

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.

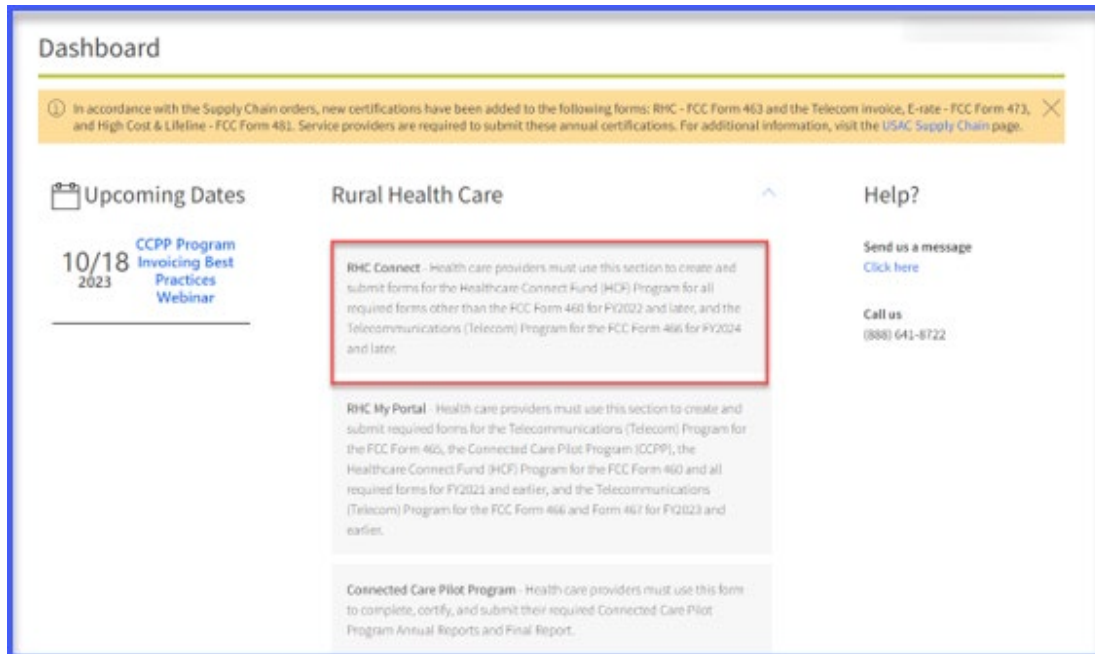
Per FCC Order [FCC 23-110](#), the FCC Form 460 will now be used to determine eligibility in both the Healthcare Connect Fund (HCF) Program and the Telecommunications (Telecom Program). This eliminates the need for Telecom Program participants to seek an eligibility determination every time they engage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

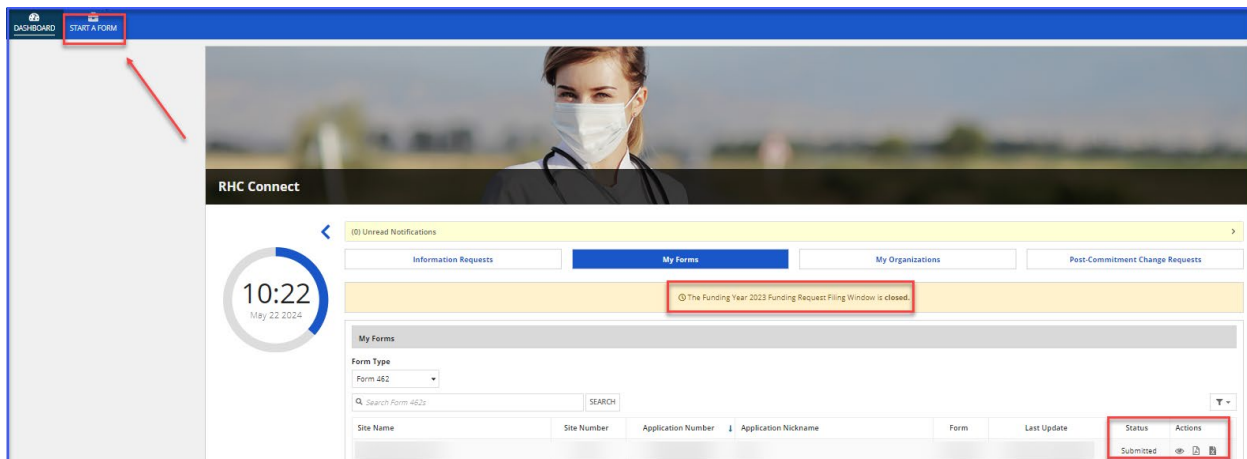
Log into My Portal and click on **RHC Connect**.



The screenshot shows the RHC Connect Dashboard. At the top, there is a notification banner: "In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the Telecom invoice, E-rate - FCC Form 473, and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional information, visit the USAC Supply Chain page." Below this, the dashboard is divided into three main sections: "Upcoming Dates", "Rural Health Care", and "Help?". The "Upcoming Dates" section features a calendar icon and a date "10/18 2023" for the "CCPP Program Invoicing Best Practices Webinar". The "Rural Health Care" section contains three sub-sections: "RHC Connect" (highlighted with a red box), "RHC My Portal", and "Connected Care Pilot Program". The "RHC Connect" section states: "Health care providers must use this section to create and submit forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later, and the Telecommunications (Telecom) Program for the FCC Form 466 for FY2024 and later." The "RHC My Portal" section states: "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 Pilot Program (CCPP), the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2022 and earlier, and the Telecommunications (Telecom) Program for the FCC Form 466 and Form 467 for FY2023 and earlier." The "Connected Care Pilot Program" section states: "Health care providers must use this form to complete, certify, and submit their required Connected Care Pilot Program Annual Reports and Final Report." The "Help?" section includes links for "Send us a message" (Click here) and "Call us" (888) 641-8722.

Step 2: RHC Connect Dashboard

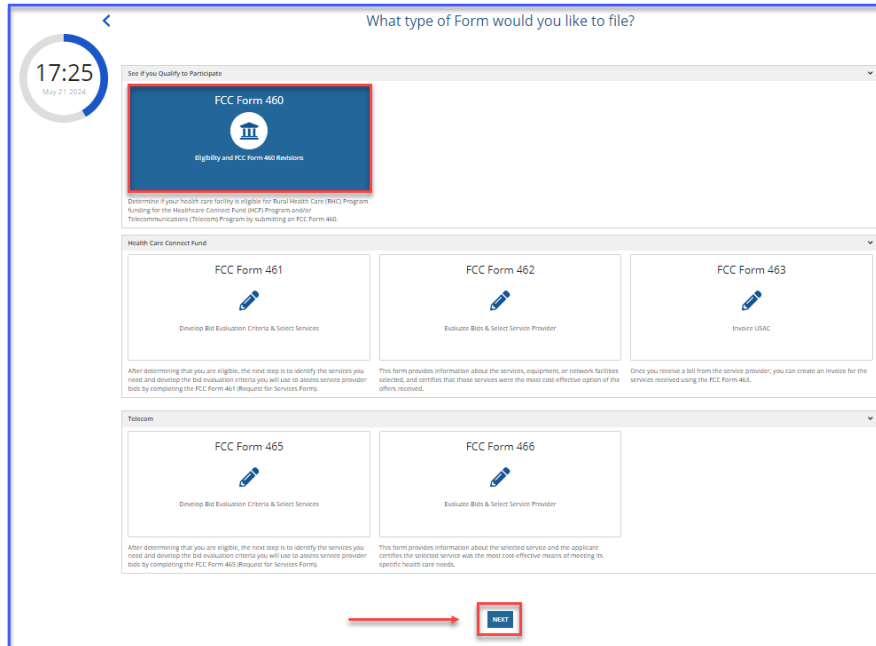
Here you can start a new form, resume working on a draft, or delete a draft FCC Form 460. There's a countdown banner displaying the days remaining in the filing window or stating that the current filing window is closed. The clock on the right is the current date and time.



The screenshot shows the RHC Connect Dashboard with several annotations. A red box highlights the "START A FORM" button in the top left navigation bar. A red arrow points from this button to the "My Forms" section. A red box highlights a notification banner that says "The Funding Year 2023 Funding Request Filing Window is closed." Another red box highlights the "Status" and "Actions" columns in the "My Forms" table. The "My Forms" table has the following columns: Site Name, Site Number, Application Number, Application Nickname, Form, Last Update, Status, and Actions. The "Status" column shows "Submitted" and the "Actions" column shows icons for edit and delete. A clock in the bottom left corner displays "10:22" and "May 22 2024".

Step 3: Start a Form

Click **FCC Form 460**. Then, click **Next**.



What type of Form would you like to file?

17:25
May 31 2024

See if you Qualify to Participate

FCC Form 460
Eligibility and FCC Form 460 Questions

Determine if your health care facility is eligible for Rural Health Care (RHC) Program funding for the Healthcare Connect Fund (HCF) Program and/or Telecommunications/Telecom Program by submitting an FCC Form 460.

Health Care Connect Fund

FCC Form 461
Develop Bid Evaluation Criteria & Select Services

FCC Form 462
Evaluate Bids & Select Service Provider

FCC Form 463
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 invoice for the services received using the FCC Form 463.

Telecom

FCC Form 465
Develop Bid Evaluation Criteria & Select Services

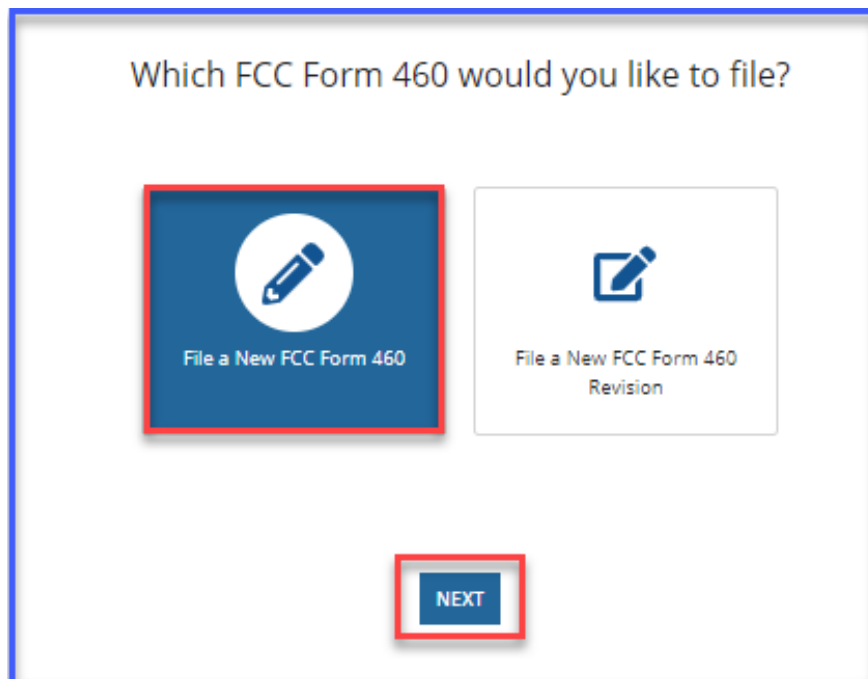
FCC Form 466
Evaluate Bids & Select Service Provider

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.

NEXT

Step 4: Start a Form (Continued)

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



Which FCC Form 460 would you like to file?

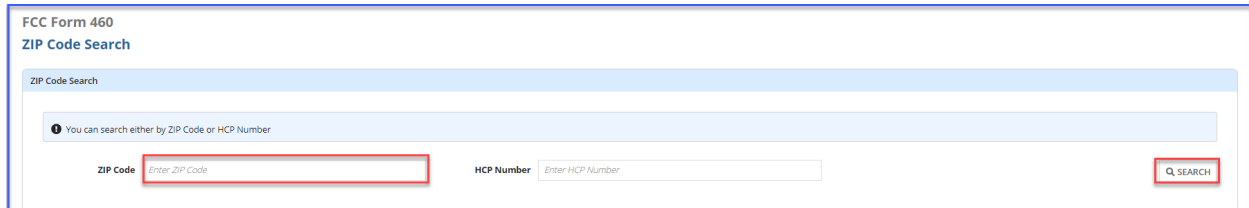
File a New FCC Form 460

File a New FCC Form 460 Revision

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**.



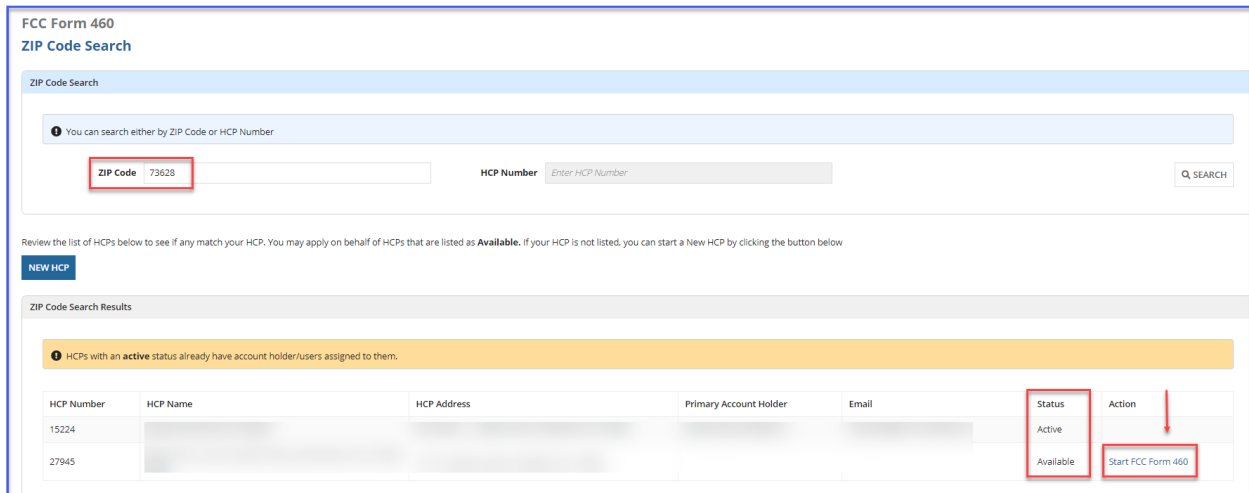
FCC Form 460
ZIP Code Search

ZIP Code Search

You can search either by ZIP Code or HCP Number

ZIP Code HCP Number

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.



FCC Form 460
ZIP Code Search

ZIP Code Search

You can search either by ZIP Code or HCP Number

ZIP Code HCP Number

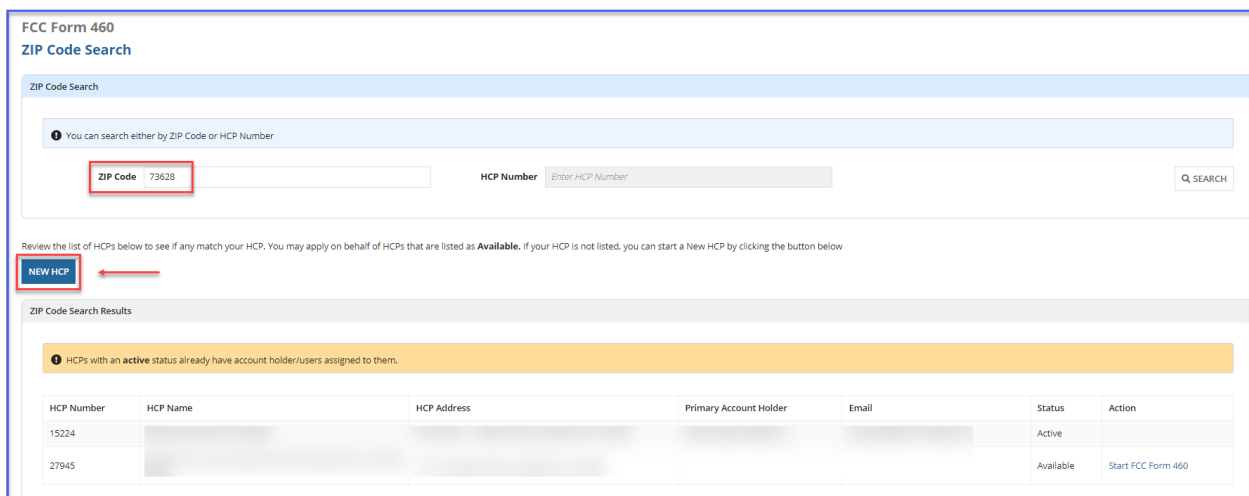
Review the list of HCPs below to see if any match your HCP. You may apply on behalf of HCPs that are listed as **Available**. If your HCP is not listed, you can start a New HCP by clicking the button below

ZIP Code Search Results

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 460

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



FCC Form 460
ZIP Code Search

ZIP Code Search

You can search either by ZIP Code or HCP Number

ZIP Code 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

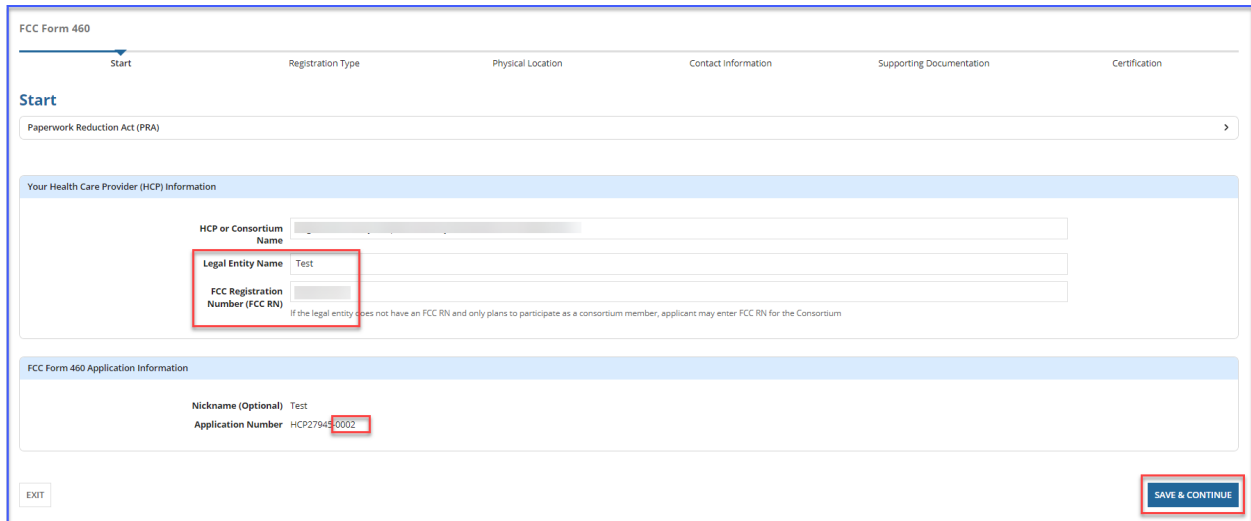
ZIP Code Search Results

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 460

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) Information

HCP or Consortium Name

Legal Entity Name

FCC Registration Number (FCC RN)

If the legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium

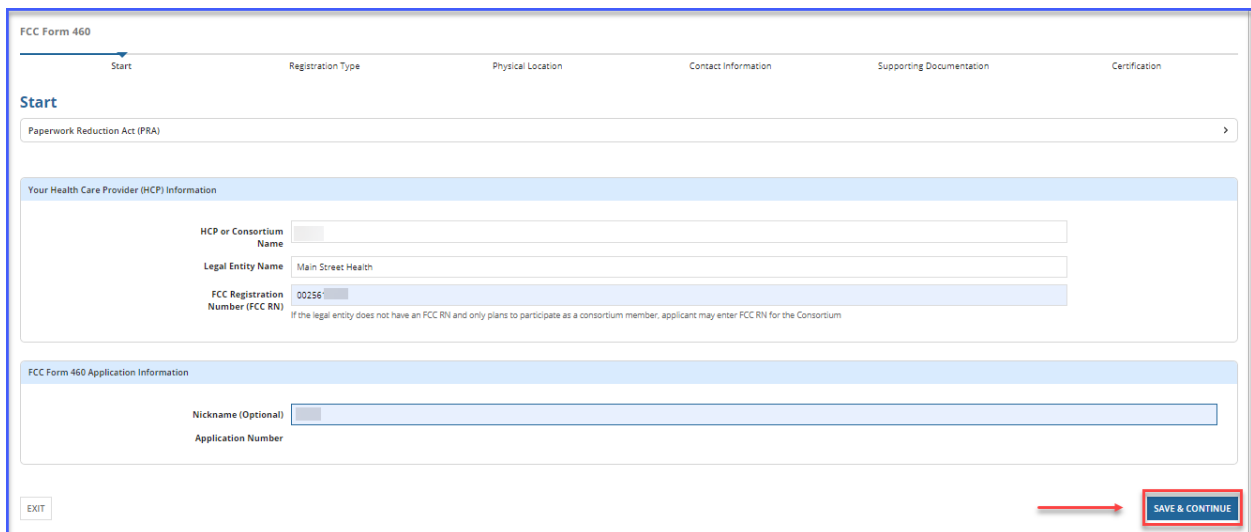
FCC Form 460 Application Information

Nickname (Optional)

Application Number

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) Information

HCP or Consortium Name

Legal Entity Name

FCC Registration Number (FCC RN)

If the legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium

FCC Form 460 Application Information

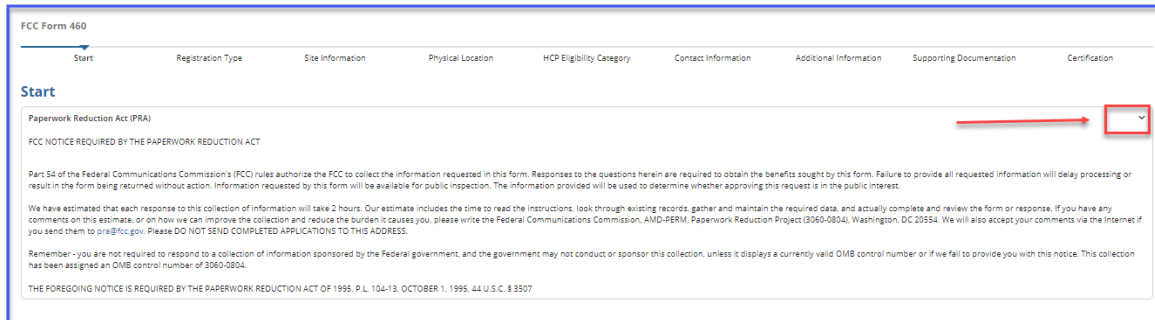
Nickname (Optional)

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

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

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

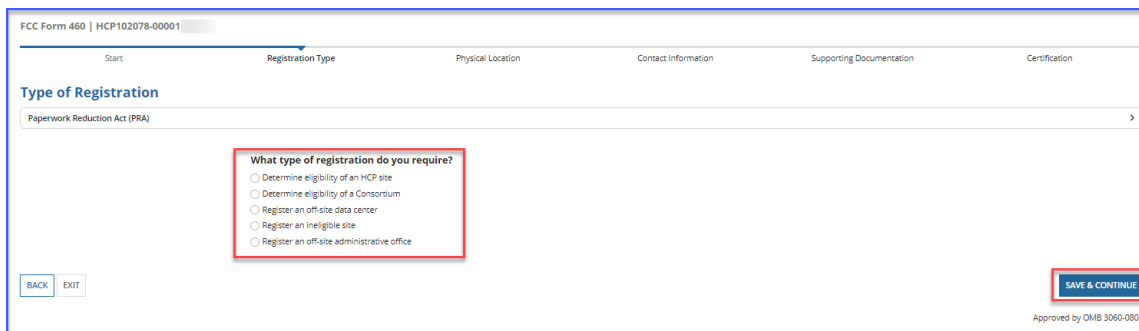
We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

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 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. § 3507

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 you require?

- Determine eligibility of an HCP site
- Determine eligibility of a Consortium
- Register an off-site data center
- Register an ineligible site
- Register an off-site administrative office

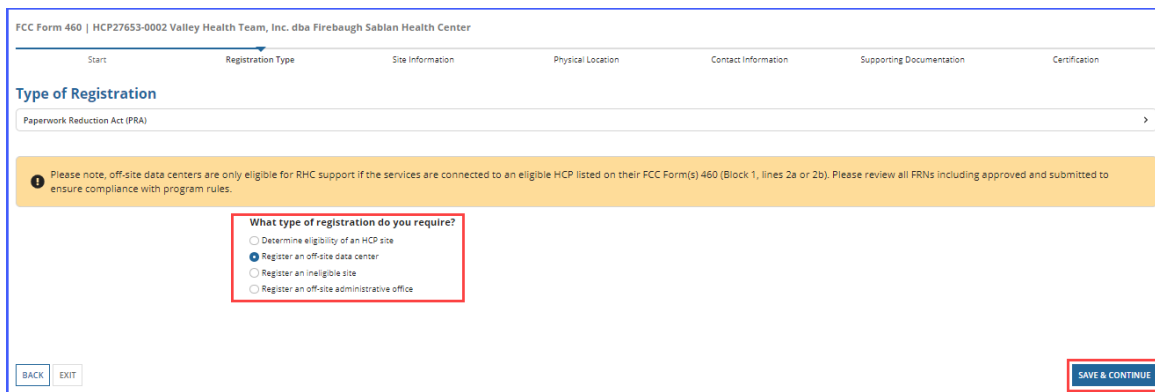
BACK EXIT

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 Valley Health Team, Inc. dba Firebaugh 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 centers are only eligible for RHC support if the services are connected to an eligible HCP listed on their FCC Form(s) 460 (Block 1, lines 2a or 2b). Please review all FRNs including approved and submitted to ensure compliance with program rules.

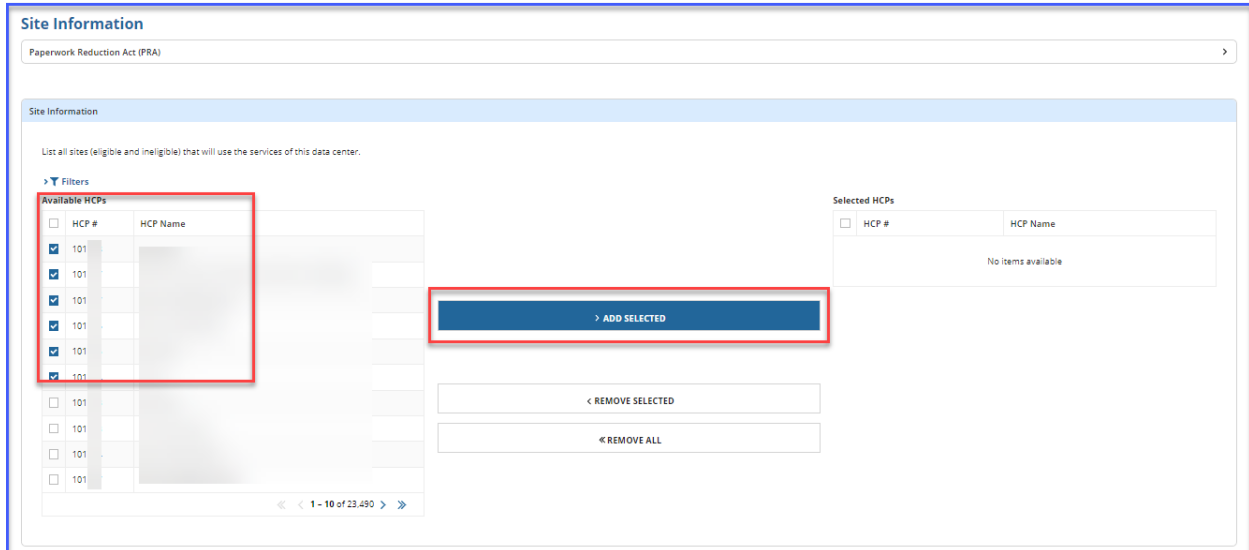
What type of registration do you require?

- Determine eligibility of an HCP site
- Register an off-site data center
- Register an ineligible site
- Register an off-site administrative 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.



Site Information
Paperwork Reduction Act (PRA)

Site Information
List all sites (eligible and ineligible) that will use the services of this data center.

> Filters

Available HCPs	
HCP #	HCP Name
<input checked="" type="checkbox"/>	101
<input checked="" type="checkbox"/>	101
<input checked="" type="checkbox"/>	101
<input checked="" type="checkbox"/>	101
<input checked="" type="checkbox"/>	101
<input checked="" type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101

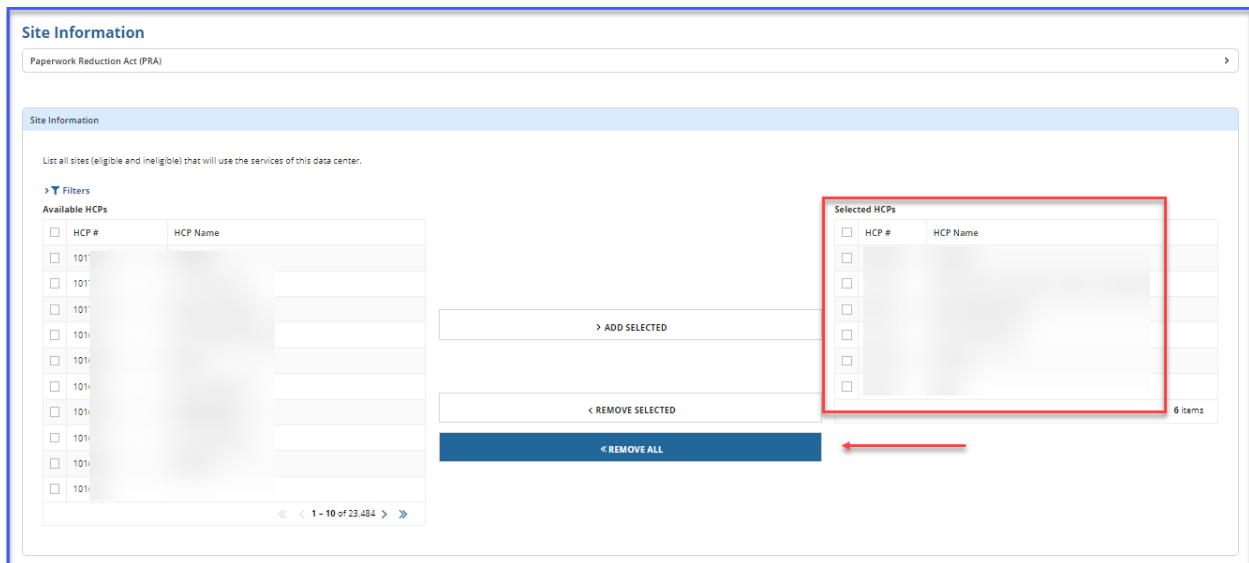
> ADD SELECTED

< REMOVE SELECTED

<< REMOVE ALL

<< 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.



Site Information
Paperwork Reduction Act (PRA)

Site Information
List all sites (eligible and ineligible) that will use the services of this data center.

> Filters

Available HCPs	
HCP #	HCP Name
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101

> ADD SELECTED

< REMOVE SELECTED

<< REMOVE ALL

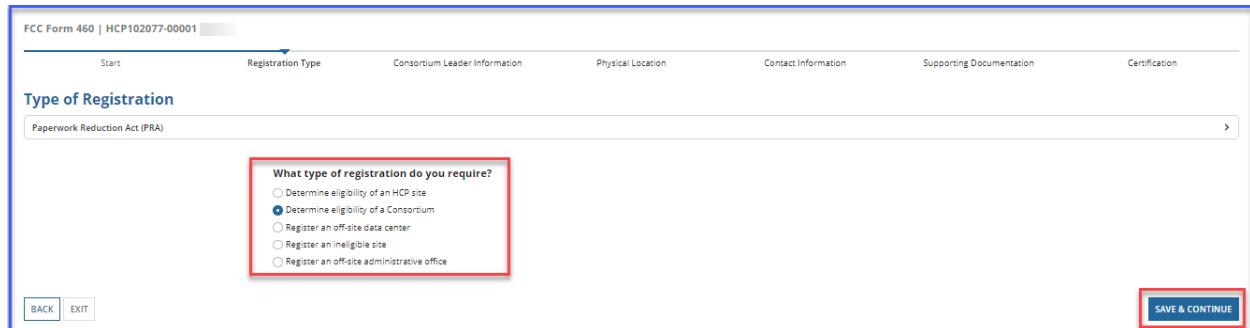
Selected HCPs	
HCP #	HCP Name
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

6 items

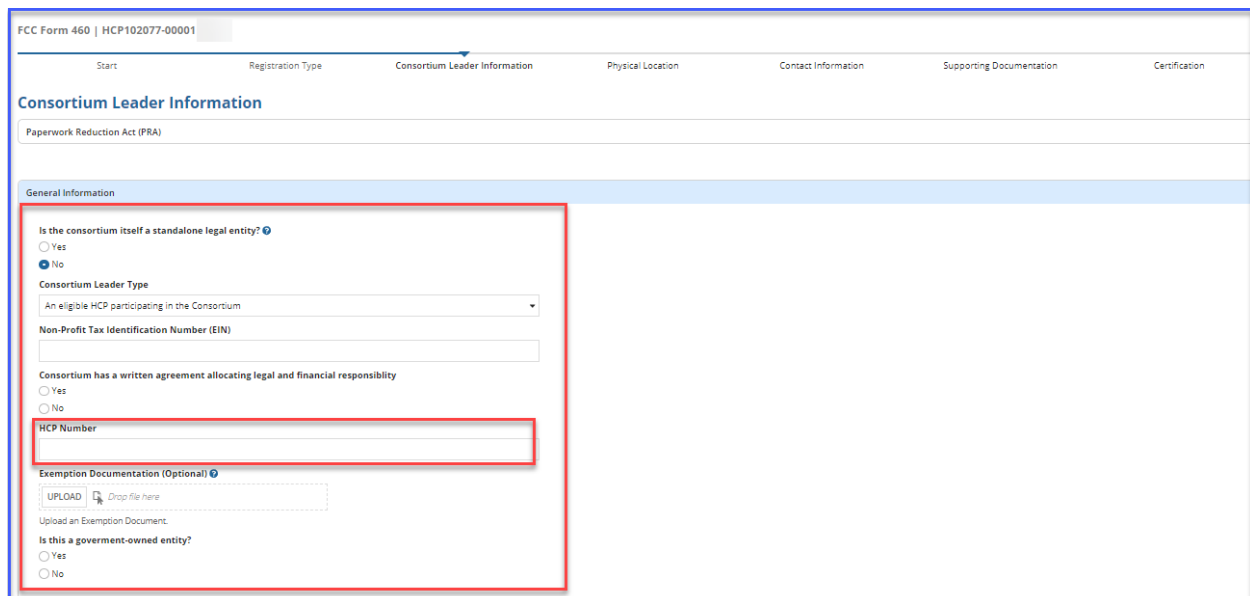
<< 1 - 10 of 23,484 >>

Step 8.2: Determining Eligibility of a Consortium

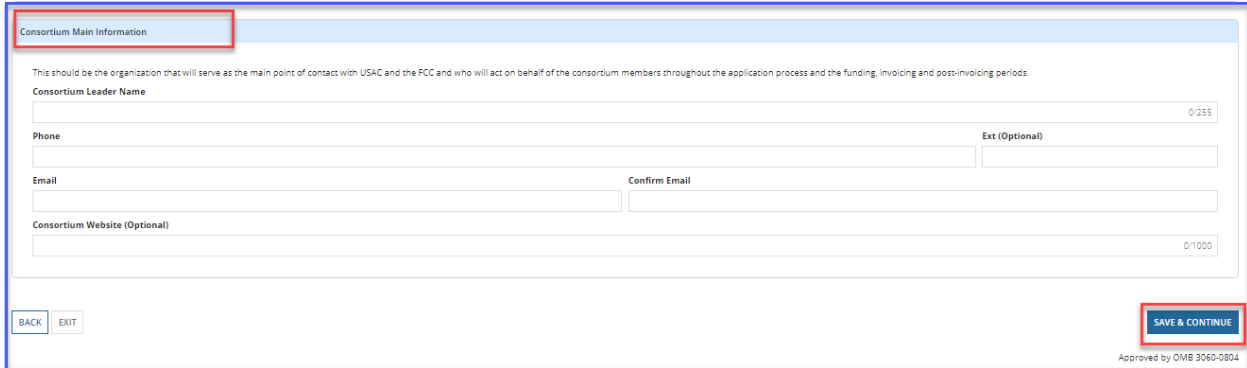
To determine eligibility of a consortium, select **Determine eligibility of a Consortium** on the **Type of Registration** screen. Then click **Save & Continue**.



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?”

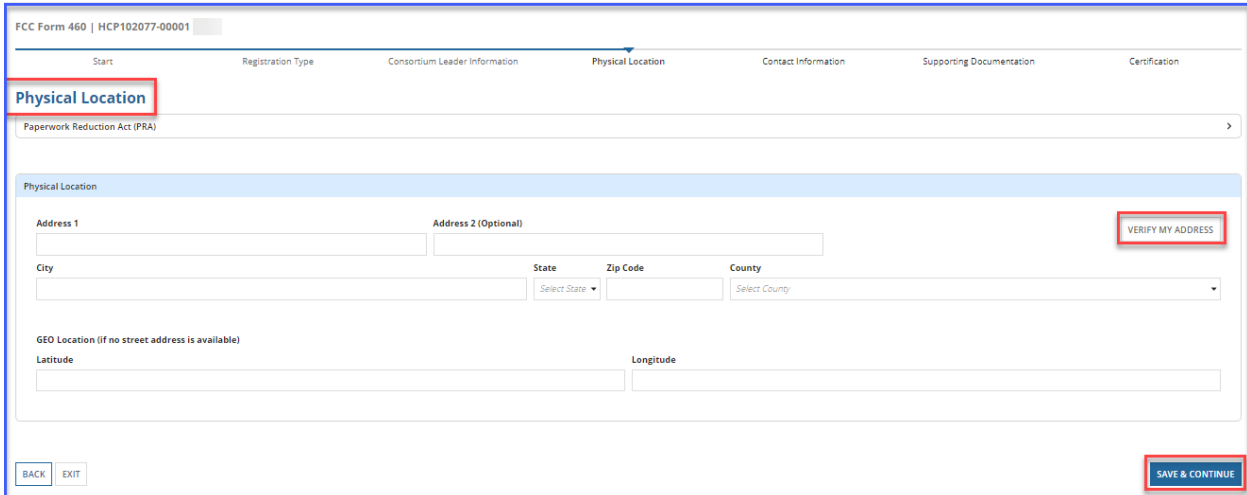


Continuing on the **Consortium Leader Information** screen, enter information for the **Consortium Leader** and click **Save & Continue**.



The screenshot shows the "Consortium Main Information" form. The title "Consortium Main Information" is highlighted with a red box. Below the title is a descriptive paragraph: "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 application process and the funding, invoicing and post-invoicing periods." The form contains several input fields: "Consortium Leader Name" (0/255), "Phone" and "Ext (Optional)", "Email" and "Confirm Email", and "Consortium Website (Optional)" (0/1000). At the bottom left are "BACK" and "EXIT" buttons. At the bottom right is a "SAVE & CONTINUE" button, also highlighted with a red box. The footer text "Approved by OMB 3060-0804" is visible.

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



The screenshot shows the "Physical Location" form. The title "Physical Location" is highlighted with a red box. At the top, there is a breadcrumb trail: "Start", "Registration Type", "Consortium Leader Information", "Physical Location", "Contact Information", "Supporting Documentation", and "Certification". Below the breadcrumb is a "Paperwork Reduction Act (PRA)" section. The form contains several input fields: "Address 1" and "Address 2 (Optional)", "City", "State" (with a "Select State" dropdown), "Zip Code", "County" (with a "Select County" dropdown), "Latitude", and "Longitude". A "VERIFY MY ADDRESS" button is highlighted with a red box. At the bottom left are "BACK" and "EXIT" buttons. At the bottom right is a "SAVE & CONTINUE" button, also highlighted with a red box.

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.

FCC Form 460 | HCP102077-00001

Start Registration Type Consortium Leader Information Physical Location **Contact Information** Supporting Documentation Certification

Contact Information

Paperwork Reduction Act (PRA)

Primary Account Holder | Project Coordinator

First Name Middle Initial (Optional) Last Name
 Title/Position
 Employer
 Employer FCC Registration Number
 Employer Website
 Same as Physical Location Address?
 Address 1 Address 2 (Optional)
 City State Zip Code County
 Phone Extension (Optional)
 Email Confirm Email

Are there secondary account holders? Yes No

Secondary Account Holders(s) Information

First Name	Last Name	Title/Position	Employer	Address	City	State	ZIP Code	Phone	Email
						Select State			

⊕ Add another secondary account holder

BACK EXIT **SAVE & CONTINUE**

Step 9: Determine Eligibility of an HCP Site

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

FCC Form 460 | HCP102076-00001

Start Registration Type Site Information Physical Location **HCP Eligibility Category** Contact Information Additional Information Supporting Documentation Certification

Type of Registration

Paperwork Reduction Act (PRA)

What type of registration do you require?

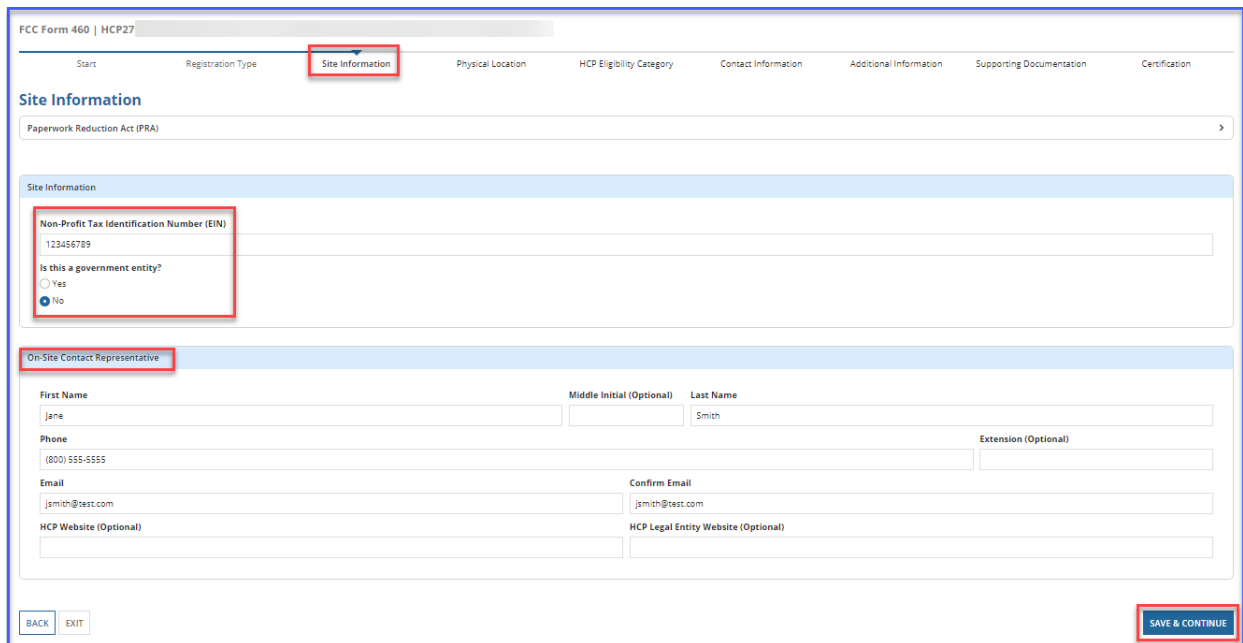
- Determine eligibility of an HCP site
- Determine eligibility of a Consortium
- Register an off-site data center
- Register an ineligible site
- Register an off-site administrative office

BACK EXIT **SAVE & CONTINUE**

Approved by OMB 3060-0804

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 Eligibility Category Contact Information Additional Information Supporting Documentation Certification

Site Information

Paperwork Reduction Act (PRA)

Site Information

Non-Profit Tax Identification Number (EIN)
123456789

Is this a government entity?
 Yes
 No

On-Site Contact Representative

First Name Middle Initial (Optional) Last Name
Jane Smith

Phone Extension (Optional)
(800) 555-5555

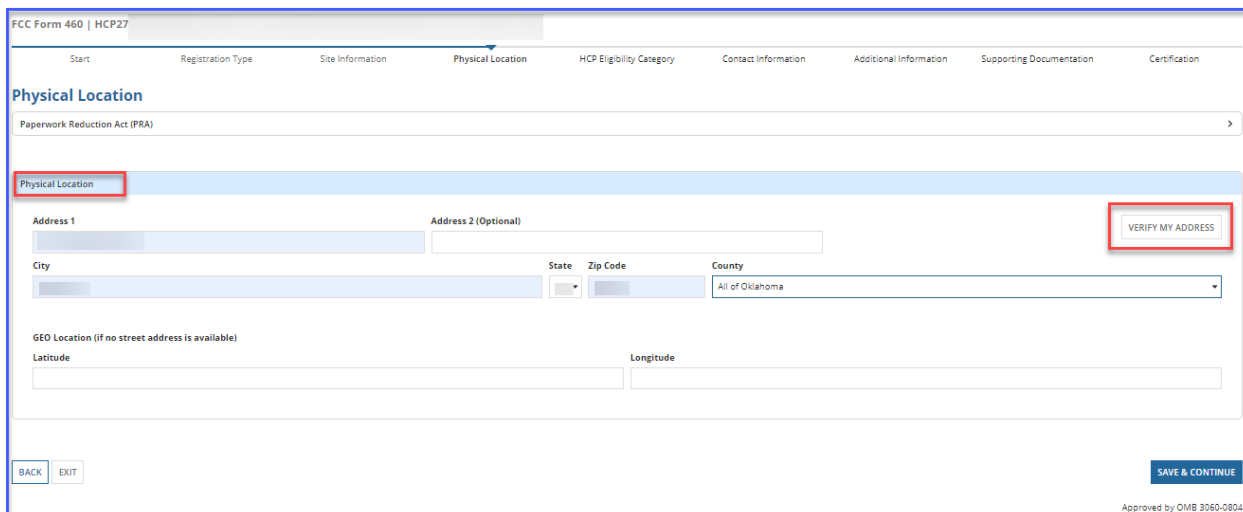
Email Confirm Email
j.smith@test.com j.smith@test.com

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

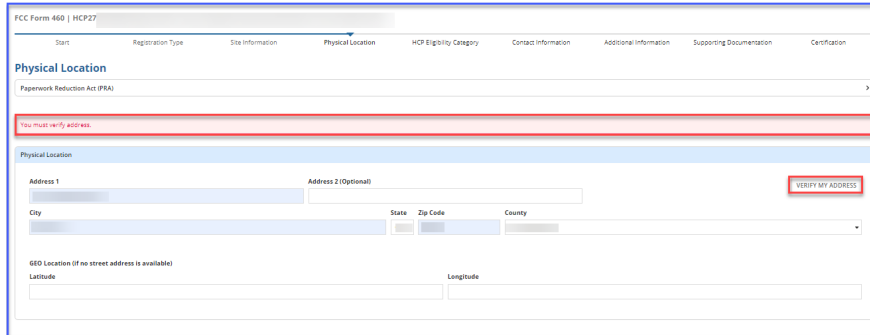
City State Zip Code County
All of Oklahoma

GEO Location (if no street address is available)

Latitude Longitude

BACK EXIT SAVE & CONTINUE

Approved by OMB 3060-0804



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)

You must verify address.

Physical Location

Address 1 Address 2 (Optional) VERIFY MY ADDRESS

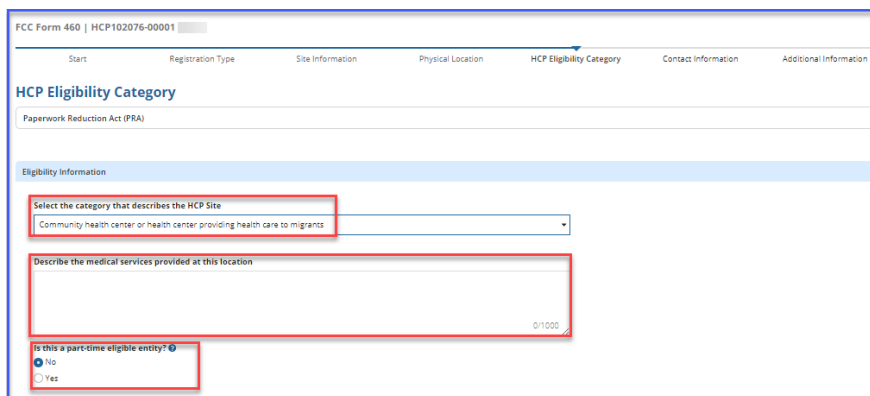
City State Zip Code Country

Geo Location (if no street 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 | HCP102076-00001

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information Additional Information

HCP Eligibility Category

Paperwork Reduction Act (PRA)

Eligibility Information

Select the category that describes the HCP Site

Community health center or health center providing health care to migrants

Describe the medical services provided at this location

0/1000

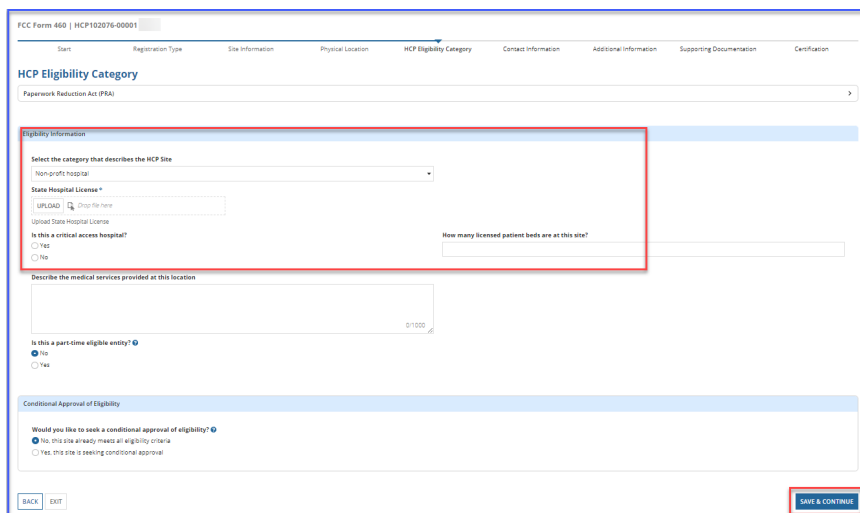
Is this a part-time eligible entity?

No

Yes

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.



FCC Form 460 | HCP102076-00001

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information Additional Information Supporting Documentation Certification

HCP Eligibility Category

Paperwork Reduction Act (PRA)

Eligibility Information

Select the category that describes the HCP Site

Non-profit hospital

State Hospital License *

UPLOAD Stop file here

Upload State Hospital License

Is this a critical access hospital?

Yes

No

How many licensed patient beds are at this site?

Describe the medical services provided at this location

0/1000

Is this a part-time eligible entity?

No

Yes

Conditional Approval of Eligibility

Would you like to seek a conditional approval of eligibility?

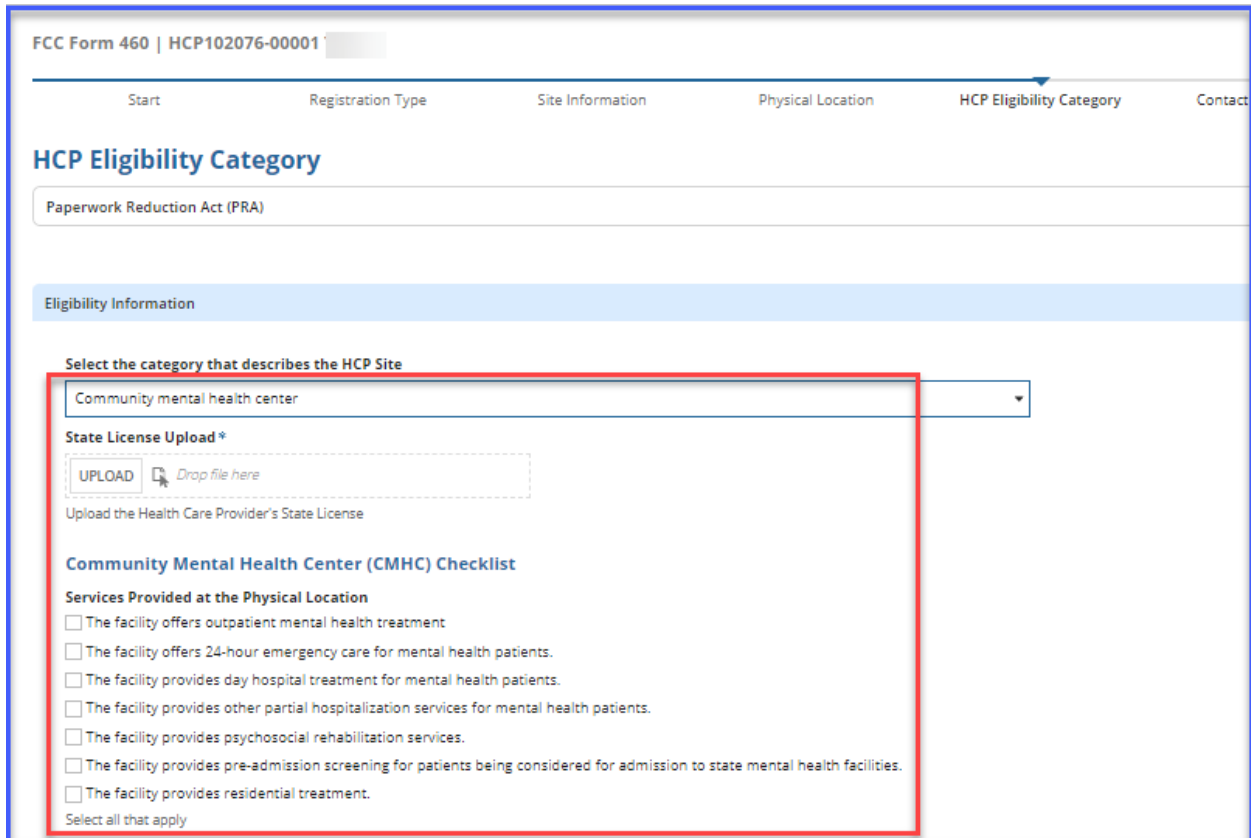
No, this site already meets all eligibility criteria

Yes, this site is seeking conditional approval

BACK EXIT SAVE & CONTINUE

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.



FCC Form 460 | HCP102076-00001

Start Registration Type Site Information Physical Location **HCP Eligibility Category** Contact

HCP Eligibility Category

Paperwork Reduction Act (PRA)

Eligibility Information

Select the category that describes the HCP Site

Community mental health center

State License Upload *

UPLOAD Drop file here

Upload the Health Care Provider's State License

Community Mental Health Center (CMHC) Checklist

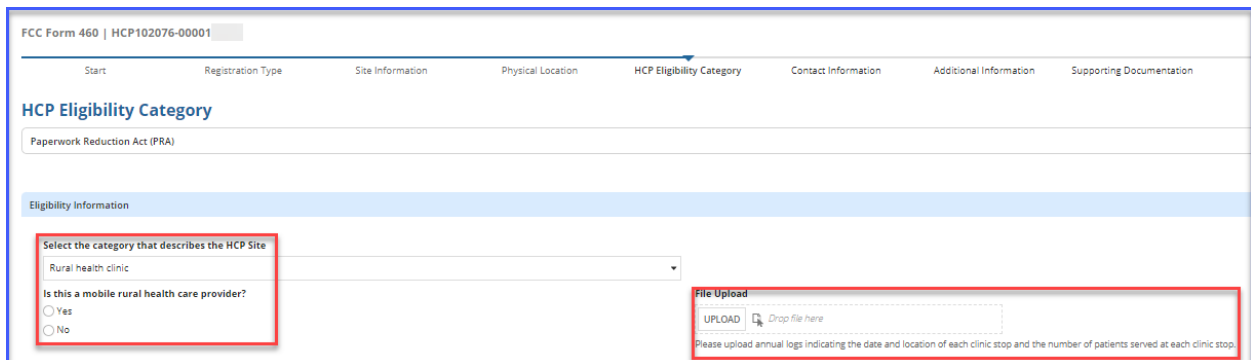
Services Provided at the Physical Location

- The facility offers outpatient mental health treatment
- The facility offers 24-hour emergency care for mental health patients.
- The facility provides day hospital treatment for mental health patients.
- The facility provides other partial hospitalization services for mental health patients.
- The facility provides psychosocial rehabilitation services.
- The facility provides pre-admission screening for patients being considered for admission to state mental health facilities.
- The facility provides residential treatment.

Select all that apply

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 | HCP102076-00001

Start Registration Type Site Information Physical Location **HCP Eligibility Category** Contact Information Additional Information Supporting Documentation

HCP Eligibility Category

Paperwork Reduction Act (PRA)

Eligibility Information

Select the category that describes the HCP Site

Rural health clinic

Is this a mobile rural health care provider?

Yes

No

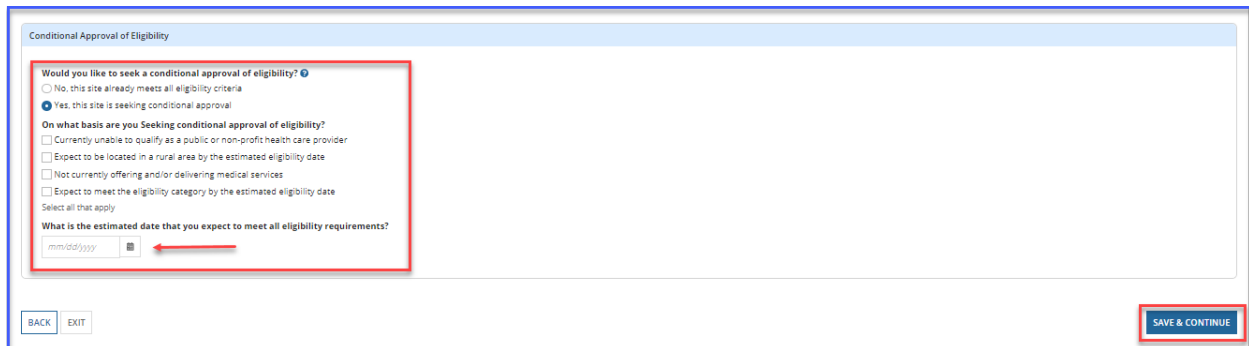
File Upload

UPLOAD Drop file here

Please upload annual logs indicating the date and location of each clinic stop and the number of patients served at each clinic stop.

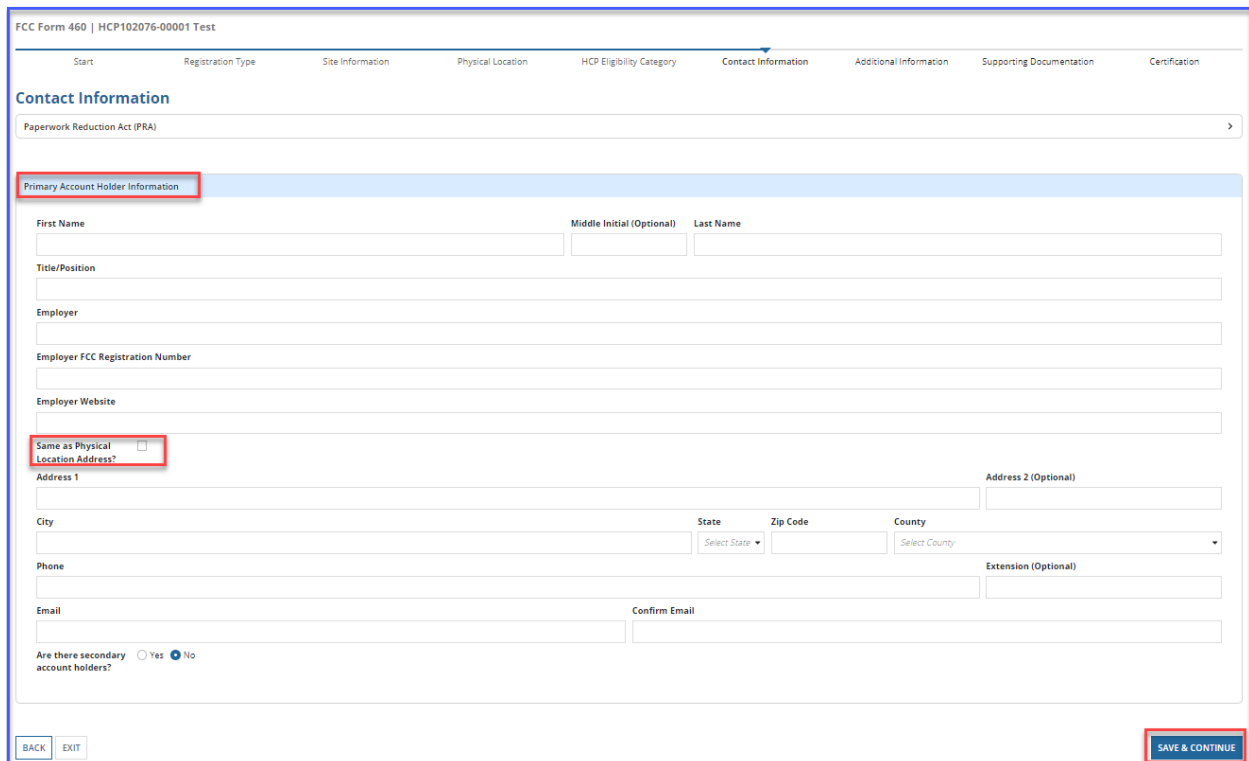
Step 12: Conditional Approval of Eligibility

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**.



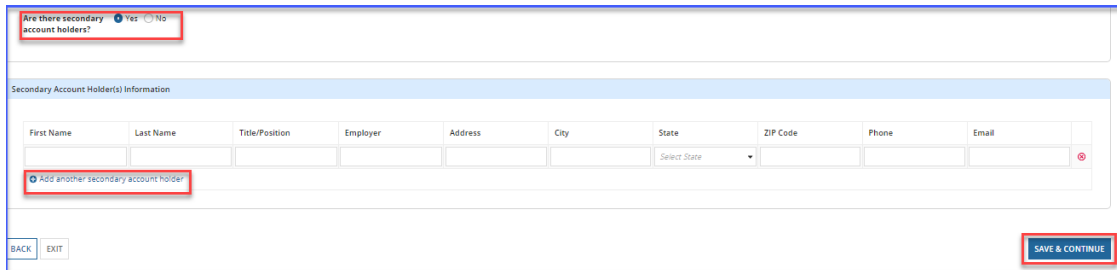
Step 13: Contact Information

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**.



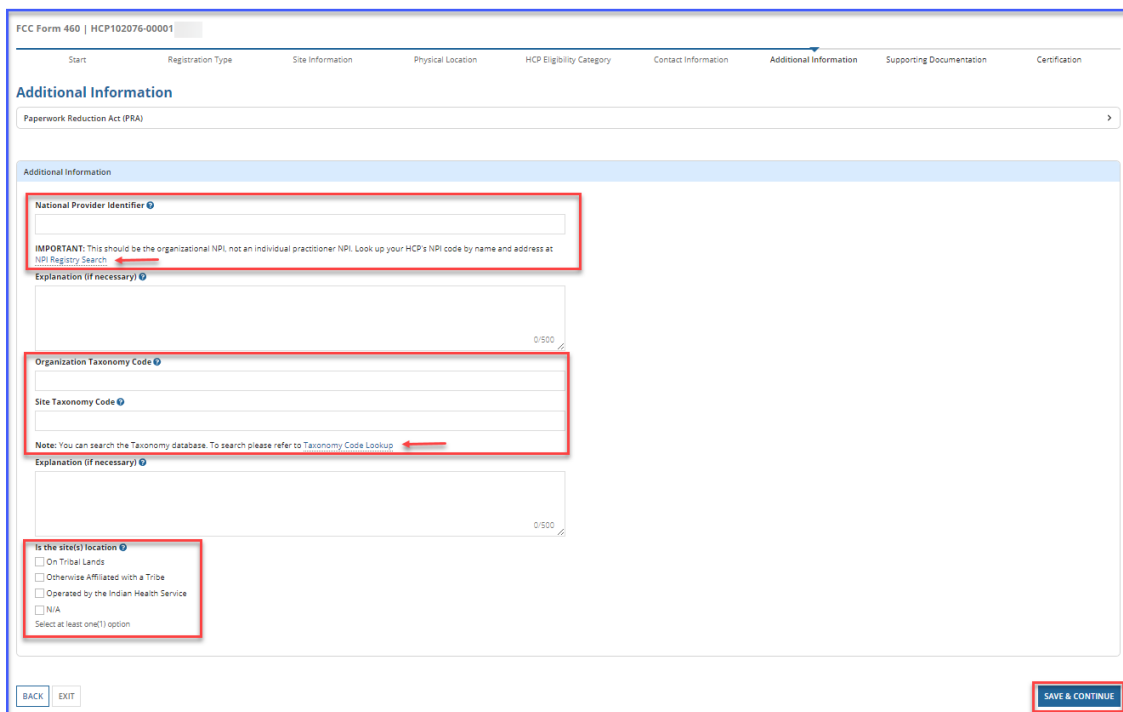
Step 14: Adding Secondary Account Holders

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**.



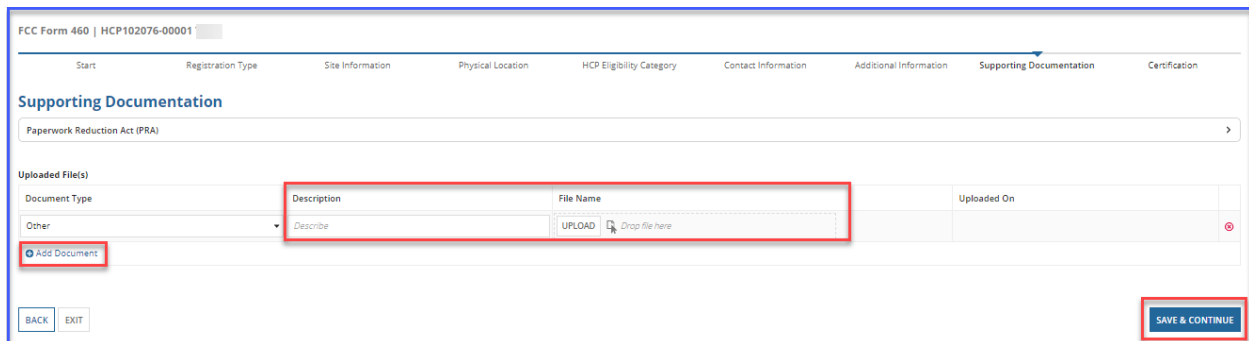
Step 15:

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**.



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 | HCP102076-00001

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information Additional Information Supporting Documentation Certification

Supporting Documentation

Paperwork Reduction Act (PRA)

Uploaded File(s)

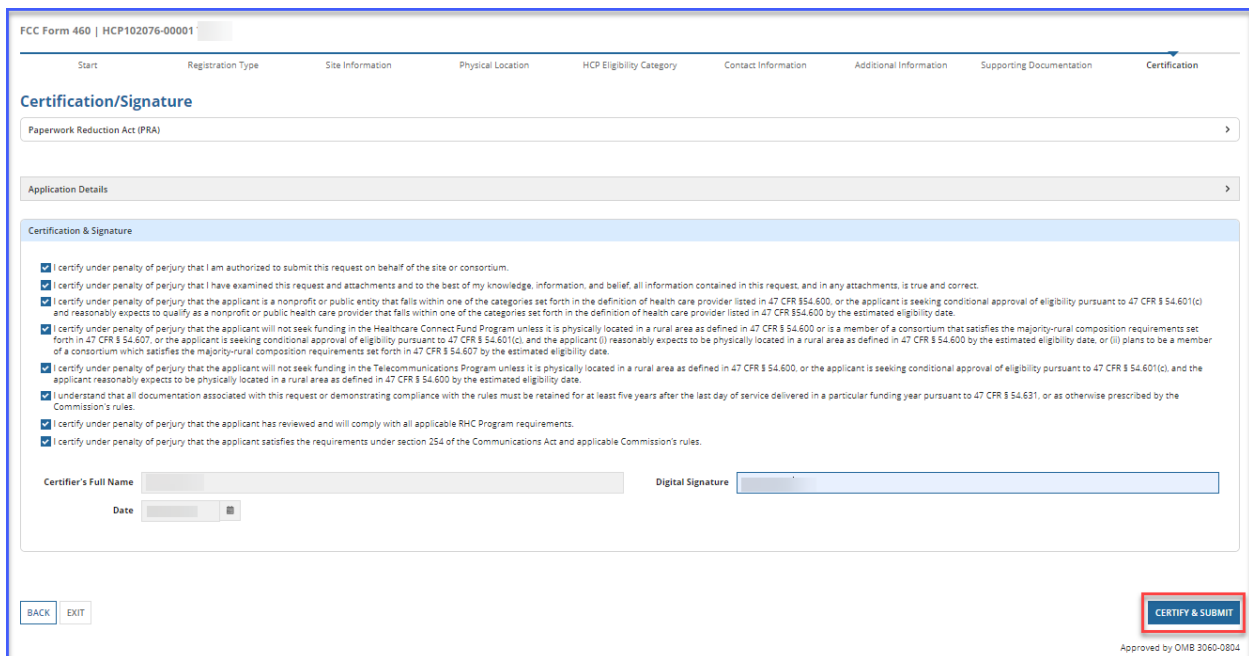
Document Type	Description	File Name	Uploaded On
Other	Describe	UPLOAD <input type="text"/> Drop file here	

[Add Document](#)

[BACK](#) [EXIT](#) [SAVE & CONTINUE](#)

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 | HCP102076-00001

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information Additional Information Supporting Documentation Certification

Certification/Signature

Paperwork Reduction Act (PRA)

Application Details

Certification & Signature

- I certify under penalty of perjury that I am authorized to submit this request on behalf of the site or consortium.
- I certify under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request, and in any attachments, is true and correct.
- I certify under penalty of perjury that the applicant is a nonprofit or public entity that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR § 54.600, or the applicant is seeking conditional approval of eligibility pursuant to 47 CFR § 54.601(c) and reasonably expects to qualify as a nonprofit or public health care provider that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR § 54.600 by the estimated eligibility date.
- I certify under penalty of perjury that the applicant will not seek funding in the Healthcare Connect Fund Program unless it is physically located in a rural area as defined in 47 CFR § 54.600 or is a member of a consortium that satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607, or the applicant is seeking conditional approval of eligibility pursuant to 47 CFR § 54.601(c), and the applicant (i) reasonably expects to be physically located in a rural area as defined in 47 CFR § 54.600 by the estimated eligibility date, or (ii) plans to be a member of a consortium which satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607 by the estimated eligibility date.
- I certify under penalty of perjury that the applicant will not seek funding in the Telecommunications Program unless it is physically located in a rural area as defined in 47 CFR § 54.600, or the applicant is seeking conditional approval of eligibility pursuant to 47 CFR § 54.601(c), and the applicant reasonably expects to be physically located in a rural area as defined in 47 CFR § 54.600 by the estimated eligibility date.
- Understand that all documentation associated with this request or demonstrating compliance with the rules must be retained for at least five years after the last day of service delivered in a particular funding year pursuant to 47 CFR § 54.631, or as otherwise prescribed by the Commission's rules.
- I certify under penalty of perjury that the applicant has reviewed and will comply with all applicable RHC Program requirements.
- I certify under penalty of perjury that the applicant satisfies the requirements under section 254 of the Communications Act and applicable Commission's rules.

Certifier's Full Name

Date

Digital Signature

[BACK](#) [EXIT](#) [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](#)

✔ Your FCC Form 460 Application HCP102076-00001 has been successfully submitted. You can view this application on your Dashboard.

Summary

<p>HCP Name</p> <p>Legal Entity Name</p> <p>FCC Registration Number (FCC RN)</p> <p>Nickname (Optional)</p> <p>Application Number</p> <p>Registration Type</p>	<p>Non-Profit Tax Identification Number (EIN)</p> <p>Government Entity</p> <p>Tribal Location</p>
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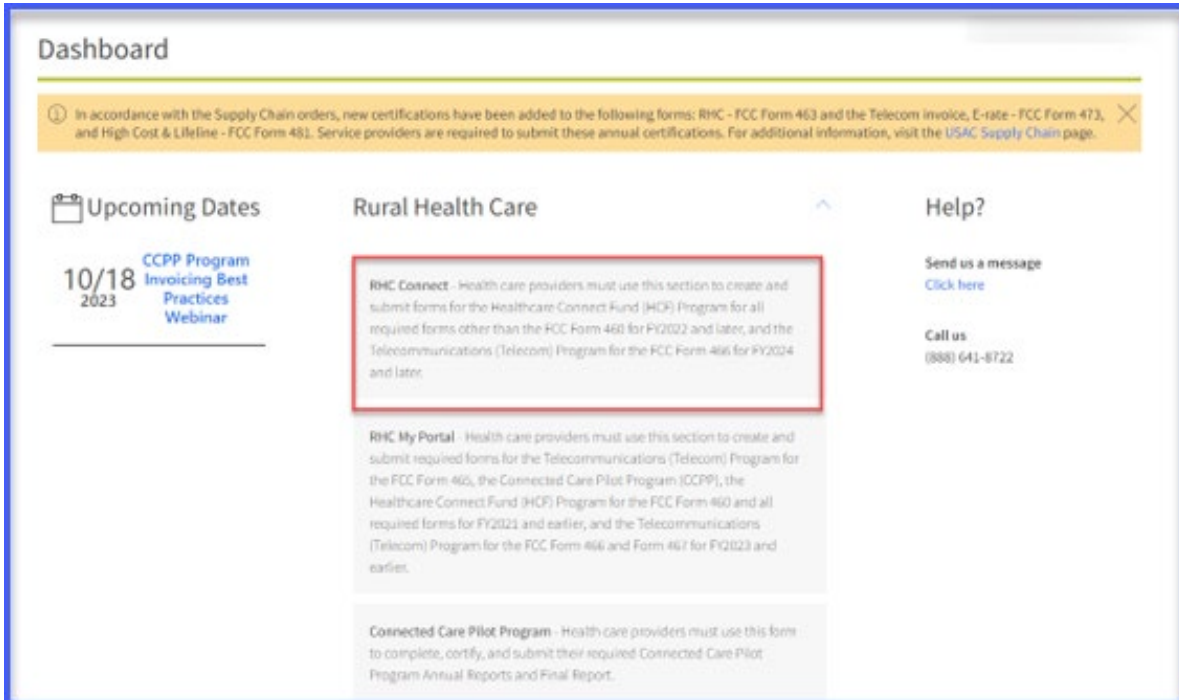
On-site Contact Representative	
<p>First Name</p> <p>Phone</p> <p>HCP Website (Optional)</p>	<p>Last Name</p> <p>Middle Initial</p> <p>Email</p> <p>HCP Legal Entity Website (Optional)</p>

Physical Address		
<p>Address 1</p> <p>City</p> <p>County</p>	<p>Address 2 (Optional)</p> <p>State</p> <p>Latitude</p>	<p>Zip Code</p> <p>Longitude</p>

RHC Connect Walkthrough – Submitting an FCC Form 460 Revision

Step 1: Dashboard Log In

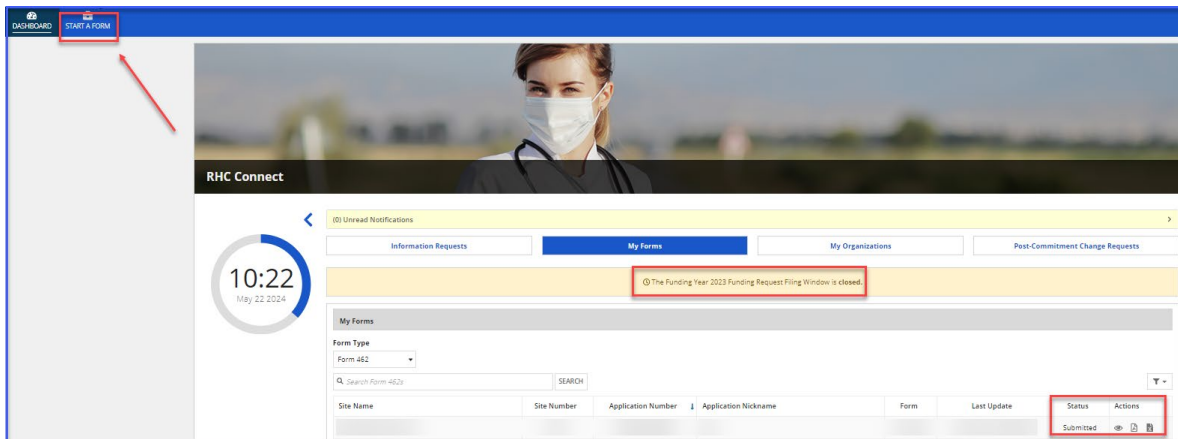
Log into My Portal and click on **RHC Connect**.



The screenshot shows the RHC Connect Dashboard. At the top, there is a yellow notification banner with a clock icon and a close button (X). The banner text reads: "In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the Telecom Invoice, E-rate - FCC Form 473, and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional information, visit the USAC Supply Chain page." Below the banner, the dashboard is divided into three main sections: "Upcoming Dates", "Rural Health Care", and "Help?". The "Upcoming Dates" section features a calendar icon and a date "10/18 2023" with the text "CCPP Program Invoicing Best Practices Webinar". The "Rural Health Care" section contains three sub-sections: "RHC Connect" (highlighted with a red box), "RHC My Portal", and "Connected Care Pilot Program". The "RHC Connect" section text states: "RHC Connect - Health care providers must use this section to create and submit forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later, and the Telecommunications (Telecom) Program for the FCC Form 466 for FY2024 and later." The "RHC My Portal" section text states: "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 Pilot Program (CCPP), the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2021 and earlier, and the Telecommunications (Telecom) Program for the FCC Form 466 and Form 467 for FY2023 and earlier." The "Connected Care Pilot Program" section text states: "Connected Care Pilot Program - Health care providers must use this form to complete, certify, and submit their required Connected Care Pilot Program Annual Reports and Final Report." The "Help?" section includes links for "Send us a message Click here" and "Call us (888) 641-8722".

Step 2: RHC Connect Dashboard

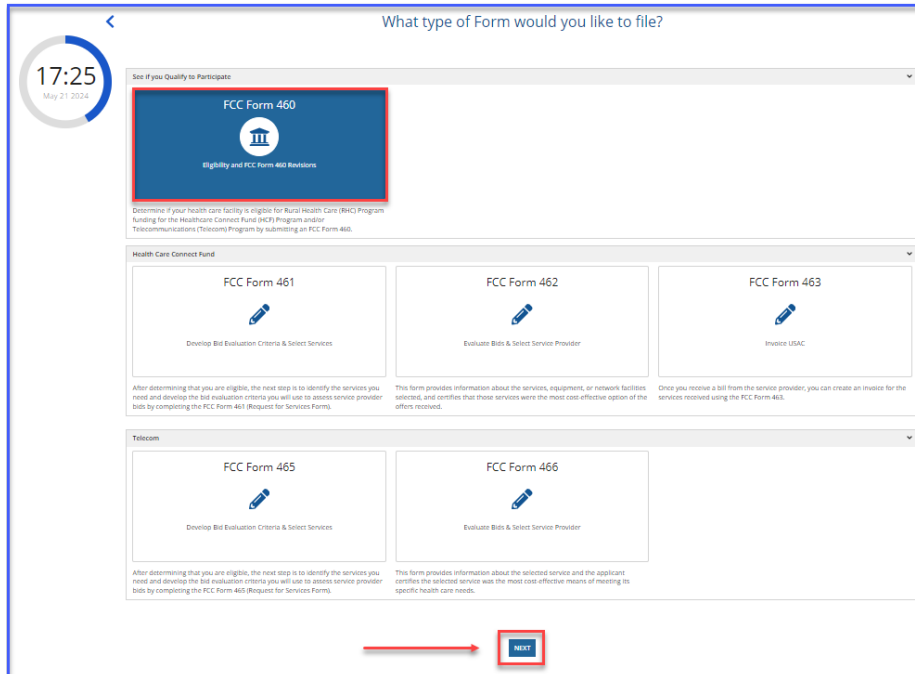
Here you can start a new form, resume working on a draft, or delete a draft FCC Form 460. There's a countdown banner displaying the days remaining in the filing window or stating that the current filing window is closed. The clock on the right is the current date and time.



The screenshot shows the RHC Connect Dashboard with several annotations. A red box highlights the "START A FORM" button in the top navigation bar. A red arrow points to this button. A red box highlights a yellow notification banner that reads: "The Funding Year 2023 Funding Request Filing Window is closed." A red box highlights a clock showing "10:22" and "May 22 2024". A red box highlights the "Status" and "Actions" columns in a table. The table has columns for "Site Name", "Site Number", "Application Number", "Application Nickname", "Form", "Last Update", "Status", and "Actions". The "Status" column shows "Submitted" and the "Actions" column shows icons for edit, delete, and refresh.

Step 3: Start a Form

Click **FCC Form 460**. Then, click **Next**.



17:25
May 21, 2024

What type of Form would you like to file?

See if you Qualify to Participate

FCC Form 460
Eligibility and FCC Form 460 Revisions

Determine if your health care facility is eligible for Rural Health Care (RHC) Program Funding for the Healthcare Connect Fund (HCF) Program and/or Telecommunications (Telecom) Program by submitting an FCC Form 460.

Health Care Connect Fund

FCC Form 461
Develop Bid Evaluation Criteria & Select Services

FCC Form 462
Evaluate Bids & Select Service Provider

FCC Form 463
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 invoice for the services received using the FCC Form 463.

Telecom

FCC Form 465
Develop Bid Evaluation Criteria & Select Services

FCC Form 466
Evaluate Bids & Select Service Provider

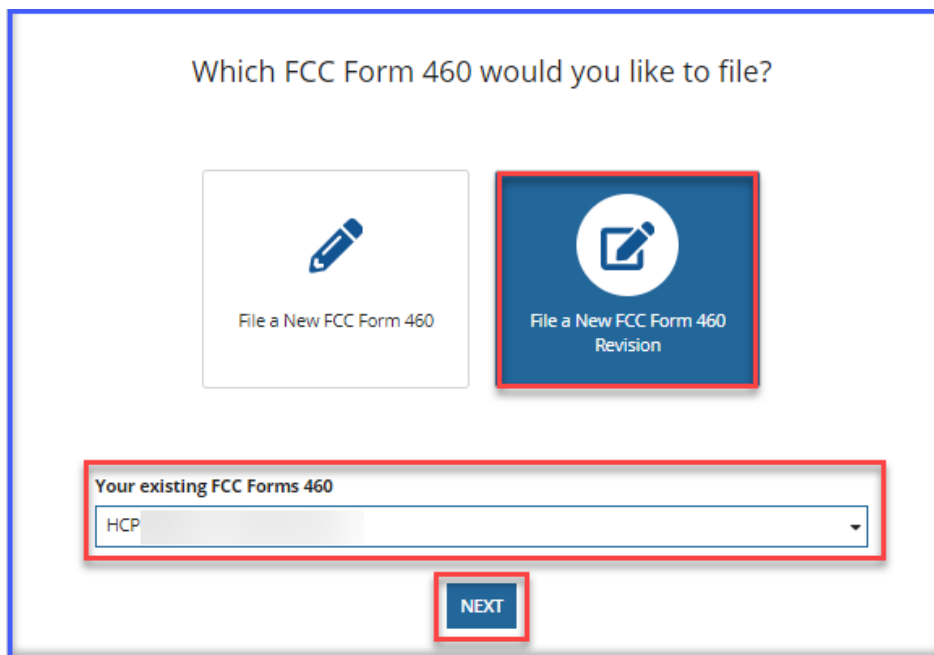
After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 465 (Request for Services Form).

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.

NEXT

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 would you like to file?

File a New FCC Form 460

File a New FCC Form 460 Revision

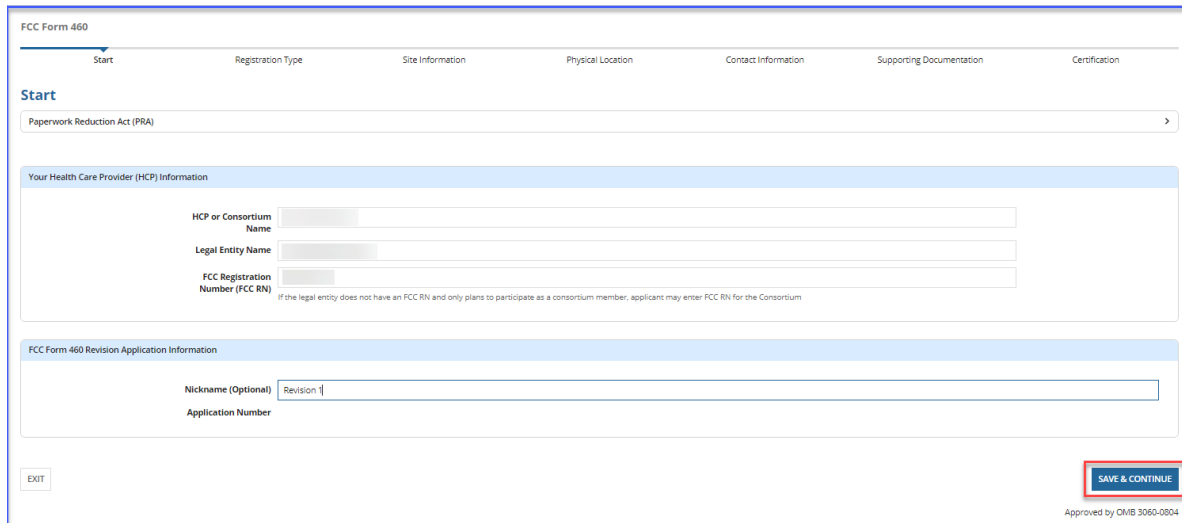
Your existing FCC Forms 460

HCP

NEXT

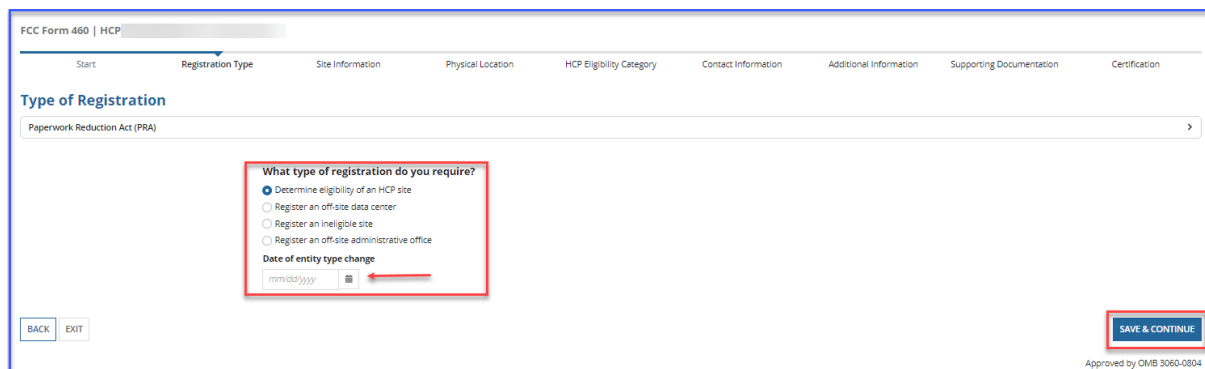
Step 5: Start

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



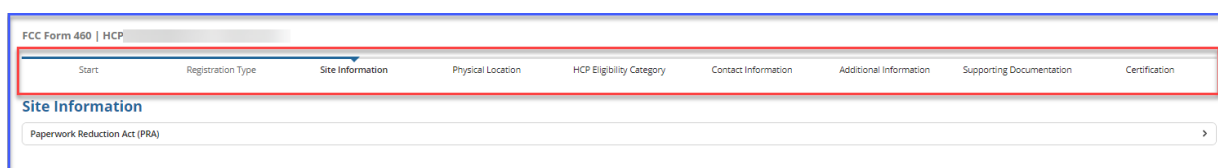
Step 6: Type of Registration

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**.



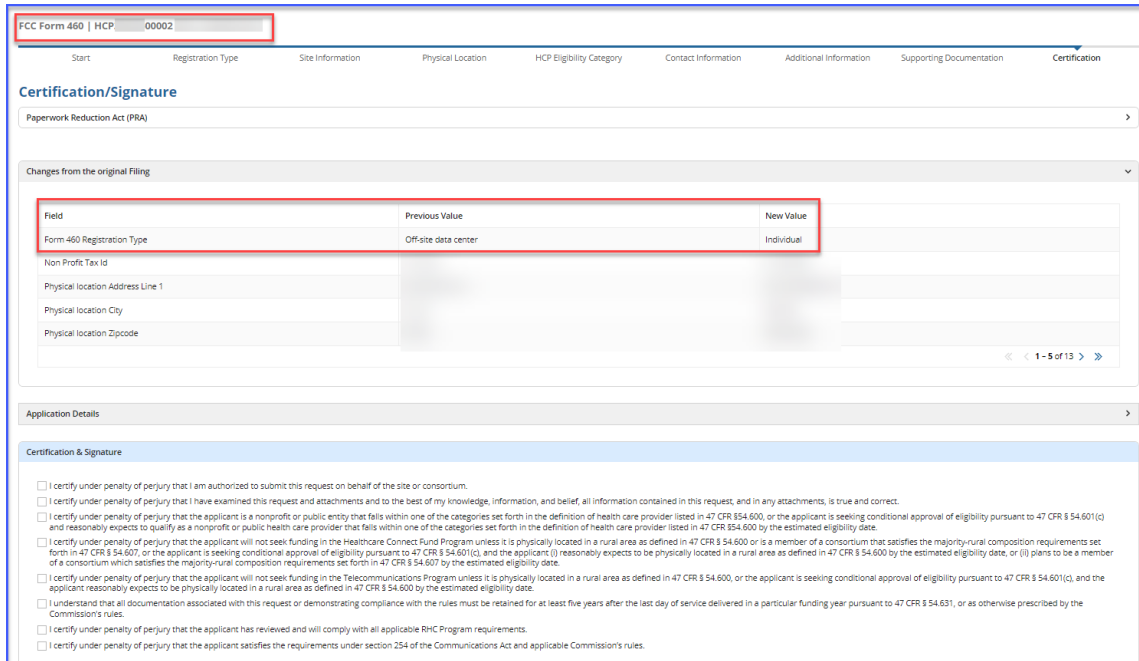
Step 7: Complete all Revisions

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.



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**.



FCC Form 460 | HCP: 00002

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information Additional Information Supporting Documentation Certification

Certification/Signature

Paperwork Reduction Act (PRA)

Changes 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		

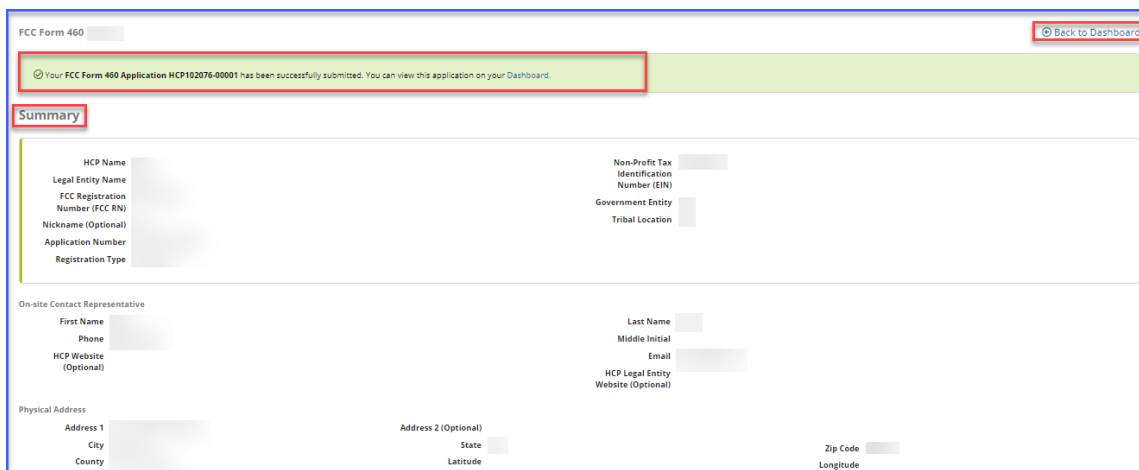
Application Details

Certification & Signature

- I certify under penalty of perjury that I am authorized to submit this request on behalf of the site or consortium.
- I certify under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request, and in any attachments, is true and correct.
- I certify under penalty of perjury that the applicant is a nonprofit or public entity that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR §54.600, or the applicant is seeking conditional approval of eligibility pursuant to 47 CFR § 54.601(c) and reasonably expects to qualify as a nonprofit or public health care provider that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR §54.600 by the estimated eligibility date.
- I certify under penalty of perjury that the applicant will not seek funding in the Healthcare Connect Fund Program unless it is physically located in a rural area as defined in 47 CFR § 54.600 or is a member of a consortium that satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607, or the applicant is seeking conditional approval of eligibility pursuant to 47 CFR § 54.601(c), and the applicant: (i) reasonably expects to be physically located in a rural area as defined in 47 CFR § 54.600 by the estimated eligibility date, or (ii) plans to be a member of a consortium which satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607 by the estimated eligibility date.
- I certify under penalty of perjury that the applicant will not seek funding in the Telecommunications Program unless it is physically located in a rural area as defined in 47 CFR § 54.600, or the applicant is seeking conditional approval of eligibility pursuant to 47 CFR § 54.601(c), and the applicant reasonably expects to be physically located in a rural area as defined in 47 CFR § 54.600 by the estimated eligibility date.
- I understand that all documentation associated with this request or demonstrating compliance with the rules must be retained for at least five years after the last day of service delivered in a particular funding year pursuant to 47 CFR § 54.631, or as otherwise prescribed by the Commission's rules.
- I certify under penalty of perjury that the applicant has reviewed and will comply with all applicable RHC Program requirements.
- I certify under penalty of perjury that the applicant satisfies the requirements under section 254 of the Communications Act and applicable Commission's rules.

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 [Back to Dashboard](#)

✔ Your FCC Form 460 Application HCP102076-00001 has been successfully submitted. You can view this application on your Dashboard.

Summary

HCP Name	Non-Profit Tax Identification Number (EIN)
Legal Entity Name	Government Entity
FCC Registration Number (FCC RN)	Tribal Location
Nickname (Optional)	
Application Number	
Registration Type	

On-site Contact Representative

First Name	Last Name
Phone	Middle Initial
HCP Website (Optional)	Email
	HCP Legal Entity Website (Optional)

Physical Address

Address 1	Address 2 (Optional)	State	Zip Code
City	Latitude		Longitude
County			

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 RHC-Assist@usac.org 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 [RHC Customer Service Center Tip Sheet](#) to learn about what the RHC Customer Service Center can and cannot help you with.