

RHC Connect User Guide – FCC Form 469

Updated as of October 2024

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About RHC Connect for the FCC Form 469

RHC Connect is the web-based system that will host the FCC Form 469 beginning in funding year (FY) 2024. The FCC Form 469 is the new invoicing form for the Telecommunication (Telecom) Program. Per <u>FCC Order 23-6</u>, it's aligned with the <u>FCC Form 463</u>, the invoicing form used for the Healthcare Connect Fund (HCF) Program. One key difference is that the service provider will submit the FCC Form 469 in RHC Connect, the applicant will receive an email alerting them of the submission, and the applicant will officially submit the form to USAC by certifying and signing the form. For Funding Year (FY) 2024, the FCC Form 467, the Healthcare Provider Support Schedule (HSS), and the Telecom invoice will be eliminated in the Telecom Program. For information and resources about the FCC Form 469, visit the <u>Welcome to RHC Connect – FCC Form 469</u> webpage.

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



RHC Connect Walkthrough for Service Providers

Step 1: Log in to My Portal and click Rural Health Care.

Universal Service Administrative Co.		
Dashboard		
💾 Upcoming Dates	High Cost	\sim
10/01 Annual 54.314 2024 Certification Due	Lifeline	\sim
202024	Rural Health Care	\sim
10/07 Performance 2024 Measures Testing Data	Service Providers	\sim
10/09 October 2024 Monthly Webinar	USAC Customer Service Portal	\sim
see full calendar		

Step 2: Click RHC Connect.

Dashboard			×
💾 Upcoming Dates	High Cost	\sim	Help?
10/01 Annual 54.314 Certification Due	Lifeline	\sim	Send us a message Click here
10/07 - ^{3Q2024}	Rural Health Care	^	Call us (888) 641-8722
2024 Performance 2024 Measures Testing Data	Telecom Invoice - Service Providers must use this page to submit and manage invoices in the Telecommunications (Telecom) Program for FY2023 and earlier.		
10/09 October 2024 Monthly Webinar	My Portal FCC Form 463 - Service providers must use this page to submit and manage invoices (FCC Forms 463) in the Healthcare Connect Fund (HCF) Program for FY2021 and earlier, and the Connected Care Pilot Program (Crepp)		
	RHC Connect - Service providers must use this page to submit and manage invoices for FCC Form 463 in the Healthcare Connect Fund (HCF) Program for FV2022 and later, and FCC Form 469 in the Telecommunications (Telecom) Program for FV2024 and later.	1	



Step 3: Click START AN FCC Form 469.

DASHBOARD START A FCC F	ORM 469							•
RHC Connec	A MARK			-	_	-	_	~
	My F	unding		My Invoices		My SP	INs	_
14.1	Form Type FCC Form 462 •							
14:1 Sep 24 20	Search for a Commitment			SEARCH	ur.			
	FCC Form 462 Application Number	\$PIN/498 ID	Service Provider	HCP Number	Outstanding Balance	Service Delivery Deadline	Invoice Deadline	
	RHC202400	1430			\$1,137.50	6/30/2025	10/28/2025	曲
	RHC202400	1430			\$409,500.00	6/30/2025	10/28/2025	
	RHC202300	1430			\$6,305.00	6/30/2025	10/28/2025	#
	RHC202300	1430			\$4,595.50	6/30/2024	2/25/2025	
	RHC202300	1430			\$39.039.00	6/30/2024	10/28/2024	
	RHC202300	1430			\$1,313.00	6/30/2024	10/28/2024	#

Step 4: Select the **SPIN/498 ID** from the dropdown menu. Note: Once you select a SPIN and click **Save & Continue** you will be unable to change your selection. Click **Save & Continue**.

DASH	BOARD START & FCC FORM 469				III 🔵 🎋 annealara
	Start	Invoice item(s)	Supporting Documentation	Declaration of Assistance	Certification
	Start Paperwork Reduction Act (PRA) Note: Once you select an SPIN/498 ID.	and click continue, you will not be able to change your selection.			•
		SPIN/498 ID 143001	•		
	EXIT				SAVE & CONTINUE
		If you have questions please contact our Help [iesk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:0	0 p.m. ET Monday through Friday for assistance.	Approved by OMB 3060-0804
	@2024 Universal Service Administrative Cor	npany. All rights reserved.			PRIVACY POLICIES

Step 5: Under the **Status** column, **Not Available** means either the FCC Form 466 is on another submitted FCC Form 469, the FCC Form 466 is on a draft FCC Form 469, or all funds have been invoiced and disbursed. Warning message will be displayed citing reason. **Ready** means the FCC Form 466 may be added to the invoice.

FCC Form 469	- RHC_IN	V2024												
	Start			Invoice Ite	m(s)	Suppor	ting Documentat	ion		Declaration of Assistanc	e	Certifi	cation	
Invoice Item(s)		_											
Select the approved FCC	Form 466 applic	ations that you	would like to add to	this invoice.										
Q. Search for FCC Form	ion invoice item	(5)	SEARCH											۲. c
FCC Form 466 Application Number	Connection	HCP Number	HCP Name	Service Category	Service Type	Bandwidth (Download/Upload)	Number of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice 😧	Non-Recurring Amount Remaining to Invoice 📀	Today's Potential Reimbursement 🕢	Total Cost Invoiced 📀	Status
RHC202500	1	15:		Data	Bonded T-1	700 Mbps		\$679,762.00	\$56,643.00	\$4,429,417.56	\$6,775.00			Not Available
RHC202500	1	27:		Data	Bonded T-1	678 Mbps		\$5,113.00	\$87,754.00	\$61,356.00	\$897,878.00			Ready
RHC20240(1	27-		Voice	Digital Subscriber Line (DSL)		345	\$34,534.00	\$34.534.00	\$414,408.00	\$346,235.00			Ready
RHC20240(1	27.		Voice	Central Office Trunk (COT)		499	\$95,107.00	\$18,090.00	\$1,046,177.00	\$0.00			Not Available



Ø Dashe	GARD START A FCC FOR	/ 469												 •	440 De 1920 D
	RHC2024000	1,2	320		Voice	Direct Inward Dialing (DID)		499	\$111,187.00	\$23,453.69	\$0.00	\$0.00		Not Available	
	RHC202400	1	32(Data	Dataphone or Digital Data Service (DDS)	654 Mbps					-		Not Available	
	This FCC Form 466 applica RHC2024(Cor Bandwidth 654 Mbps	tion is Not Availa	ble to be added	to the FCC Form 469 d	ue to Connectio	n is already billed on a pe	nding invoice: RHC_INV20240	0396_32097	4						
	Recurring Expense T	ype rring Expense Ty	pe has already	been submitted and i	is pending decis	sion RHC_INV20		Non-R	ecurring Expense 1	Type as previously beer	n invoiced on Invoice #RI-	C_INV202400396_320	197 for amount		
	Total Cost Remainin	ng to Invoice 😡						Total \$0.00	Cost Remaining to	Invoice 😮					

Step 6: Enter information in the fields shown.

Invoice Item(s)														
Select the approved FCC F	orm 466 applica	tions that you w	vould like to add to this	s invoice.										
FCC Form 466 Applicatio	n Invoice Item(s	;)												
Q Search for FCC Forms			SEARCH											T - 3
FCC Form 466 Application Number	Connection #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth (Download/Upload)	Number of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice 🕑	Non-Recurring Amount Remaining to Invoice 👽	Today's Potential Reimbursement 🕢	Total Cost Invoiced 😡	Status
RHC20240(1			Data	Ethernet - Dedicated	100 Mbps		\$1,100.00	\$500.00	\$0.00	\$0.00			Not Available
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00			Ready
RHC202400	1			Data	Ethernet - Dedicated	100 Mbps		\$5,050.00	\$512.00	\$60,600.00	\$200.00			Ready
RHC202400	1			Voice	Voice Grade Business Line(s)		10	\$270.00	\$82.00	\$3,240.00	\$0.00			Ready
RHC202400	1			Data	Ethernet - Dedicated	100 Mbps		\$2,000.00	\$200.00	\$24,000.00	\$0.00			Ready
													< 11-1	15 of 15 >
RHC202400002111Conr	nection Number	1												
Bandwidth 100 Mbps														
Recurring Expense Ty	/pe						Non-F	ecurring Expens	е Туре					
Total Cost Remainin \$12,000.00	g to Invoice 🚱						Total \$500.0	Cost Remaining	to Invoice 🚱					
Service Start Date							Servio	e Installation D	ate	Billing Date				
mm/dd/yyyy	10						mm/	dd/yyyy 🛍		mm/dd/yyyy	m			
Billing Period Start D	Date	Billin	g Period End Date				Total	Cost Invoiced 🚱						
mm/dd/yyyy		mm	/dd/yyyy 🛗											



Step 7: Enter information about the **Recurring Expense Type** including **Service Start Date**, **Billing Period Start Date**, **Billing Period End Date**, and **Total Cost Invoiced**.

RHC20240(Connection	Number 1		
Bandwidth				
100 Mbps				
Recurring Expe	ense Type			
Total Cost Ren	naining to Inv	oice 🚱		
\$12,000.00				
Service Start D	ate			
07/01/2024	曲			
Billing Period	Start Date		Billing Period End	Date
07/01/2024	曲		08/31/2024	曲
Maximum Am	ount for Chos	en Period 🔞		
\$2,000.00				
\$200.00	ount for Chose	en Period 🚱		
Total Cost Inve	piced 😰			
\$2,000.00				
Today's Poten	tial Decurring			
Reimburseme	nt 🕑			
\$1,080.00				
Show Calcula	ations for Recu	urring Expense Ty	pe	

A warning message will be displayed if the amount entered is less than or equal to the **Minimum Amount for Chosen Period**.

RHC202400 Connection Number 1		
Bandwidth		
100 Mbps		
Recurring Expense Type		
Total Cost Remaining to Invoice 🤪		
\$12,000.00		
Service Start Date		
07/01/2024 🗰		
Billing Period Start Date	Billing Period End	d Date
07/01/2024	08/31/2024	6
Maximum Amount for Chosen Period 🚱		
\$2,000.00	_	
Minimum Amount for Chosen Period 🕑	1	
\$200.00		
Total Cost Invoiced 😧		
\$200.00		
The amount entered cannot be less than or equal to the Minimum Amount for Chosen Period.		
Today's Potential Recurring	1	
Reimbursement 🚱	1	
50.00	_	
Show Calculations for Recurring Expense T	ype	>



Step 8: Click the down arrow beside **Show Calculations** to view the calculation based on entered information.

Show Calculations for Recurring Expense Type
Total Approved Monthly Rural Cost from Approved FCC Form 466 \$1,000.00
Total Approved Monthly Urban Cost from Approved FCC Form 466 \$100.00
Approved Length of Commitment (Months) 12.00
Percent Eligible for Use 60 %
Pro-rata Percentage 100 %
Total Recurring Commitment from Approved FCC Form 466 \$12,000.00
The total recurring commitment from your approved FCC Form 466 includes all reduction factors, including the percent eligible for support and proration.
Total Cost Invoiced \$2,000.00
Today's Potential Recurring Reimbursement \$1,080.00
Today's Potential Recurring Reimbursement (\$1,080.00) is the lower of Maximum Reimbursable Amount and Total Cost Invoiced (User Entered Amount).
Maximum Reimbursable Amount is calculated as:
 (Rural Rate for the Billing Period (\$2,000.00) - Urban Rate for the Billing Period (\$200.00)) x Percent Eligible for Use (60%) x Proration Factor (100%)
Total Cost Invoiced (User Entered Amount) is calculated as:
Total Cost Invoiced (\$2,000.00) - Urban Rate for the Billing Period (\$100.00) x Percent Eligible for Use (60%)

Step 9: Enter information about the Non-Recurring Expense Type including Service Installation Date, Billing Date, and Total Cost Invoiced.

Non-Recurring Expense Type		
Total Cost Remaining to Invoice 💡		
\$500.00		
Service Installation Date	Billing Date	
07/01/2024 🛗	07/08/2024	曲
Total Cost Invoiced 😧		
\$500.00		
Today's Potential Non-Recurring		
\$150.00		
Show Coleviations for New Documing I		
Show Calculations for Non-Recurring t	expense Type	

7



A warning message will be displayed if the amount entered is less or equal to the **Approved One-Time Urban Rate Charge** (as it appears on the FCC Form 466). In addition, a message in the yellow banner will appear reminding service providers may only submit one FCC Form 469 for the total non-recurring cost.

Non-Recurring Expense Type OThe amount entered is less than the approved one-time rural rate on the FCC Form 466. Please note: You can only invoice once for the total non-recurring cost.								
Total Cost Remaining to Invoice \$500.00 Sandre Installation Date Billing Date								
07/01/2024	07/08/2024	曲						
Total Cost Invoiced S100.00 The amount entered cannot be less than or equal to the Approved One-Time Urban Rate Charge on the FCC Form 466. Today's Potential Non-Recurring Reimbursement								
s0.00 Show Calculations for Non-Recurring Expense Type >								

Step 10: Click the down arrow beside **Show Calculations** to view the calculation based on entered information.

Show Calculations for Non-Recurring Expense Type
Total Approved One-time Rural Rate Charge from Approved FCC Form 466 \$500.00
Total Approved One-time Urban Rate Charge from Approved FCC Form 466 \$250.00
Percent Eligible for Use 60 %
Pro-rata Percentage 100 %
Total Non-Recurring Commitment from Approved FCC Form 466 \$500.00
The total non-recurring commitment from your approved FCC Form 466 includes all reduction factors, including the percent eligible for support and proration.
Total Cost Invoiced \$500.00
Today's Potential Non-Recurring Reimbursement \$150.00
Today's Potential Non-Recurring Reimbursement (\$150.00) is the lower of Maximum Reimbursable Amount and Total Cost Invoiced (User Entered Amount).
Maximum Reimbursable Amount is calculated as:
(One-time Rural Rate (\$500.00) - One-time Urban Rate (\$250.00)) x Percent Eligible for Use (60%) x Proration Factor (100%)
Total Cost Invoiced (User Entered Amount) is calculated as:
Total Cost Invoiced (\$500.00) - One-time Urban Rate (\$250.00) x Percent Eligible for Use (60%)



Step 11: Billing and Circuit information is pre-populated based on information in the approved FCC Form 466. If information is correct, click **Add to 469**.

Billing and Circuit Information				~
Connection 1				
Billing Account Number				
Where is the site's location on the circuit?	Billed Circuit Miles		Total Billed Miles	
The circuit starts at the site location	70		70	
The circuit ends at the site location				
Enter Circuit Start Location				
Street Address		Street Address 2 (Optional)		
City	State		Zip Code	
Circuit End Location				
Street Address		Street Address 2 (Ontional)		
Steel Address		Succession of the second		
City	State		Zip Code	
				CANCEL ADD TO 469

Step 12: If the number of approved voice lines has changed, enter the corrected number in the editable field titled **Number of Voice Lines**. The message in the yellow banner will appear if the value entered is less than the number of voice lines on the approved FCC Form 469. Note: the system will not recalculate the cost so please ensure that the total cost invoiced is correct based on the number of voice lines.

RHC2024000 - Connection Number 1	
Bandwidth	Number of Voice Lines 10
Recurring Expense Type	
Total Cost Remaining to Invoice \$3,240.00	
Service Start Date	
mm/dd/yyyy 🛍	
Billing Period Start Date	Billing Period End Date
mm/dd/yyyy 🗰	mm/dd/jyyy 🗯
RHC2024000 Connection Number 1	
• Value entered is less than the number of voice lines committed on the FCC Form 468 entered.	5 application. The Maximum Amount for Chosen Period will calculate based on the original FCC Form 466 amounts. Please ensure the Total Cost Invoiced accounts for the actual number of voice lines
Bandwidth	Number of Voice Lines 9
Recurring Expense Type	
Total Cost Remaining to Invoice s3,240.00	
Service Start Date mm/dd/jyyy	
Billing Period Start Date	Billing Period End Date
	···· =



Step 13: Follow steps 6-11 above to add all invoice items. Multiple FCC Forms 466 for multiple HCPs may be added to an FCC Form 469. Once all invoice items have been added, click **Save & Continue**.

Invoice Item(s)	nvoice Item(s)													
Select the approved FCC Form 466 applications that you would like to add to this invoice.														
CC Form 466 Application Invoice Item(s)														
Q Search for FCC Forms			SEARCH											T- 2
FCC Form 466 Application Number	Connection #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth (Download/Upload)	Number of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice 📀	Non-Recurring Amount Remaining to Invoice 🚱	Today's Potential Reimbursement 📀	Total Cost Invoiced 😡	Status
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$1,100.00	\$500.00	\$0.00	\$0.00			Not Available
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$1,230.00	\$2,500.00	Added
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$5,050.00	\$512.00	\$60,600.00	\$200.00			Ready
RHC20240	1			Voice	Voice Grade Business Line(s)		10	\$270.00	\$82.00	\$3,240.00	\$0.00			Ready
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$2,000.00	\$200.00	\$24,000.00	\$0.00			Ready
< 11-15 d15 >														
EXIT BACK														

Step 14: On the **Supporting Documentation,** page Click **Upload** to upload the first document, then click the plus sign (+) to add each additional document. Click **Confirm Document Uploads**.

FCC Form 469 -				
Start	Invoice Item(s)	Supporting Documentation	Declaration of Assistance	Certification
Supporting Documenta	ition			
Uploaded File(s)				
Document Type	Description	FCC Form 466 Application Number	File Name	Uploaded On
		No items available		
Upload Document(s)				
PDF - 32.81 KB				
Proof of Payment				
PDF - 33.67 KB				
🕂 🖪 Drop files here				
Up to ten (10) documents at a til	CONFIRM DOCUMENT UPLOAD(S)			
O Note: On this screen only, error mess	ages may persist even after errors have been fixed. After fixing errors, please selec	t save and continue.		
EXIT BACK				SAVE & CONTINUE

Step 15: Use the dropdown menu to select **Document Type**. Select **Invoice**, **Proof of Payment**, or **Other** and enter a description. Select the **FCC Form 466 Application** that the document is associated with. Click the red **x** to remove a document, if necessary, then click **Save & Continue**.

FCC Form 469 -	Invoice Item(s)	Supporting Documentation	Declaration of Assistance	Certification
Supporting Docume	ntation			
Document Type	Description	FCC Form 466 Application Number	File Name	Uploaded On
Invoice	Required only for "Other" Document Type	Select a document type	PDF - 32.81 KB	9/26/2024 12:02 PM EDT
Proof of Payment	Required only for "Other" Document Type	Select a document type	Proof of Payment PDF - 33.67 KB	9/26/2024 12:02 PM EDT 🛞
Upload Document(s)	here			
Up to ten (10) documents a	st a time.	slave release and continue		$<<$ $<$ Showing $1\cdot 2$ of 2 $>$ $>$
EXIT BACK	nessages may person even oncer en uns nave been nixed. Ancer nixing en uns, p	please select save and continue.		SAVE & CONTINUE



Step 16: On the **Declaration of Assistance** page, select **Yes** or **No** to indicate whether any third parties were involved in the competitive bidding process. If **No** is selected, click **Save & Continue**.

FCC Form 469 -				
Start	Invoice Item(s)	Supporting Documentation	Declaration of Assistance	Certification
Declaration of Assistance Have any consultants or third parties helpe on your behalf in the RHC Program? Ves No	ed you to identify the applicant's Request for proposals (1FF) or FCC Form 465, helped to connect you with the h	ealth care provider participating in the program, or is anyor	ne authorized to act
EXIT BACK				Approved by OMB 3060-0804

If **Yes** is selected, click on the **Add Contact** hyperlink, and complete all of the information in the fields shown. Then click **Save**.

Have any conson your behal	sultants or third pa f in the RHC Progra	arties helped you to identify the a am?	pplicant's Request for proposals (RFP) or FCC Fo	m 465, helped to con	nect you with the health c	are provider participal	ting in the program, or is anyone authorized	to act	
lame	Title	Employer	Nature of the Relationship		State	Email	Telephone Number	Actions	
	No items available								
Add Contact									
Add a New 0	ontact								
First Name			Middle Initial (Optional)			Last Name			
Organizatio	n Type								
Select an O	rganization Type							-	
Title/Role									
Employer									
Address Lin	e 1			Addre	ess Line 2 (Optional)				
City			State			Zip Code			
			Select State			•			
Email									
Phone				Exten	sion (Optional)				
Nature of R	elationship								

You can edit or delete the contact by clicking **Edit** or **Delete** under the **Actions** column. Then click **Save & Continue**.

F	CC Form 469 -							_		
-	Star	τ		Invoice Item(s) Sup	porting Documentatio	n	Declaration of Assistan	ice	Certification	
D	Have any consultation of Assi	Stance ants or third pari the RHC Program	ties helped you to identify ti 1?	ne applicant's Request for proposals (RFP) or FCC Form 46	5, helped to connect :	you with the health care provid	der participating in the p	program, or is anyone authorized to act		
١ſ	Name	Title	Employer	Nature of the Relationship	State	Email	Telep	phone Number	Actions	
Ш	john smith	ceo	consultant	smidkemis	AR	john@consultant.com	(202)	555-5555	Edit Delete	
L	+ Add Contact									
	EXIT BACK								Approved b	VE & CONTINUE



Step 16: Read and click all certifications. All certifications must be clicked to continue. **Service Provider Invoice Nickname** is an optional field that may be used to help identify the invoice. Type your full name as it appears in RHC Connect in the **Digital Signature** field, then click **Certify & Submit**.

FCC Form 469 - RHC				
Start	Invoice Item(s)	Supporting Documentation	Declaration of Assistance	Certification
Application Summary				>
Certifications				
The FCC Form 469 must be certified by both the Service Pro	ovider and the Health Care Provider (HCP). If you added fund	ling requests associated with multiple HCPs to this invoice, t	this involce will be split into multiple applications so that e	ach HCP can certify the appropriate funding requests.
HCP Number	HCP Name	FCC Form 466 Application	Invoice Number	Service Provider Invoice Nickname
		RHC202400	RHC_INV202400	0/100
I edity under penalty of perjury that i have anothered I contry under penalty of perjury that i have notifiered I contry under penalty of perjury that i have notifiered I contry under penalty of perjury and the net consultant of I contry under penalty of perjury and the net consultant of I contry under penalty of perjury and the net consultant of I contry under penalty of perjury and the net consultant of I contry under penalty of perjury and the net consultant of I contry under penalty of perjury and the net interval I contry under penalty of perjury and the net interval I contry under penalty of perjury and the net interval I contry under penalty of penyly that no inference I contry under penalty of penalty of penyly that no inference I contry under penalty of penyly that no inference I contry under penalty of penyly that no inference I contry under penalty of penyly that no inference	eligible annice, admixed or provided to the applicant prior or provided a gift or any other thing of value to the applicant interpreter here to the applicant prior transported bidding. If a sport that is well on the applicant prior gift application, including all billing records for services receives a spollation, including all billing records for services receives a spollation, including all billing records for services receives as a sport that seem or will be used to purchase, obtain, main receives any experimentations spoly one inset to e a require adjustmentation spoly one inset to e a require adjustmentation spoly one inset to e a support or service or ministanti or your community.	to submitting the invoke form and eccompanying document () for to the applicant's personnel, including its consultant) for commission arrangement, or other financial state in the se on a timely basis, all information and documents regarding d, must be retained for a period of at least five years after to transin, improve, modify, or otherwise support any equipment fitterious data of the application of the capital any minimizen the provides finds to be used for the capital any minimizen the provides finds to be used for the capital any company and the provides finds to be used for the capital any company and the provides finds to be used for the capital any company and the capital any provides in the capital any company and the capital any provides in the capital any company and the capital any provides in the capital any company and the capital any provides in the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company and the capital any company an	tation. or which it will provide services. In provider chosen to provide the requested services, a services that are necessary for the applicant to submit re- te last day of the delivery of supported services pursuent or services provided or provided by any company deciman definitions necessary, the provides of Analysian deciman seted, or otherwise obtained, as required by 47 GR \$ 54.1	nd that they have otherwise compiled with BHC Program rules, suited forms or respond to Commission or Administrator to 47 CFR § 54331. Instel by the Federal Communications Commission as posing a units does services has been or will be used to purchase, rene, nd
Certifier's Full Name Date 😧 09/26/2024		Digital Signature		
EXIT BACK				CERTIFY & SUBMIT

Step 17: Once you click **Certify & Submit**, a confirmation message will appear. Click the arrow at the far right to view the **Application Summary**. If there are multiple FCC Forms 466 for multiple HCPs, the system will generate unique invoice numbers based on each unique HCP.

FCC Form 469 - RHC							
Application Summary							
This application has been successfully submit Share your feedback (2-guestion survey);?	Itted. My Forms Dashboard						
Certifications The FCC Form 469 must be certified by both the Service Pro	wider and the Health Care Provider (HCP). If you added fun	ling requests associated with multiple HCPs to this involce, t	his invoice will be split into multiple applications so that eac	ch HCP can certify the appropriate funding requests.			
HCP Number	HCP Name	FCC Form 466 Application	Invoice Number	Service Provider Invoice Nickname			
			RHC_				
I certify under penalty of perjury that I am authorized to Lettify under penalty of perjury that I am authorized to	submit this request on behalf of the service provider. I und	erstand that the service provider must apply the amount sub	omitted, approved, and paid by USAC to the billing account	of the applicant(s) and FRN/FRN ID listed on this invoice.			
I certify under penalty of perjury that I have abided by all	I RHC Program requirements and procedures, including all	applicable Commission rules.	provided and characterized.				
certify under penalty of perjury that the applicant paid the appropriate urban rate for the telecommunications services.							
E Lettify under penalty of parjury that I charged only for eligible services delivered or provided to the applicant prior to submitting the invoice form and accompanying documentation.							
I certify under penalty of perjury that I have not offered	or provided a gift or any other thing of value to the applican	t (or to the applicant's personnel, including its consultant) fo	r which it will provide services.				
I certify under penalty of perjury that the consultants or including the Commission's rules requiring fair and oper	third parties hired do not have an ownership interest, sales n competitive bidding.	commission arrangement, or other financial stake in the ser	rvice provider chosen to provide the requested services, an	d that they have otherwise complied with RHC Program rules,			

Return to Service Provider – Summary

- If the HCP has found incorrect information in the FCC Form 469 during their review, the form will be returned to the service provider for corrections.
- Authorized users for the service provider will receive an email alerting them that the form has been returned.
- Service providers should log into RHC Connect to review the form and work with the HCP on the correction requests.
- Once everything is corrected, the service provider will re-certify the form and submit it for another HCP review.
- If the HCP agrees with the corrections, they will certify and submit the FCC Form 469 to USAC.



• Only after both parties certify and submit the FCC Form 469, is it considered submitted to USAC.

Step 1: After receiving an email that the FCC Form 469 was returned, navigate to the **My Invoices** tab on the RHC Connect **Dashboard**. **Returned** will appear in the **Status** column. Click an icon to view, resume or delete the FCC Form 469. Click the forward arrow to resume the form.

C Connect		1111	KI						
<	N	Ay Funding		My Involces		My SPINs			
15:38	Form Type FCC Form 469 👻					-	a	REATE A FCC FORM 469	
⊪p 26 2024	Q. Search Form 469 - Service Provid	ters	SEARCH STATUS Any		-			۲.	
	Invoice Number	Site Name		Site Number	FCC Form 466	Invoice Filing Deadline	Status		
						2025-10-28	HCP Review	۲	
						2025-10-28	Submitted	۲	
						2025-10-28	Submitted	۲	
						2025-10-28	Submitted	۲	
					Multiple	2025-10-28	HCP Review	۲	
					Multiple	2025-10-28	HCP Review	۲	
	RHC_INV2024005				RHC202400	2025-10-28	Returned	@ O A	

Step 2: Navigate to the Invoice Item(s) page and select **Correction Request**. Select **Application Number** from the dropdown menu.

FCC Form 469	FCC Form 469 - RHC_INV20240												
Start			Invoi	ce Item(s)	Item(s) Supporting Documentation				Declaration of Assistance		Certification		
Invoice Item(s	Invoice Item(s)												
Q. Search for RCC Form	25		SEARCH										T - 3
FCC Form 466 Application Number	Connection Number #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth	Number Of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice	Non-Recurring Amount Remaining to Invoice @	Total Cost Invoiced 🛛	Today's Potential Reimbursement 🛛
RHC20240	1	·		Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$2,500.00	\$1,230.00

Step 3: Click the down arrow to view the **General Comment & Correction Requests History** section. Leave a comment and, if necessary, upload a file. Then click **Save & Continue**.

GENERAL COMMENT	N NIQUEST	
RHC202400	0.	
Correction Request Details		
Bandwidth is correct. Uploaded co	rrect (Holds	
File (Optional)	oice - 32.21 KB	47/10000 //
General Comment & Correction Re	quests History	~
9/26/2024 3:13 PM EDT HCP Reviewer	Application Number(s) Correction Request Details RHC0000C Bandwidth is incorrect.	
9/26/2024 3:04 PM EDT	General Comment Service provider forgot to include involce.	
HCP Reviewer	P0F-3231 K8	
		Showing 1 - 2 of 2
EXIT BACK		SAVE & CONTINUE
		Approved by OMB 3060-0804



Step 4: Navigate through all tabs correcting information as needed. Click all **Certifications** to recertify corrected information and type your full name in the **Digital Signature** field. Click **Certify & Submit** to return the form to the HCP.

FCC Form 469 - RHC_INV20240				
Start	Invoice Item(s)	Supporting Documentation	Declaration of Assistance	Certification
Application Summary				>
Certifications				
The FCC Form 469 must be certified by both the Service Pro	vider and the Health Care Provider (HCP). If you added fundi	ing requests associated with multiple HCPs to this invoice, th	is invoice will be split into multiple applications so that eac	HCP can certify the appropriate funding requests.
HCP Number	HCP Name	FCC Form 466 Application	Invoice Number	Service Provider Invoice Nickname
		RHC2024000	RHC_INV202400	
 extilly under penalty of pergury that have examined the extend of pergury that have examined the extilly under penalty of pergury that have examined the extilly under penalty of pergury that the applicant paid of extilly under penalty of pergury that the have not offered of extilly under penalty of pergury that the next offered only for exit y under penalty of pergury that the next offered only for exit y under penalty of pergury that the next offered only for exit y under penalty of pergury that the next offered offered on the certify under penalty of pergury that the combined of exit y under penalty of pergury at an occultion of receive y next in the combined of pergury at a constitution of the penalty of pergury that no understand that all documentation associated with this exit of exit y under penalty of pergury that no exit y documentation associated with this exit on a set of the penalty of the next y that no exit y documentation as one of the penalty of the next y that no exit y documentation associated with this exit of the next y that no exit y documentation associated with the exit of the next y that no exit y documentation associated with the exit of the next y that no exit y documentation associated with the exit as the integrity of the northwereal as builty tease. In otherwise obtain, any covered communications 	the form and attachments and that is that are by interval IRIC Program requirements and that is the bast of my knowledge IRIC Program requirements and procedures, including all a the appropriate urban rate for the telecommunications servi ignitigate service delivered or provided to the applicant prior to provide a gift or any other thing of value to the applicant prior tring autops thind on the war on ownership interests sales is competitive bidding. application, including all billing records for services neceives application, including all billing records for services actives to mode available theory as program administered by the Com- equipment or service, or maintain any covered communications to provide a communication and the cover and the communications application and the service or the communications and the com- equipment or service, or maintain any covered communications to provide a communications and the cover and the communications and the cover	said offending and belief, the date, quantities, and costs p opplicable Commission rules. cce. to submitting the involce form and accompanying document (or to the applicant's personnel, including its consultant) for commission arrangement, or other financial stake in the sen on a timely basis, all information and documents regarding a , must be realined for a period of at least five years after th factive date of the designations. mission that provider funds to such for the capital appending ions equipment or service previously purchased, remed, leas Digital Signature	Instance provides are true and correct. ation. which it will provide services. Are provider chosen to provide the requested services, and envices that are necessary for the applicant to submit requi a last day of the delivery of supported services pursuant to or services produced by any company designa ndtures necessary for the provided by any company designa ndtures necessary for the provided by any company designa	that they have otherwise complied with RHC Program rules, red forms or respond to Commission or Administrator 27 CFR 5 54.631. ad by the Federal Communications Commission as posing a cations services has been or will be used to purchase, rent.
Date 2 09/26/2024				
EXIT BACK				CERTIFY & SUBMIT



RHC Connect Walkthrough for Health Care Providers

Step 1: Log in to My Portal and click **RHC Connect**.

Universal Service Administrative Co.	
Dashboard	
💾 Upcoming Dates	Rural Health Care
HCF Program 11/13 Funding 2024 Request Webinar	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
11/20 2024 Webinar	and later. RHC My Portal - Health care providers must use this section to create and submit required forms for the Connected Care Pilot Program (CCPP), for the
HCF 12/11 Consortium 2024 Best Practices Webinar	Healthcare Connect Fund (HCF) Program for multi-year commitments from FV2021 and earlier, and for the Telecommunications (Telecom) Program for FV2023 and earlier.
	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.

Step 2: On the **My Forms** tab of the RHC **Dashboard**, select **FCC Form 469** from the dropdown menu under **Form Type**. **HCP Review** will appear in the **Status** column for all FCC Forms 469 submitted by the service provider and awaiting your review. Click the view icon to continue.





Step 3: On the **Summary** page, the message in the yellow box instructs the HCP to review each tab carefully and make comments or upload files where appropriate. The SPIN used on the FCC Form 466 is displayed in the **SPIN/498 ID** field.

- RHC_INV20	
Summary Invoice Item(s) Supporting Documentation Declaration of Assistance Generated Documents	
Summary	
Poperwork Reduction Act (PRA)	>
A Please review each tab of this application carefully. To return or finalize this FCC Form 469, click the Return or Finalize' button from the Involce Item(s) tab. Comments and files may be attached to the bottom of each tab.	
SPIN.498 ID 143	
	GENERAL COMMENT / CORRECTION REQUEST
General Comment & Correction Requests History	~
No comment history available	
	Approved by OMB 3060-0804

Step 4: On the **Invoice Item(s)** page, click **Return or Finalize** after all information is reviewed to return the FCC Form 469 to the service provider for corrections or to finalize and submit the form to USAC. All data is read-only for the HCP, so the FCC Form 469 must be returned to the service provider to make corrections. Leave a comment or a correction request by clicking the hyperlink titled **General Comment/Correction Request**.

	_					- RH	C_INV202	240			_		RETURN OR FINALIZE
Summary inside item(s) Supporting Documentation Declaration of Assistance Generated Documents													
Invoice Item(s)													
FCC Form 466 Application Invoice Item(s)													
Q. Search for FCC Forms			SEARCH										▼ ~ 2
FCC Form 466 Application Number	Connection Number #	HCP Number	HCP Name	Name Service Service Type Bandwidth Voice Lines Rata Rate Ution Rate Of Running to Invoice Annual Remaining to Invoice Annual Remaining to Invoice One Remaining to Invoice									Today's Potential Reimbursement 🛛
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$2,500.00	\$1,230.00
ZGENERAL COMMENT / CORRECTION REQUEST													
General Comment & Corr	rection Requests His	itory											*
No comment history avail	able												

Step 5: To enter a correction request, click **Correction Request**. Select the **Application Number** from the dropdown menu. Enter the details of the correction request in the field and, if necessary, upload a supporting document.

Invoice Item(s)													
FCC Form 466 Applicatio	n Invoice Item(s)												
Q. Search for FCC Forms			SEARCH		τ-								
FCC Form 466 Application Number	Connection Number #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth	Number Of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice	Non-Recurring Amount Remaining to Invoice @	Total Cost Invoiced 😡	Today's Potential Reimbursement 🕑
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$2,500.00	\$1,230.00
GENERAL COMMENT	CORRECTION REQUES	1		0 -									
File (Optional)	PDF - 32.81 F	6											19/10000 SAVE CANCEL



Step 6: If the service provider uploaded documents, they will be visible to download and review on the **Supporting Documentation** page. To upload additional supporting documents, click **General Comment/Correction Request**, select either **General Comment** or **Correction Request**, leave an explanation and upload the supporting document(s) such as proof of payment. Click **Save**.

Supporting Docume	ntation			
Document Type	Description	FCC Form 466 Application Number	File Name	Uploaded On
		No items available		
GENERAL COMMENT CORRECTI	ON REQUEST			
Service provider did not upload i	nvoice			
File (Optional)	voice)F – 32.81 KB			40/10000 SAVE CANCEL

Step 7: The **Declaration of Assistance** question on the FCC Form 469 is answered by the service provider, so the response cannot be edited by the HCP. The HCP can view any information entered by the service provider if they answered **Yes** to the question about outside assistance.

- RHC_INV20240	
Summary Invoice Item(s) Supporting Documentation Declaration of Assistance Generated Documents	
Declaration of Assistance	
Have any consultants or third parties helped you to identify the applicant's Request for proposals (RFP) or FCC Form 465, helped to connect you with the health care provider participating in the program, or is anyone authorized to act on your behalf in the RHC Program? © Yes	
E GENERAL COMMENT / COR	RECTION REQUEST
General Comment & Correction Requests History	*
No comment history available	
Approved	by OMB 3060-0804

Step 8: The next tab is the **Generated Documents** tab. Once the FCC Form 469 is submitted, a PDF version of the form is generated and can be accessed on the **Generated Documents** tab. The **Generated Documents** tab is the same for both the applicant and the service provider.

Form 469 -	Hospital -	- RHC_INV2024		
Summary Invoice item(s) Supporting Documentatio	n Declaration of Assitance Generated Documents			
Generated Documents				
FCC FC	0RM 469 GENERATED DOCUMENTS			
Document Type	Da	ate	Action	
FCC Form 469 PDF - Submitted	9/2	27/2024 3:05 PM EDT	View Download	
FCC Form 469 Excel- Submitted	9/2	27/2024 3:05 PM EDT	Download	
				Approved by OMB 3060-0804



Step 9: Navigate back to the **Invoice Item(s)** page. All comments and correction requests are displayed. Click **Return or Finalize**.

						- RH	C_INV20	240					RETURN OR FINALIZE
Summary Invoice item	(s) Supporting D	ocumentation	Declaration of Assi:	tance Generated	Documents								
Invoice Item(s)													
FCC Form 466 Application	Invoice Item(s)												
Q. Search for FCC Forms			SEARCH										▼ ~ 2
FCC Form 466 Application Number	Connection Number #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth	Number Of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice	Non-Recurring Amount Remaining to Invoice 🕢	Total Cost Invoiced 🕢	Today's Potential Reimbursement 🚱
RHC202400	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$2,500.00	\$1,230.00
											G	GENERAL COMN	AENT / CORRECTION REQUEST
General Comment & Corr	rection Requests His	story											~
9/26/2024 3:13 P HCP Reviewer	Applic M EDT RHC20	ation Number 240	(s) Correct Bandwi	ion Request Details dth is incorrect.									
9/26/2024 3:04 P	Genera M EDT Service	t to include invoice.											
	ß	Invoice PDF - 32.81 K	В										
													Showing 1 - 2 of 2

Step 10: If corrections are needed, select **Return for Changes to the Service Provider**. You must add at least one comment, then click **Next**. A warning states if **Yes** is selected, this action cannot be reversed. Click **Yes** to continue.

Review	- RHC_INV20240
If you choose to Return	for Changes, you must add at least one comment within the application screens, summarizing the issue(s) within the FCC Form 469.
CANCEL	I have reviewed this FCC Form 469 and I would like to Return for Changes to the Service Provider Finalize Image: The Service Provider Image: The Service Provider
	- RHC INV20240
Deview	

Review	Do you want to return the invoice RHC_INV202400501_100025 to the Service Provider? This action cannot be reversed.	
If you choose to Return for Changes , you must add at least one comment within the a	NO	orm 469.
I have reviewed this FCC Form 489 and I would like to Return for Characet to the Service Provider	Finalize	
CANCEL		NEXT

Step 11: The message in the green banner is a confirmation that the invoice has been returned.

This invoice has been returned. Please go to My Forms Dashboard to see latest updates.	
	CLOSE



RHC Connect V(9) Unvest Motifications V(9) Unv

The status of the invoice appears on the **My Forms** tab of the **Dashboard**.

Step 12: Once the service provider addresses the correction request and returns it to the HCP for review, the HCP account holder(s) will receive an email alerting them that there's an FCC Form 469 awaiting their review. Navigate to the **My Forms** tab on the **Dashboard**, select FCC **Form 469** under **Form Type**. The status of the form in the **Status** column will display as **HCP Review**.





Step 13: To resume the review, navigate to **Invoice Item(s)** and click the down arrow to the right of **General Comment & Request History** to view comments and correction requests. Navigate through all sections to confirm all information is correct. On the **Invoice Item(s)** page, click **Return or Finalize**.

						- RH	C_INV202	240					RETURN OR FINALIZ
Summary Invoice item	a(s) Supporting D	ocumentation	Declaration of Assistan	ce Generated	Documents								
nvoice Item(s)													
C Form 466 Application	Invoice Item(s)												
Search for FCC Forms			SEARCH										Ψ
CC Form 466 Application Number	Connection Number #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth	Number Of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice	Non-Recurring Amount Remaining to Invoice O	Total Cost Invoiced 😡	Today's Potential Reimbursement 😡
HC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$2,500.00	\$1,230.00
9/25/2024 35 PM EDT RHC20240 Bendwidth is correct. Uploaded correct involce. Involce Involce POF-32.81 KB													
9/26/2024 3:13 P HCP Reviewer	Applica M EDT RHC20	ation Number(240(s) Correction Bandwidth	Request Details is incorrect.									
9/26/2024 3:04 P	Genera M EDT Service	al Comment provider forgo	t to include invoice.										
HUP Keviewer		Invoice PDF - 32.81 KB	3										
													Showing 1 - 3 of 3

Step 14: If everything is correct, click **Finalize**, then click **Next**.

НСР	- RHC_INV20240	
Review		
If you choose to Return for Ch	anges, you must add at least one comment within the application screens, summarizing the issue(s) within the FCC Form 469.	
	I have reviewed this FCC Form 469 and I would like to	
	Return for Changes to the Senvice Provider O Finalize O	
CANCEL		NEXT

Step 15: Read and click all **Certifications**. You are unable to move forward until all certifications are clicked. Type your full name as it appears in RHC Connect in the **Digital Signature** field. Click **Certify & Submit**.

FCC Form 469 - RHC_INV20240	
Certifications	
 certify under penity of perjury that I am authorized to submit this request on behalf of the applicant. certify under penity of perjury that I have examined this form and attachments and to the best of my knowledge. Information, and belief, all info certify under penity of perjury that the applicant has received the related balecommunications services itemized on the invoice form. certify under penity of perjury that the replicant has received the related balecommunications services was remitted to the service provider. certify under penity of perjury that the required urban rate payment for the telecommulcations services was remitted to the service provider. understand that all documentation associated with this application, including all billing records for services received, must be retained for a perior 	rmation contained therein is true and correct. d of at least five years after the last date of service delivered in a particular funding year pursuant to 47 CFR § 54.631.
Certifier's Full Name Date 09/25/2024	Digital Signature Enter name exactly as it is listed in the Cettifier's Full Name Field
EXIT	CERTIFY & SUBMIT



Step 16: Once you click **Certify & Submit**, a message indicating that the application was successfully submitted will be displayed.

FCC Form 469 - RHC_INV20240	
⊘ This application has been successfully submitted. My Forms Dashboard	
Certifications	
I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant.	
ertify under penalty of perjury that I have examined this form and attachments and, to the best of my knowledge, information, and belief, all information contained therein is true and correct.	
I certify under penalty of parjury that the applicant has received the related telecommunications services itemized on the invoice form.	
🗑 lertify under penalty of perjury that the required urban rate payment for the telecommunications services was remitted to the service provider.	
linderstand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last date of service delivered in a particular funding year pursuant to 47 CFR § 54.631.	
Certifier's Full Name Digital Signature	
Date 🖗 09/26/2024	
Approved by Ol	/B 3060-0804

Navigate to the **My Forms** tab on the **Dashboard** and select **Form 469** from the dropdown menu under **Form Type**. Under the **Status** column, the FCC Form 469 should be displayed as **Submitted**. Click the icons under the **Actions** column to view, download an Excel spreadsheet, or download a PDF version of the FCC Form 469.

DASHEDARD START A FORM								
RHC Conn				-	-			-
	(45) Unread Notifications							>
	Information Requests		My Forms	My Org	anizations	Post-Commitm	nent Change Requ	Jests
17: Sep 26	00		③The Funding	g Year 2024 Funding Request Filing Window is close	ed.			
	My Forms							
	Form Type Form 469							
	Q. Search RHC Form 469s	SEARCH						Τ.
	Site Name	Site Number	Invoice Number	Service Provider Name	FCC Form 466	Last Update 🛔	Status	Actions
			RHC_INV2024005	BellSouth Telecommunications, LLC	RHC202400	9/26/2024 4:55 PM EDT	Submitted	* 11 2
			RHC_INV2024004	Cox Virginia Telcom, LLC	RHC202300	9/25/2024 2:51 PM EDT	Submitted	8



Frequently Asked Questions

What happened to the FCC Form 467, Healthcare Provider Support Schedule (HSS), and the Telecom invoice?

Per <u>FCC Order 23-6</u>, for Funding Year (FY) 2024 and forward, the FCC Form 467, the HSS, and the Telecom invoice will be eliminated in the Telecom Program. The FCC Form 469 is the new form that is used for invoicing in the Telecom program. It's aligned with the <u>FCC Form 463</u>, the invoicing form used for the Healthcare Connect Fund (HCF) Program. One key difference is that the service provider will submit the FCC Form 469 in RHC Connect, the applicant will receive an email alerting them of the submission, and the applicant will officially submit the form to USAC by certifying and signing the form.

Who is impacted by this change?

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

Resources

For more information, visit the <u>Welcome to RHC Connect – FCC Form 469</u> webpage.

For questions about the Rural Health Care 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 Customer Service Center Tip Sheet</u> to learn about what the RHC Customer Service Center can and cannot help you with.