

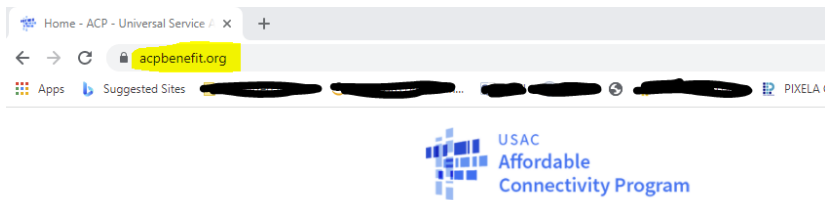
Enrolling in the Affordable Connectivity Program – All students of Bledsoe, Marion, Rhea, Sequatchie, and Van Buren qualify for the program. You may also qualify based on the following criteria:

Who is Eligible?

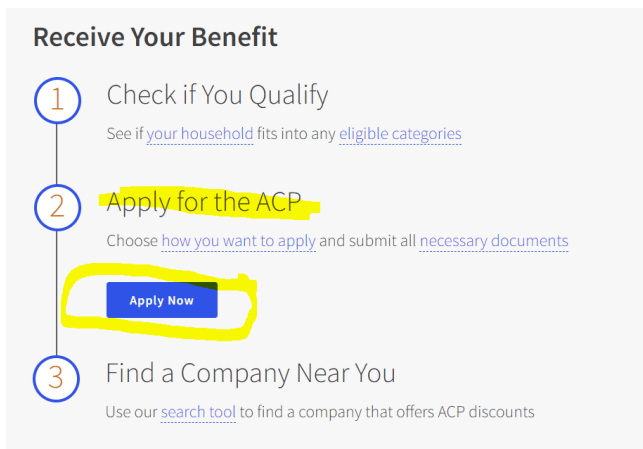
A household is eligible if a member of the household meets at least one of the criteria below:

- Has an income that is at or below 200% of the Federal Poverty Guidelines;
- Participates in certain assistance programs, such as SNAP, Medicaid, Federal Public Housing Assistance, SSI, WIC, or [Lifeline](#);
- Participates in one of several Tribal specific programs, such as Bureau of Indian Affairs General Assistance, Tribal Head Start (only households meeting the relevant income qualifying standard), Tribal TANF, or Food Distribution Program on Indian Reservations;
- Is approved to receive benefits under the free and reduced-price school lunch program or the school breakfast program, including through the USDA Community Eligibility Provision;
- Received a Federal Pell Grant during the current award year; or
- Meets the eligibility criteria for a participating broadband provider's existing low-income program.

Go to acpbenefit.org – Be sure the person who applies is the person whose name the internet service is set up in.



Scroll down the page until you see the Apply Now Button under Apply for the ACP. Be sure you are under the ACP program and not the Lifeline program.



Identity Verification

Please select your form of identification from **one** of the following:

Social Security Number

If you would like to verify your identity using your Social Security Number, please enter the last four digits of your Social Security Number (SSN4).

Last 4 digits of your SSN

* Social Security Numbers are **not** required to participate in the Affordable Connectivity Program (ACP), but using a Social Security Number will process your application the fastest. **A Social Security Number is required if you are applying for Lifeline.**

Your Information

We will use this information to find out if you qualify for the Lifeline Program or the [Affordable Connectivity Program](#) (ACP).

What is your full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First Name

Middle Name (Optional)

Last Name

What is your date of birth?

Month

Day

Year

If your child is a student in Bledsoe, Rhea, Sequatchie, Marion, or Van Buren County school systems, choose Yes.

Do you qualify for Lifeline or the [Affordable Connectivity Benefit](#) through your child or a dependent?

If you do not qualify on your own, you can sign up for Lifeline or the [Affordable Connectivity Benefit](#) through your child or dependent if they participate in any of the qualifying programs.

- No, I qualify by myself. Yes, I qualify through my child or dependent.

Next

Fill out the information for your child or dependent:

Your Child or Dependent's Information

We will use this information to find out if you qualify for the Lifeline Program or the [Affordable Connectivity Program \(ACP\)](#) through your child or dependent.

What is their full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First Name

Middle Name (Optional)

Last Name

What is their date of birth?

Month

Day

Year

Identity Verification

Please select their form of identification from **one** of the following:

Social Security Number

If you would like to verify their identity using their Social Security Number, please enter the last four digits of their Social Security Number (SSN4).

Last 4 digits of their SSN

* Social Security Numbers are **not** required to participate in the Affordable Connectivity Program (ACP), but using a Social Security Number will process your application the fastest. **A Social Security Number is required if you are applying for Lifeline.**

Tribal ID Number

Driver's License, Military ID, Passport, Taxpayer Identification Number (ITIN), or other Government ID

[Back](#)

[Next](#)

It will take you to a screen that will allow you to set up username and password. This is required and you will have to log back in to continue.

Making an account will let us keep your information safe. It will also let you save it and come back to it any time.

Choose your username.

Choose something you can easily remember. You can also use your email address or your name in some form.

Username

Error: Choose a username.

Choose your password.

Make sure it is something you can remember. It has to follow the requirements below.

Password Requirements

- ⓘ At least 8 characters long
- ⓘ At least 1 capital letter
- ⓘ At least 1 number (0-9)
- ⓘ At least 1 special character (!@#\$%^&*)
- ⓘ No restricted phrases ⓘ

Password

Confirm Password

Type the same password again.

Your Contact Information

What is your email address?

 I want to provide an alternate email.

What is your phone number? (Optional)

 I have a mailing address that is different than my home address.

What is your preferred language? (Optional)

We will send outreach to you about your Lifeline benefit in the language(s) you select. You may select more than one language.

 English Español[Back](#) I'm not a robot

Once you click submit, you must sign back in with the username and password.

Sign In To Your Account

Your Account is Created!

Please sign back in so we know it is still you and then you can complete the process.

Username

[Forgot your username?](#)

Password

[Forgot your password?](#)

By signing in, I accept the [terms and conditions](#) of the National Verifier system.

 I'm not a robot

Are you a service provider? Please [sign in](#) through the service provider portal.

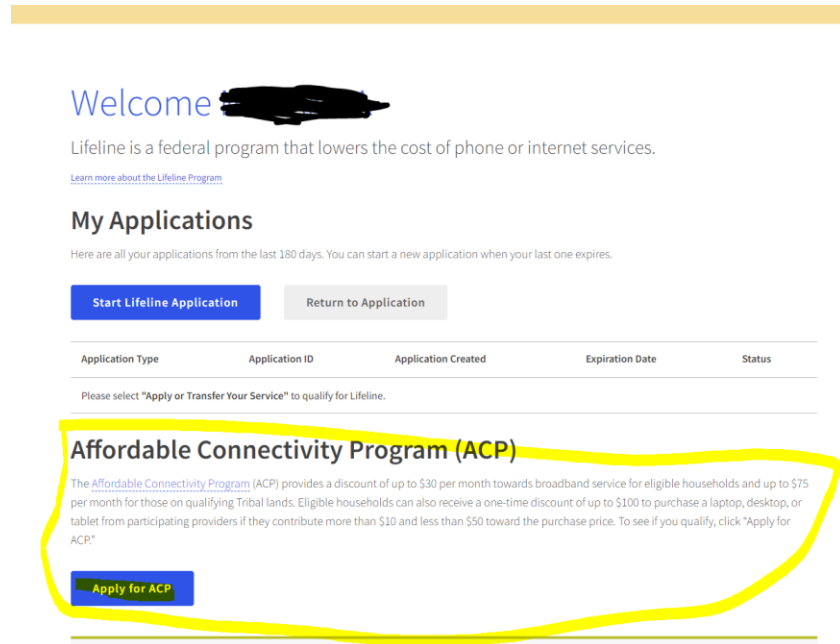
Don't Have an Account?

Find out if you qualify for the Lifeline program by creating an account.

Print an application to mail in?

If you want to fill out an application on paper, you can print a [Lifeline form](#) or an [Affordable Connectivity Benefit form](#) to mail in.

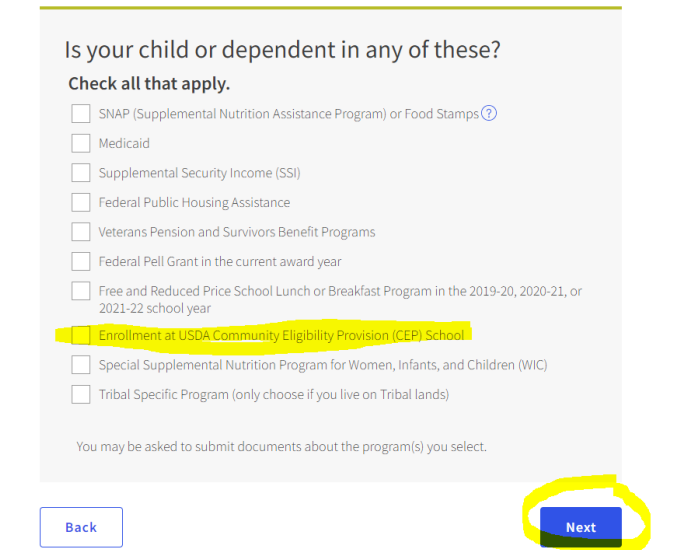
It will take you to this screen:



If you are applying based on the school wide free lunch program, choose this option:

or [Dependent Is In](#)

To qualify for the [Affordable Connectivity Program \(ACP\)](#), we need to know which government assistance program your child or dependent is in or if they qualify based on the acceptable income criteria.

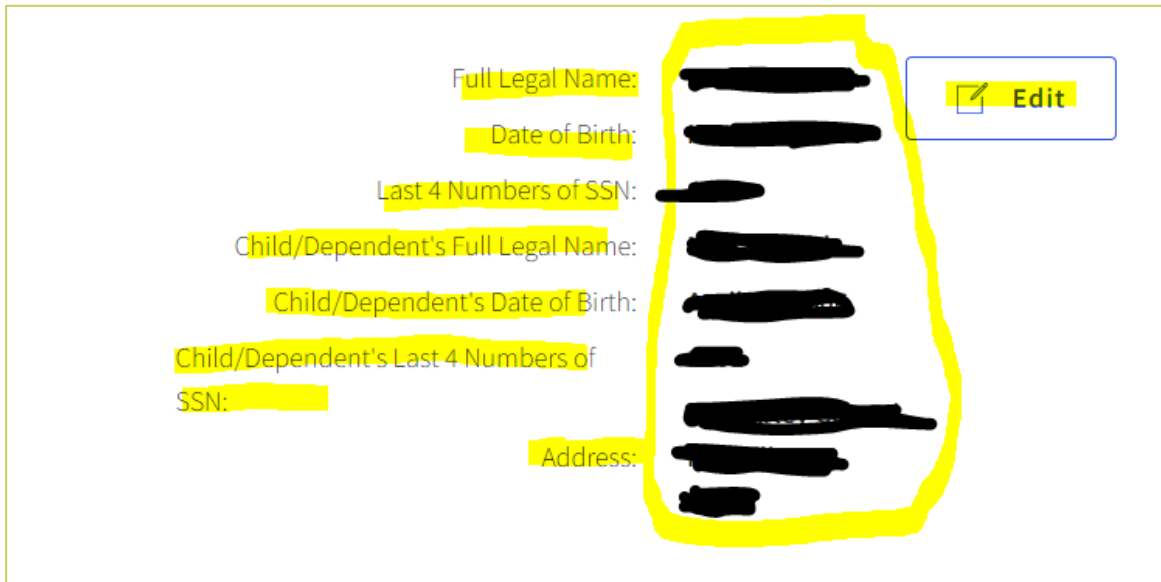


If you qualify for one of the other programs, you can complete with that option.

It will show the information you have entered, please verify it is correct and then check complete the form.

Before we check if you qualify for the [Affordable Connectivity Benefit](#), make sure your information is right.

Double check the information below.



A screenshot of a form with several fields. The labels for the fields are highlighted in yellow: "Full Legal Name:", "Date of Birth:", "Last 4 Numbers of SSN:", "Child/Dependent's Full Legal Name:", "Child/Dependent's Date of Birth:", "Child/Dependent's Last 4 Numbers of SSN:", and "Address:". The input fields are redacted with black bars. A yellow outline highlights the entire form area. In the top right corner, there is a blue-bordered button with a pencil icon and the text "Edit".

The information you gave us will be used to check if you qualify for the [Affordable Connectivity Benefit](#). Please confirm that it is okay.

By checking this box you are consenting that all of the information you are providing may be collected, used, shared, and retained for the purposes of applying for and/or receiving the [Affordable Connectivity Benefit](#).

By checking this box you are consenting that all of the information you are providing on behalf of a qualifying dependent may be collected, used, shared, and retained for the purposes of applying for and/or receiving the [Affordable Connectivity Benefit](#).

You may get this screen – just choose the program you qualify for again.

We Could Not Confirm That You Qualify for the Affordable Connectivity Benefit

To qualify for the Affordable Connectivity Benefit, you need to give us more information.

i You will have until 2/24/2022 to complete this section so that we can determine whether you qualify for Lifeline or the Affordable Connectivity Benefit. If you do not complete this by then, you will need to come back to this site and fill this form out again.

Are you or someone in your household in any of these?

Choose one.

- SNAP (Supplemental Nutrition Assistance Program) or Food Stamps **?**
- Medicaid
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Veterans Pension and Survivors Benefit Programs
- Federal Pell Grant in the current award year
- Free and Reduced Price School Lunch or Breakfast Program, or enrollment in a USDA Community Eligibility Provision School in the 2019-20, 2020-21, or 2021-22 school year
- Special Nutrition Program for Women, Infants, and Children (WIC)
- Tribal Specific Program (only choose if you live on Tribal lands)
- I don't participate in one of these programs, I want to qualify through my income.

Save

Next

If you choose the USDA option, you will have to provide the information for the school your child or dependent attends. Examples of some schools in our area.

Are you or someone in your household in any of these?

Choose one.

- SNAP (Supplemental Nutrition Assistance Program) or Food Stamps [?](#)
- Medicaid
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Veterans Pension and Survivors Benefit Programs
- Federal Pell Grant in the current award year
- Free and Reduced Price School Lunch or Breakfast Program, or enrollment in a USDA Community Eligibility Provision School in the 2019-20, 2020-21, or 2021-22 school year
- Select a USDA Community Eligibility Provision school [?](#)
- Click here to submit documentation for any school that does not appear on the list of Community Eligibility Provision schools
- Special Nutrition Program for Women, Infants, and Children (WIC)
- Tribal Specific Program (only choose if you live on Tribal lands)
- I don't participate in one of these programs, I want to qualify through my income.

Save

Next

Select a USDA Community Eligibility Provision school

Using the dropdowns below, select the USDA Community Eligibility Provision school that you, or your dependent, were enrolled in for the 2019-2020, 2020-2021, or 2021-2022 school year:

State

School District

School

Select a USDA Community Eligibility Provision school

Using the dropdowns below, select the USDA Community Eligibility Provision school that you, or your dependent, were enrolled in for the 2019-2020, 2020-2021, or 2021-2022 school year:

State

School District

School

To prove participation, submit the following acceptable document:

- Written proof that the child is enrolled in a School or School district that participates in the Community Eligibility Provisions for the 2019-2020, 2020-2021, and/or 2021-2022 school years

The document must include:

- The name of the member of the household that is enrolled in the Community Eligibility Provision school (this name must match the benefit qualifying person field used in the application)
- Name of School or School District
- School year of 2019-2020, 2020-2021, or 2021-2022

Select a USDA Community Eligibility Provision school

Using the dropdowns below, select the USDA Community Eligibility Provision school that you, or your dependent, were enrolled in for the 2019-2020, 2020-2021, or 2021-2022 school year:

State

School District

School

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Written proof that the child is enrolled in a School or School district that participates in the Community Eligibility Provisions for the 2019-2020, 2020-2021, and/or 2021-2022 school years

document must include:

The name of the member of the household that is enrolled in the Community Eligibility Provision school (this name must match the benefit qualifying person field used in the application)

Name of School or School District

School year of 2019-2020, 2020-2021, or 2021-2022

At the bottom, it will ask you to upload your document. You will need to take a picture or scan the letter the school gave you.

To prove participation, submit the following acceptable document:

- Written proof that the child is enrolled in a School or School district that participates in the Community Eligibility Provisions for the 2019-2020, 2020-2021, and/or 2021-2022 school years

The document must include:

- The name of the member of the household that is enrolled in the Community Eligibility Provision school (this name must match the benefit qualifying person field used in the application)
- Name of School or School District
- School year of 2019-2020, 2020-2021, or 2021-2022


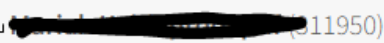

Give us your documents.

Choose file

Save

Next

Give us your documents.

  (11950) 

Have another document to give us? [Upload another file.](#)

Save

Next

You have to initial the following statements and sign at the bottom and submit.



Agreement

You are almost done qualifying. Please initial next to each statement and sign this form to finish the process.

I certify, under penalty of perjury, that:

Initial I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 200% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

Initial I agree that **if I move I will give my service provider my new address** within 30 days.

Initial I understand that I have to tell my service provider within 30 days if I do not qualify for the ACP anymore, including:

1. I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
2. Either I or someone in my household gets more than one ACP.

Initial I know that **my household can only get one ACP benefit** and, to the best of my knowledge, my household is not getting more than one ACP benefit. I understand that I can only receive one connected device (desktop, laptop, or tablet) through the ACP, even if I switch ACP providers. (?)

Initial I agree that all of the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the ACP benefit. I understand that if this information is not provided to the Program Administrator, I will not be able to get ACP benefits. If the laws of my state or Tribal government require it, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the ACP Administrator. The information shared by the state or Tribal government will be used only to help find out if I can get an ACP benefit.

Initial For my household, I affirm and understand that the ACP is a federal government subsidy that reduces my broadband internet access service bill and at the conclusion of the program, my household will be subject to the provider's undiscounted general rates, terms, and conditions if my household continues to subscribe to the service.

Initial **All the answers and agreements that I provided on this form are true and correct** to the best of my knowledge.

Initial I know that **willingly giving false or fraudulent information to get ACP benefits is punishable by law** and can result in fines, jail time, de-enrollment, or being barred from the program.

Initial I was truthful about whether or not I am a resident of Tribal lands, as defined in the "Your Information" section of this form. (?)

Your Signature
Type your full legal name below

I understand this is a digital signature, and is the same as if I signed my name with a pen.

[Back](#)

[Submit](#)

You may get this message. You will also receive an email letting you know of your application status. If you have any trouble with the application being accepted. There is an 800 number on the email that you can call for USAC to check it.

We Are Checking Your Documents

Thank you for submitting your information. Someone is looking at your documents to make sure you qualify.

This may take some time.

You will receive an email when your documents have been reviewed.

Your status will also be updated in the system when your documents have been reviewed. Please check back later to see if you qualify for the [Affordable Connectivity Benefit](#).

This page will be available to be refreshed until 2/24/2022. If you need to leave and sign back in later, you can see your application status on your home page.

If you qualify...

You will have 90 days to [find a company](#) and sign up for service.

If you do not qualify...

We'll ask you for more information or tell you what to do next. **You will have until 2/24/2022** (Based on US Eastern Time) to send us the information or complete the next steps.

Once you are accepted, you will need to provide your service provider with a copy of the acceptance email.