of Registration						
Paperwork Reduction Act (PRA)						>
 Please note, off-site data cer 	nters are only eligible for RHC suppo	rt if the services are connected to a	an eligible HCP listed on their FCC i	Form(s) 460 (Block 1, lines 2a or 2b). Please review all FRNs including appro	wed and submitted to
ensure compliance with pro	gram rules.				,	
	What type of registr Determine eligibility or Register an off-site dat	ration do you require? Fan HCP site a center				
	Register an ineligible s	ite ninistrative office				
BACK EXIT						SAVE & CONTINUE



When submitting an FCC Form 460 for an off-site data center or administrative office, all eligible and ineligible sites that will use the services of this entity must be listed. Check the box beside the sites that should be included, then click **Add Selected** to add them.

ite lı	nformati	ion					
Paperw	ork Reduction	Act (PRA)					>
Site Info	rmation						
List a	ll sites (eligible	and ineligible) that will use the	services of this data center.				
_		<u> </u>					
Avail	able HCPs		1		Selected HCPs		
	HCP #	HCP Name			HCP #	HCP Name	
	101						
	101				No) items available	
	101						
	101			> ADD SELECTED			
	101						
	101						
	101			< REMOVE SELECTED			
	101						
	101			« REMOVE ALL			
	101						
			< 1 - 10 of 23,490 > >>				
							_

Once **Add Selected** is clicked, the selected HCPs will move to the right side of the screen. Click **Remove Selected** or **Remove All** to remove HCPs from the **Selected HCPs** list.

e Information				
erwork Reduction Act (PRA)				
Information				
List all sites (eligible and ineligible) that will use the services of this data center.			
>▼ Filters				_
Available HCPs			Selected HCPs	
HCP# H	ICP Name		HCP# HCPName	
101		> ADD SELECTED		
1010				
101				
101				6 10 000
101		C REMOVE SELECTED		0 items
1010		« REMOVE ALL	★	
1010				
101				
	≪ < 1 - 10 of 23,484 > >>			



Step 8.2: Determining Eligibility of a Consortium

To determine eligibility of a consortium, select **Determine eligibility of a Consortium** on the **Type of Registration** screen. Then click **Save & Continue**.

FCC Form 460 HCP102077-00001						
Start	Registration Type	Consortium Leader Information	Physical Location	Contact Information	Supporting Documentation	Certification
Type of Registration						
Paperwork Reduction Act (PRA)						>
	What type of reg Determine eligibil Determine eligibil Register an off-site Register an ineligil Register an off-site	(Istration do you require? ity of a HCP site ity of a Consortium d data center ble site e administrative office				
BACK EXIT						SAVE & CONTINUE

Under the **General Information** section of the **Consortium Leader Information** screen, select **Yes** or **No** for the question "Is the consortium itself a standalone legal entity?" then select the **Consortium Leader Type** from the dropdown menu. If the **Consortium Leader Type** is "An eligible HCP participating in the Consortium," enter the member HCP Number in the field below. Enter the **Non-Profit Tax Identification Number (EIN)** and select **Yes** or **No** for "Consortium has a written agreement allocating legal and financial responsibility." If **Yes** is selected, the **Exemption Document** may be uploaded. Select **Yes** or **No** to the question "Is this a government-owned entity?"

FCC Form 460 HCP102077-0000	1					
Start	Registration Type	Consortium Leader Information	Physical Location	Contact Information	Supporting Documentation	Certification
Consortium Leader Inf	ormation					
Paperwork Reduction Act (PRA)						
General Information						
Is the consortium itself a standalo	one legal entity? 👔					
() Yes						
O No						
Consortium Leader Type						
An eligible HCP participating in the	Consortium	-				
Non-Profit Tax Identification Num	ber (EIN)					
Consortium has a written agreem	ent allocating legal and financial resp	onsiblity				
⊖ Yes						
○ No						
HCP Number						
Exemption Documentation (Option	nal) 😡					
UPLOAD C Drop file here						
Upload an Exemption Document.						
Is this a goverment-owned entity?	,					
⊖ Yes						
○ No						



Continuing on the **Consortium Leader Information** screen, enter information for the **Consortium Leader** and click **Save & Continue**.

Consortium Main Information	
This should be the organization that will serve as the main point of contact with USAC and the FCC and who will act on behalf of the consortium members throughout the ap	plication process and the funding, invoicing and post-invoicing periods.
Consortium Leader Name	
	0/255
Phone	Ext (Optional)
Email Confirm Email	
Consortium Website (Optional)	
	0/1000
BACK EXIT	SAVE & CONTINUE
	Approved by OMB 3060-0804

Enter the **Physical Location** of the Consortium Leader. Click **Verify My Address**, then click **Save & Continue**.

FCC F	Form 460 HCP102077-00001							
	Start	Registration Type	Consortium Leader Information	Ph	ysical Location	Contact Inform	nation Supporting Docume	ntation Certification
Phy	sical Location							
Pape	erwork Reduction Act (PRA)							>
Phys	sical Location							
A	ddress 1		Address 2 (Optional)					VERIFY MY ADDRESS
c	ity		1	State	Zip Code	County		
				Select State 👻		Select County		•
G	EO Location (if no street address is	s available)						
L	atitude				Longitude			
BAC	K EXIT							SAVE & CONTINUE



On the **Contact Information** screen, enter information for the **Primary Account Holder/Project Coordinator**. To enter Secondary Account Holders, select **Yes** at the bottom of the screen and enter their information in the fields. Then click **Save & Continue**. Go to Steps 16-18 below to complete submission.

and approvement right Canadia definition approvement right Canadia definition ack Lindernation	2.7.2.77		Protocoline Tran	Concerning Frendric Information			Contractor and a	-		Frankrad	10
	Start		Registration type	Consortium Leader Informati	on Physical L	ocabion	Contact Information	supp	orong Documentation	Ceroncata	an
and facing and	tact Inform	ation									
a Name Node keital (pojora) Las Name a Name Inde keital (pojora) Las Name	work Reduction Act	(PRA)									
ny Account Modern Project Continuary Middle Initial (Optional) Last Name in the initial (Optional) Last Name Image: Continuary physer Image: Continuary Image: Continuary physer KCK Rightzation Number Image: Continuary Image: Continuary physer Wokata Image: Continuary Image: Continuary physer Wokata Image: Continuary Image: Continuary in the information Number Image: Continuary Image: Continuary physer Wokata Image: Continuary Image: Continuary in the information Number Image: Continuary Image: Continuary in the information Number Image: Continuary Image: Continuary in the information Number Image: Continuary Image: Continuary in the information Image: Continuary Image: Continuary Image: Continuary in the information Image: Continuary Image: Continuary Image: Continuary in the information Image: Continuary Image: Continuary Image: Continuary in the information Image: Continuary Image: Continuary Image: Continuary in the information Image: Continuary Image: Continuary Image: Continuary											
at have Middle bisklid (optional) Last have at have at have bigger at have bigger fCE Rightsration Number at have bigger fCE Rightsr	irv Account Holder	Project Coordinator									
it kane Mdde kinisi (opioni) Last kane be/besition											
settion spiper spipe	st Name				Middle Initial (Optional) Last Name					
er value: ployer FCC Registration Number 	la/Borition										
piper	Rep Position										
ployer RCR Registration Number	ployer										
ployer YCC Registration Number											
piere Website	ployer FCC Registra	ation Number									
pioper Website astion Address? frees = bysical astion Address? frees = bysical frees =											
ne at Physical and Address?	ployer Website										
in a driver 2 (Optional) dress 1 state 2 p Code County y											
	me as Physical cation Address?										
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all Confirm Email ithere secondary Vet: ithere secondary Vet: all Confirm Email	y					State	Zip Code	County	no.		
ail Confirm Email three secondary VIII O Normania Secondary VIII O Normania Secondary VIII O Normania Secondary VIII O Normania Secondary VIIII O NORMANIA Secondary VIIIII O NORMANIA SECONDARY SECO	y one					State	Zip Code	County Select Coue	nny: Extension (Opti	onal)	
stere secondary VIS O No souch Holder? Ast Account Holder (S Information Tatio Position Employer Address City State IIP Code Phone Email Add another secondary account holder Add another secondary account holder	y one					State	Zip Code	County Select Coue	Extension (Option	onal)	
esteres secondary Verolatorial formation dary Account Molder(5) Information test Name Information Information Add another secondary account holder Add another secondary account holder Add another secondary account holder	y one all					State Select Stan	Zip Code	County Select Coue	Extension (Option	onal)	
Add another second Policy - Add another second Policy - Vice - Vi	y one all					State Sniect Stan	Zip Code	County Solver Chu	Extension (Option	onal)	
dary Account Holder(s) Information Intro Name Last Name Title/Position Employer Address City State ZIP Code Phone Email Intro Name Last Name Title/Position Employer Address City State ZIP Code Phone Email Intro Name Last Name Intro Name City State Imail Email Intro Name Last Name Email City State Imail Email Intro Name Last Name Email City State Imail Email	y all there secondary yount holders?	● Yes ○ No]	State Select Stan	Zip Code	County Select Cau	Extension (Option	onal)	
State Title/Position Employer Address City State ZIP Code Phone Email	y one all there secondary yount holders?	• Yes () No				State Select Stan	Zip Code	County Select Cou	ny Extension (Opti	onal)	
Irst Name Last Name Title/Position Employer Address City State ZIP Code Phone Email Address City State V IP Code Phone Email Address City State V IP Code Phone Email Softer State V IP Code Phone Email	y one ail there secondary count holders?	• Yes O No				State Since Stan	Zhp Code	County Selecr Cou	Extension (Option	onal)	
Inter Name Last Name Title/Position Employer Address City State ZiP Code Phone Email Address Court holder Address City State • ZiP Code Phone Email Solier State • ZiP Code Phone Email	y one all there secondary count holders?	♥ Yes ○ No				State	Zip Code	County Select Cau	ny Extension (Opti	onal)	
Add another secondary account holder	y one all there secondary count holders?	🔮 Yes 🔵 No			1	State	Zip Code	County Select Cau	ny: Extension (Opti	onal)	
A dd another secondary account holder	y one aili e there secondary ount holders? dary Account Holde	♥ Yes ○ Ho rigi Information	Title/Position	Employer	Address C	State Sover Van	Zip Code	County Seiner Cau ZIP Code	ny: Extension (Opti	enal) Email	
	y one all there secondary ount holders? dary Account Holde	♥ yes ○ No	Title/Position	Employer	Address C	State Soner Van	Zip Code	County Select Cau 2IP Code	19/ Extension (Option	enal) Email	
	y one all there secondary dary Account Holders? fary Account Holders irst Name Add another secon	Ves No	Title/Position	Employer	Address C	State Soner Van	Table Code	ZIP Code	Phone	enal) Email	
	y ane all tethere secondary count holders? dary Account Holde irst Name Add another secon	Yes No Yes No	Title/Position	Employer	Address C	State Soner Van Confirm Email	Zip Code Tip Code State State	Zup Code	Phone	enal) Email	

Step 9: Determine Eligibility of an HCP Site

Select Determine eligibility of an HCP site. Then click **Save & Continue.**

FCC Form 460 HCP10207	76-00001							
Start	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information	Supporting Documentation	Certification
Type of Registrati	on							
Paperwork Reduction Act (PR)	A)							>
	Wha Dra Dra Re Re Re	It type of registration do y termine eligibility of an HCP site termine eligibility of a Consortiu gister an elif-site data center gister an ineligible site gister an elif-site administrative o	rou require? n ffice					
BACK EXIT								SAVE & CONTINUE
								Approved by OMB 3060-08



Step 10: Site Information

Enter the Non-Profit Tax Identification Number (EIN) and the information for the On-Site Contact **Representative** on the Site Information screen.

FCC Form 460 HCP27									
Start	Registration Type	Site Information	Physical Location	HCP Eligibili	ty Category	Contact Information	Additional Information	Supporting Documentation	Certification
Site Information									
Paperwork Reduction Act (PRA)									>
Site Information									
Non-Profit Tax Identification N	lumber (EIN)								
123456789									
Is this a government entity?									
O No									
-									
On Site Contact Representative									
On-Site Contact Representative									
First Name				Middle Initial	(Optional) La	ast Name			
Jane					1	Smith			
Phone								Extension (Optional)	
(800) 555-5555									
Email					Confirm Email				
jsmith@test.com					jsmith@test.cor	n			
HCP Website (Optional)					HCP Legal Entity	(Website (Optional)			
BACK EXIT									SAVE & CONTINUE

Step 11: Physical Location

Enter the physical address of the location, then click **Verify My Address**. A red banner will appear the address is not verified.

FCC Form 460 HCP27								
Start	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information	Supporting Documentation	Certification
Physical Location								
Paperwork Reduction Act (PRA))							>
Physical Location								
Address 1			Address 2 (Optional)					
								VERIFY MY ADDRESS
City				State Zip Code	County			
				•	All of Oklahoma			•
GEO Location (if no street a Latitude	address is available)			Longitude				
BACK EXIT								SAVE & CONTINUE
								Approved by OMB 3060-0804



FCC Form 460 HCP27									
Start	Registration Type	Site Information	Physical Location	HCP Eight	ility Category	Contact Information	Additional Information	Supporting Documentation	Certification
Physical Location									
Paperwork Reduction Act (PRA	υ								>
You must verify address.									
Physical Location									
Address 1			Address 2 (Optional)						VERIFY MY ADDRESS
City				State Zip Cod	le	County			
									•
GEO Location (if no street a	address is available)								
Latitude					Longitude				

Step 11: HCP Eligibility Category

On the **HCP Eligibility Category** screen, select the category that best describes the HCP site, enter a description of the medical services provided at the site, and answer the question about part-time eligible entity type.

FCC Form 460 HCP102	076-00001					
Start	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information
HCP Eligibility Ca	itegory					
Paperwork Reduction Act (F	PRA)					
Eligibility Information						
Select the category that	describes the HCP Site	are to migrants		•		
Describe the medical se	rvices provided at this location			01000		
Is this a part-time eligib No Yes	le entity? 🕢			0/1000		

Step 11.1: Eligibility Category – Non-profit Hospital

If **Non-profit hospital** is selected, upload the state hospital license, answer the question about if the site is a critical access hospital, and enter the number of licensed patient beds that are at the site.

PEligibility Categ	ory					
P Eligibility Categ	ory					
rwork Reduction Act (PRA)						
sility Information						
,						
elect the category that desc	ribes the HCP Site					
Non-profit hospital			•			
ate Hospital License *						
UPLOAD D. Drop file here						
pload State Hospital License						
this a critical access hospit	al?		How many li	censed patient beds are at this	site?	
) Yes						
)No						
escribe the medical services	provided at this location					
			0/1000			
this a past time clicible ont	ind D		@			
No						
) Yes						
ditional Approval of Elizibility						
fould you like to seek a con	ditional approval of eligibility	0				
No, this site already meets a	Il eligibility criteria					
) ves, this site is seeking cond	iconal approval					





Step 11.2: Eligibility Category - Community Mental Health Center

If **Community mental health center** is selected, upload the state license, and check the relevant boxes under **Services Provided at the Physical Location** in the **Community Mental Health Center (CMHC) Checklist** section of the **HCP Eligibility Category** screen.

C Form 46	0 HCP102076-00	001				
St	art	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact
CP Eligi	bility Catego	ory				
aperwork Re	duction Act (PRA)					
1 1 11						_
ligibility Info	rmation					
Select the	category that describ	os the HCD Site				
Communi	ty mental health cente	r			•	
Control Line					-	
State Licer	nse Upload *					
UPLOAD	Drop file here					
Upload the l	Health Care Provider's S	tate License				
C		Contra (CMUC) Charl	-li-t			
Commun	ity Mental Healt	n Center (CMHC) Checi	KIISU			
Services Pr	rovided at the Physic	al Location				
The faci	ity offers 24-bour eme	reency care for mental healt	h natients			
The faci	lity provides day hospi	tal treatment for mental heal	Ith patients.			
The faci	ity provides other part	tial hospitalization services fo	or mental health patients.			
	ity provides psychosol	tial rehabilitation services.				
The faci	ity provides psychosol					
The faci	lity provides psychoso	sion screening for patients b	eing considered for admission to	state mental health facilities.		
The faci	lity provides psychoso lity provides pre-admis lity provides residentia	sion screening for patients b I treatment.	eing considered for admission to	o state mental health facilities.		

Step 11.3: Eligibility Category – Rural Health Clinic

If **Rural health clinic** is selected, answer **Yes** or **No** for the question "Is this a mobile rural health care provider." If **Yes** is selected, upload the required logs.

FCC Form 460 H	P102076-00001			_			
Start	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information	Supporting Documentation
HCP Eligibilit	y Category						
Paperwork Reduction	n Act (PRA)						
Eligibility Informatio	n						
Select the catego	ry that describes the HCP Site						
Rural health clin	c			•			
Is this a mobile r	ural health care provider?			File Upload			
⊖ Yes ⊖ No				UPLOAD	Drop file here		
0.00				Please upload ann	nual logs indicating the date and l	location of each clinic stop and the	number of patients served at each clinic stop.



Step 12: Conditional Approval of Eligibility

Select **No** if not applying for conditional eligibility. Then click **Save & Continue**. Select **Yes** if applying for conditional eligibility. For more information about what's being asked, click on the question mark. Select all relevant checkboxes for the basis for seeking conditional eligibility. Use the calendar menu to enter the estimated date that all eligibility requirements are expected to be met. Then click **Save & Continue**.



Step 13: Contact Information

Enter the **Contact Information** for the **Primary Account Holder**. Check the box in the middle of the screen if the information is the same as the **Physical Location Address**. If not, enter the address in the fields shown. Then click **Save & Continue**.

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information	Contact Inf	r formation Additional			
start Registration type Site Information Physical Location HCP Eligibility Category Contact Information	Contact Inf	ormation Additional		and the second se	E
Contact Information			Information 3	upporting Documentation	Certification
Paperwork Reduction Act (PRA)					>
Primary Account Holder Information					
First Name Middle Initial (Optional)	Last Name				
Title/Position					
Employer					
Employer FCC Registration Number					
Employer Website					
Same as Physical					
Address 1				Address 2 (Optional)	
City	State	Zip Code	lounty		
Dhane	Select State 💌		Select County	Extension (Ontional)	•
riore				Extension (Optional)	
Email Confirm Email	il				
Are there secondary O Yes O No account holders?					
BACK EXIT					SAVE & CONTINUE



Step 14: Adding Secondary Account Holders

To add Secondary Account Holders, answer **Yes** to the question "Are there Secondary Account Holders?" and enter the information in the fields. Click the **Add another secondary account holder** hyperlink to add multiple Secondary Account Holders. Then click **Save & Continue**.

ļ	Are there secondary 🔹 Y account holders?	res ONO									
Sec	condary Account Holder(s) Ir	nformation									
	First Name	Last Name	Title/Position	Employer	Address	City	State	ZIP Code	Phone	Email	
							Select State •				8
	Add another secondary account holder										
BAG	EK EXIT									SAVE & CO	ONTINUE

Step 15:

In the Additional Information section, enter the National Provider Identifier (NPI) for the organization. To look up the NPI, click the NPI Registration Search hyperlink and provide an explanation in the field if necessary. Next, enter the Organization Taxonomy Code and the Site Taxonomy Code. To search the Taxonomy database, click on the Taxonomy Code Lookup hyperlink and enter an explanation in the field if necessary. For more information, click on the questions marks in the blue circles on this screen. Click all that apply to site locations that may be affiliated with a Tribe or located on Tribal Lands, then click Save & Continue.

FCC Form 460 HCP1020	76-00001								
Start	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information	Supporting Documentation	Certification	
Additional Inform	nation								
Paperwork Reduction Act (PF	RA)								>
Additional Information									
National Provider Identif	fier 😡								
IMPORTANT: This should I	be the organizational NPI, not an ir	ndividual practitioner NPI. Look up	your HCP's NPI code by name a	and address at					
Explanation (if necessary	n) 😧								
				0/500					
Organization Taxonomy	Code 🕑								
Site Taxonomy Code 🚱									
Note: You can search the	Taxonomy database. To search ple	ase refer to Taxonomy Code Look	up 🛨						
Explanation (if necessary									
				0/500					
Is the site(s) location 😧				11					
On Tribal Lands									
Otherwise Affiliated wit	th a Tribe Health Service								
□ N/A									
Select at least one(1) option									
BACK EXIT								SAVE & CONTIN	IUE
_									_



Step 16: Supporting Documentation

On the **Supporting Documentation** screen, click the **Add Document** hyperlink to add additional documents, upload the document, and enter a description in the **Description** field. Then click **Save & Continue**.

FCC Form 460 HCP102	076-00001								
Start	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information	Supporting Documentation	Certification	
Supporting Docu	imentation								
Paperwork Reduction Act (PRA)								>
Uploaded File(s)						_			
Document Type		Description		File Name			Uploaded On		
Other	-	Describe		UPLOAD					۲
Add Document									
BACK EXIT								SAVE & CONT	INUE

Step 17: Certifications

Click all certifications, then enter **Certifier's Full Name** as it appears in RHC Connect into the **Digital Signature** field. Click **Certify & Submit**.

FCC Form 460 HCP1	02076-00001							
Start	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information	Supporting Documentation	Certification
Certification/S	ignature							
Paperwork Reduction Ac	t (PRA)							>
Application Details								>
Certification & Signature								
Ŭ								
I certify under penal	alty of perjury that I am authorized to s	ubmit this request on behalf of the	site or consortium.					
I certify under penal	alty of perjury that I have examined this	s request and attachments and to th	e best of my knowledge, info	mation, and belief, all information cor	tained in this request, and in	n any attachments, is true and cor	rect.	
and reasonably exp	aity of perjury that the applicant is a no pects to qualify as a nonprofit or public	nprofit or public entity that falls wit health care provider that falls with	nin one of the categories set f n one of the categories set for	orth in the definition of health care prov th in the definition of health care prov	ider listed in 47 CFR \$54.60	D), or the applicant is seeking cond by the estimated eligibility date.	litional approval of eligibility pursuant	to 47 CFR § 54.601(c)
I certify under pena forth in 47 CFR § 54 of a consortium wh	alty of perjury that the applicant will no 1.607, or the applicant is seeking condit hich satisfies the majority-rural compos	t seek funding in the Healthcare Co ional approval of eligibility pursuan ition requirements set forth in 47 C	nnect Fund Program unless it t to 47 CFR § 54.601(c), and th FR § 54.607 by the estimated e	is physically located in a rural area as a applicant (i) reasonably expects to b ligibility date.	defined in 47 CFR § 54.600 or a physically located in a rural	r is a member of a consortium that area as defined in 47 CFR § 54.60	t satisfies the majority-rural compositi 0 by the estimated eligibility date, or (i	ion requirements set i) plans to be a member
I certify under pena applicant reasonab	alty of perjury that the applicant will no ly expects to be physically located in a	t seek funding in the Telecommunic rural area as defined in 47 CFR § 54	ations Program unless it is ph 600 by the estimated eligibilit	ysically located in a rural area as defir y date.	ed in 47 CFR § 54.600, or the	applicant is seeking conditional a	pproval of eligibility pursuant to 47 CF	R § 54.601(c), and the
I understand that a Commission's rule:	ll documentation associated with this r s.	equest or demonstrating compliant	e with the rules must be retain	ned for at least five years after the las	t day of service delivered in a	a particular funding year pursuant	to 47 CFR § 54.631, or as otherwise pr	rescribed by the
I certify under pena	alty of perjury that the applicant has re	viewed and will comply with all appl	icable RHC Program requirem	ents.				
🛃 l certify under pena	alty of perjury that the applicant satisfie	es the requirements under section 2	54 of the Communications Ac	t and applicable Commission's rules.				
Certifier's Full Name				Digital Signa	iture			
Date					L			
BACK								CERTIFY & SUBMIT
								Approved by OMB 3060-0804



Step 18: After Submitting

Once the FCC Form 460 is submitted, the message in the green banner will appear with a summary of the submitted form. Click on the hyperlink in the green banner titled **Dashboard** or the **Back to Dashboard** hyperlink on the upper right corner of the screen to return to the RHC Connect Dashboard.

FCC Form 460		Back to Dashboard
O Your FCC Form 460 Appl	lication HCP102076-00001 has been successfully submitted. You can view this application on your Dashboard.	
Summary		
HCP Name Legal Entity Name FCC Registration Number (FCC RN) Nickname (Optional) Application Number Registration Type	Non-Pro Merriti Numbe Government Tribal Lo	it Tax ation (EIN) Infly ation
On-site Contact Representativ First Name Phone HCP Website (Optional)	re Last Middle HCP Legal Website (Opr	iame nitial imali nity onal
Physical Address Address 1 City County	Address 2 (Optional) State Latitude	Zip Code Longitude



RHC Connect Walkthrough – Submitting an FCC Form 460 Revision

Step 1: Dashboard Log In

Log into My Portal and click on **RHC Connect**.



Step 2: RHC Connect Dashboard

Here you can start a new form, resume working on a draft, or delete a draft FCC Form 460. There's a countdown banner displaying the days remaining in the filing window or stating that the current filing window is closed. The clock on the right is the current date and time.





Step 3: Start a Form Click FCC Form 460. Then, click Next.

<	٧	Vhat type of Form would you like to file	2?
17:25	See If you Qualify to Participate		*
May 21 2024	FCC Form 460		
	Determine if your health care facility is eligible for Rural Health Care (RHC) Program funding for the Healthcare Connect Fund (HCP) Program and/or Telecommunications (Telecom) Program by submitting an PCC Form 460.		
	Health Care Connect Fund		۷
	FCC Form 461	FCC Form 462	FCC Form 463
	Develop Rid Paluation Criteria & Select Services	Evaluate Bids & Select Service Provider	Linuire LEAC
	After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 461 (Request for Services Form).	This form provides information about the services, equipment, or network facilities selected, and certifies that those services were the most cost-effective option of the offers received.	Once you receive a bill from the service provider, you can create an invoice for the services received using the FCC Form 463.
	Telecom		*
	FCC Form 465	FCC Form 466	
	Develop Bid Evaluation Criteria & Select Services	Evoluate Bids & Select Service Provider	
	After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 465 (Request for Services Form).	This form provides information about the selected service and the applicant certifies the selected service was the most cost-effective means of meeting its specific health care needs.	
	_		

Step 4: Start a Form (Continued)

Select File a New FCC Form 460 Revision, click on the existing HCP, then click Next.

	Which FCC Form 460 v	vould you like to file?	
	File a New FCC Form 460	File a New FCC Form 460 Revision	
Your existin	ng FCC Forms 460	-	
	NEX	π	



Step 5: Start

Since this is a revision, all fields on the **Start** screen can be edited. Click **Save & Continue** when ready to proceed.

Start	Registration Type	Site Information	Physical Location	Contact Information	Supporting Documentation	Certification
art						
aperwork Reduction Act (PRA	0					
our Health Care Provider (HC	P) Information					
	HCP or Concertium					
	Name					
	Legal Entity Name					
	FCC Registration					
	If the legal entity d	oes not have an FCC RN and only plans to parti-	cipate as a consortium member, applicant me	y enter FCC RN for the Consortium		
	1					
L Form 460 Revision Applica	tion information					
	Nickname (Optional) Revision 1					
	Application Number					
						SAVE & CONTU

Step 6: Type of Registration

If the FCC Form 460 is being revised due to a change of registration type, click the corrected entity type, and enter the date of the entity type change in the field as shown. Then click **Save & Continue**.

FCC Form 460 HCP								
Start	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information	Supporting Documentation	Certification
Type of Registration	n							
Paperwork Reduction Act (PRA)								د
	White December 2 Participation of the second	at type of registration do y etermine eligibility of an HCP site egister an off-site data center egister an off-site data center egister an off-site administrative o to fentity type change	ou require?					
BACK EXIT								SAVE & CONTINU

Step 7: Complete all Revisions

Since all fields can be edited, navigate through each screen of the FCC Form 460, and enter the needed changes. Click **Save & Continue** to move forward through each screen.

FCC Form 460 HCP									
Г	Start	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information	Supporting Documentation	Certification
Site Information									
Pi	aperwork Reduction Act (PRA)								>



Step 8: Certification/Signature

On the **Certification/Signature** screen, a summary of the revision(s) is displayed. If the information is correct, click each certification, and sign by entering the **Certifier's Full Name** in the **Digital Signature** field. **Note:** Each time an FCC Form 460 is revised, the last four digits of the form will be the version number (e.g., - 00002, - 00003, etc.). Then click **Certify & Submit**.

Form 460 HCP 00002								
Start Regi	stration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information	Supporting Documentation	Certification
tification /Cignoture								
tilication/signature								
perwork Reduction Act (PRA)								
anges from the original Filing								
Field			Previous Value			New Value		
Form 460 Registration Type			Off-site data center			Individual		
Non Profit Tax Id								
Physical location Address Line 1								
Physical location City								
Physical location Zipcode								
								(1-5 of 13 > >>
plication Details								
rtification & Signature								
		it this request on behalf of th	ne site or consortium.					
I certify under penalty of perjury that	am authorized to subm						orrect	
I certify under penalty of perjury that	l am authorized to subm I have examined this req	juest and attachments and to	the best of my knowledge, info	rmation, and belief, all information of	contained in this request, and ir	h any attachments, is true and co	arece.	
I certify under penalty of perjury that I certify under penalty of perjury that I certify under penalty of perjury that and reasonably expects to qualify as a	I am authorized to subm have examined this req the applicant is a nonpro nonprofit or public heal	uest and attachments and to ofit or public entity that falls w Ith care provider that falls wi	i the best of my knowledge, info vithin one of the categories set f thin one of the categories set for	rmation, and belief, all information orth in the definition of health care th in the definition of health care pr	ontained in this request, and ir provider listed in 47 CFR §54.60 ovider listed in 47 CFR §54.600	n any attachments, is true and co 0, or the applicant is seeking cor by the estimated eligibility date.	nditional approval of eligibility pursuant	to 47 CFR § 54.601(c)
I certify under penalty of perjury that I certify under penalty of perjury that I certify under penalty of perjury that and reasonably expects to qualify as a I certify under penalty of perjury that forth in 47 CFR § 54.607, or the applic of a consortium which assistifies the m	I am authorized to subm I have examined this req the applicant is a nonpro i nonprofit or public hear the applicant will not see int is seeking conditiona ijority-rural composition	uest and attachments and to sfit or public entity that falls vi lth care provider that falls vi sk funding in the Healthcare (approval of eligibility pursu requirements set forth in 47	 the best of my knowledge, infor within one of the categories set for thin one of the categories set for Connect Fund Program unless it ant to 47 CFR § 54.601(c), and th CFR § 54.607 by the estimated 6 	rmation, and belief, all information : orth in the definition of health care th in the definition of health care pr is physically located in a rural area a e applicant (i) reasonably expects to sligibility date.	contained in this request, and ir provider listed in 47 CFR \$54.60 ovider listed in 47 CFR \$54.600 is defined in 47 CFR \$ 54.600 or be physically located in a rural	n any attachments, is true and co 0, or the applicant is seeking cor- by the estimated eligibility date. Is a member of a consortium th area as defined in 47 CFR § 54.6	nditional approval of eligibility pursuant at satisfies the majority-rural compositi 00 by the estimated eligibility date, or (i	to 47 CFR § 54.601(c) on requirements set i) plans to be a member
I certify under penalty of perjury that I certify under penalty of perjury that I certify under penalty of perjury that and reasonably expects to qualify as I certify under penalty of perjury that forth in 47 CFR § 54 607, or the applie of a consortium which assistes the m I certify under penalty of perjury that applicant reasonably expects to be ph	I am authorized to subm I have examined this req the applicant is a nonpre in onprofit or public hea the applicant will not see sunt is seeking conditiona ijority-rural composition he applicant will not see ysically located in a rural	quest and attachments and to offit or public entity that falls w the care provider that falls w & funding in the Healthcare I i approval of eligibility pursu i requirements set forth in 47 ek funding in the Telecommu larea as defined in 47 CFR §	t the best of my knowledge, info within one of the categories set for connect Fund Program unless it ant to 47 CFR § 54,601(c), and th CFR § 54,607 by the estimated of nications Program unless it is ph nications Program unless it is ph	rmation, and belief, all information - forth in the definition of health care the in the definition of health care pr is physically located in a rural area a e applicant (i) reasonably expects to sligibility date. ysically located in a rural area as de y date.	contained in this request, and ir provider listed in 47 CFR \$54.60 ovider listed in 47 CFR \$54.600 is defined in 47 CFR \$54.600 or be physically located in a rural fined in 47 CFR \$54.600, or the	a any attachments, is true and co (0, or the applicant is seeking cor by the estimated eligibility date. Is a member of a consortium th area as defined in 47 CFR § 54.6 applicant is seeking conditional	aditional approval of eligibility pursuant at satisfies the majority-rural compositi 00 by the estimated eligibility date, or (i approval of eligibility pursuant to 47 CF	to 47 CFR § 54.601(c) on requirements set) plans to be a member R § 54.601(c), and the
Icentify under penalty of perjury that: Icentify under penalty of perjury that forth in 47 CFB 54607, or the applic of a consortium which satisfies the Icentify under penalty of perjury that application tables that the application of a consortium which satisfies the Icentify under the application of the a	I am authorized to subm I have examined this rec, the applicant is a nonpro- int or public hea the applicant will not see the applicant will not see the applicant will not see ysically located in a rural ssociated with this reque	quest and attachments and to offit or public entity that falls i tht care provider that falls wi ke funding in the Healthcare i il approval of eligibility pursu requirements set forth in 47 ke funding in the Telecommu- il area as defined in 47 CFR § est or demonstrating complia	It the best of my knowledge, info vithin one of the categories set for Connect Fund Program unless it. ant to 47 CFR § 54.601(2), and th CFR § 54.607 by the estimated (nications Program unless it is ph 45.600 by the estimated eligibilit ance with the rules must be retai	rmation, and belief, all information. forth in the definition of health care pri- is physically located in a rural area a e applicant (Diressonably expects to sligibility date. sysically located in a rural area as de y date. ned for at least five years after the l	omained in this request, and it provider listed in 47 CFR §54.60 ovider listed in 47 CFR §54.60 os defined in 47 CFR § 54.600 or be physically located in a rural fined in 47 CFR § 54.600, or the ast day of service delivered in a	n any attachments, is true and cc 0, or the applicant is seeking cor by the estimated eligibility date. Is a member of a consortium th area as defined in 47 CFR § 54.6 applicant is seeking conditional a particular funding year pursuar	n ditional approval of eligibility pursuant at satisfies the majority-rural compositi 00 by the estimated eligibility date, or (i approval of eligibility pursuant to 47 CF at to 47 CFR \$54,631, or as otherwise pr	to 47 CFR § 54.601(c) on requirements set i) plans to be a member R § 54.601(c), and the escribed by the
certify under penalty of perjury that certify under penalty of perjury that certify under penalty of perjury that certify under penalty of perjury that	I am authorized to subm I have examined this rec the applicant is a onopro- i nonprofit or public hea the applicant will not see sportigicant will not see sportigicant will not see ssociated with this reque he applicant has review	quest and attachments and to offic or public entity that falls i this care provider that falls with this care provider that falls with this care provider that falls with the this set form in all approved of eligibility pursu requirements set form in all set funding in the Telecommu- iarea as defined in AP CFR is set or demonstrating compli- ed and will comply with all ap	It the best of my knowledge, info within one of the categories set of hin one of the categories set to Connect Pund Program unless it are to 47 CFR 55 4601(c), and th CFR 5 54.607 by the estimated (e) nications Program unless it is ph 54.600 by the estimated e) and with the rules must be retain ance with the rules must be retain policable RHC Program requirem	rmation, and belief, all information. orth in the definition of health care thin the definition of health care p is physically located in a rural area a e applicant () reasonably expects to sligbility date. Ined for at least five years after the l ents.	ontained in this request, and is provider listed in 47 CFR 554.600 os defined in 47 CFR 554.600 os be physically located in a rural fined in 47 CFR 5 54.600, or the ast day of service delivered in a	any attachments, is true and co 0, or the applicant is seeking co- by the estimated eligibility date. Is a member of a consortium th area as defined in 47 CFR § 54.6 applicant is seeking conditional particular funding year pursuar	at satisfies the majority-rural compositi at satisfies the majority-rural compositi 00 by the estimated eligibility date, or (i approval of eligibility pursuant to 47 CF nt to 47 CFR \$ 54.631, or as otherwise pr	to 47 CFR § 54,601(c) on requirements set i) plans to be a member R § 54,601(c), and the escribed by the

Step 9: After Submitting

Once the FCC Form 460 is submitted, the message in the green banner will appear with a summary of the submitted form. Click on the hyperlink in the green banner titled **Dashboard** or the **Back to Dashboard** hyperlink on the upper right corner of the screen to return to the RHC Connect Dashboard.

FCC Form 460	276-00001 has been successfully submitted. You can view this application on your Dashboard.	Beck to Deshboard						
Summary								
HCP Name Legal Entity Name FCC Registration Number (FCC RN) Nickname (Optional) Application Number Registration Type	Neo-Port Identifi Number Government I Tribal Loc	It Tax ation (ENI) ation						
On-site Contact Representative First Name Phone HC9 Website (Optional)	Last N Midde HCP Legal Website (Opti	lame Initial Imail Rity onal						
Physical Address Address 1 City County	Address 2 (Optional) State Latitude	Zip Code Longitude						



Frequently Asked Questions

What changes were made to the RHC Connect?

RHC Connect has a new look and feel that is more intuitive and user-friendly. It is easier to navigate the form for submission, and it is easier for RHC program reviewers to approve funding requests.

Did the FCC Form 460 change?

No, the FCC Form 460 itself did not change – only the platform changed. The questions on the form and the information required of applicants remain the same. This form is also used to determine eligibility in the Telecom Program, replacing the FCC Form 465 to determine eligibility only. The FCC Form 465 will still be used for competitive bidding.

Who is impacted by this change?

RHC Connect is used for FY2022 and future funding years for the HCF Program and FY2024 and forward for the Telecom Program. Connected Care Pilot Project (CCPP) projects are not impacted unless they also participate in the HCF or Telecom Program.

How do I access RHC Connect to file my FCC Form 460?

To access RHC Connect, simply use the same log-in credentials you use for My Portal.

Resources

For more information, visit the Welcome to RHC Connect - FCC Form 460 webpage.

For questions about the RHC program, contact <u>RHC-Assist@usac.org</u> or the RHC Customer Service Center at (800) 453-1546 from 8 a.m. - 8 p.m. ET Monday through Friday for assistance. Use the <u>RHC</u> <u>Customer Service Center Tip Sheet</u> to learn about what the RHC Customer Service Center can and cannot help you with.