

# Submitting the FCC Form 460 in RHC Connect

Rural Health Care (RHC) program

Revised July 2025

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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 platform has changed, the FCC Form 460 itself did not. To determine eligibility of your site (FCC Form 460), you are asked the same questions and need to provide the same information as in years past. No preparation for the platform change is required by you.

### Updates to the FCC Form 460

Although the platform has changed, the FCC Form 460 itself did not. To determine eligibility of your site (FCC Form 460), you are asked the same questions and need to provide the same information as in years past. No preparation for the platform change is required by you.

Please note the following changes per [FCC Order 23-110](#):

- Beginning June of 2024, 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. The FCC Form 465 will be used for competitive bidding purposes only.
- Health care providers are now permitted to be granted conditional eligibility, thus allowing them to initiate competitive bidding and request funding while awaiting a final eligibility determination.

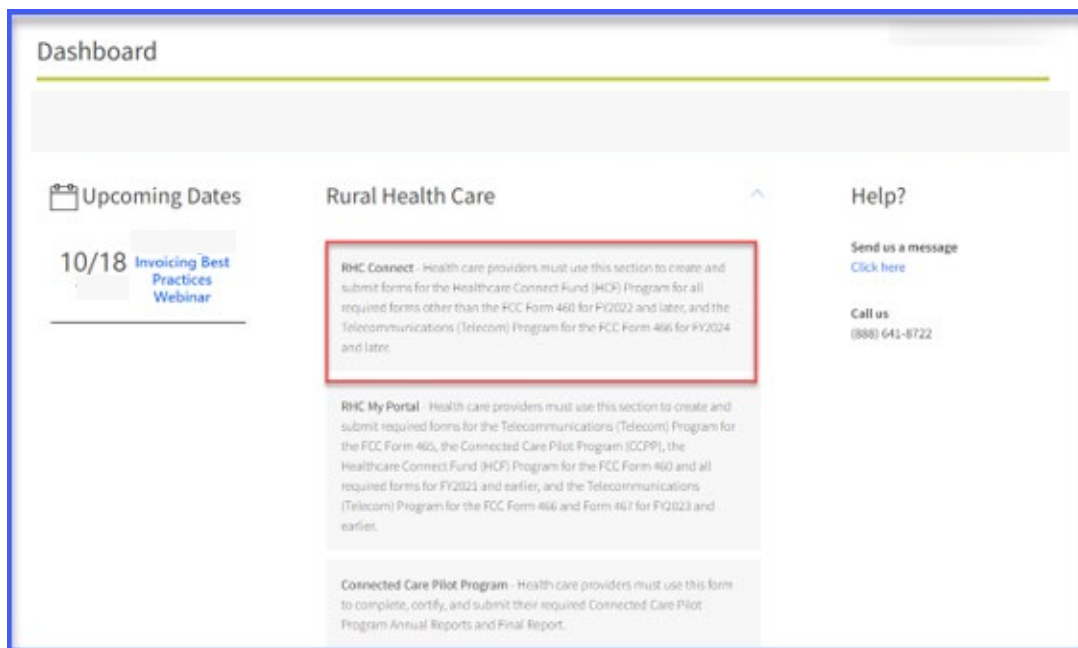
For more information about funding years and filing windows, visit the [Funding Year Overview](#) on the USAC website.

**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

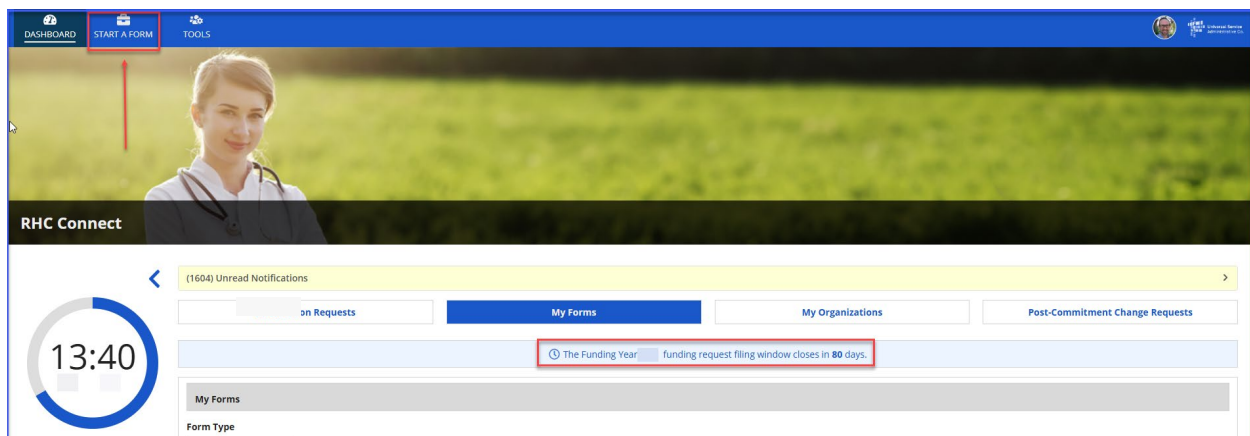
### Step 1: Dashboard Log In

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



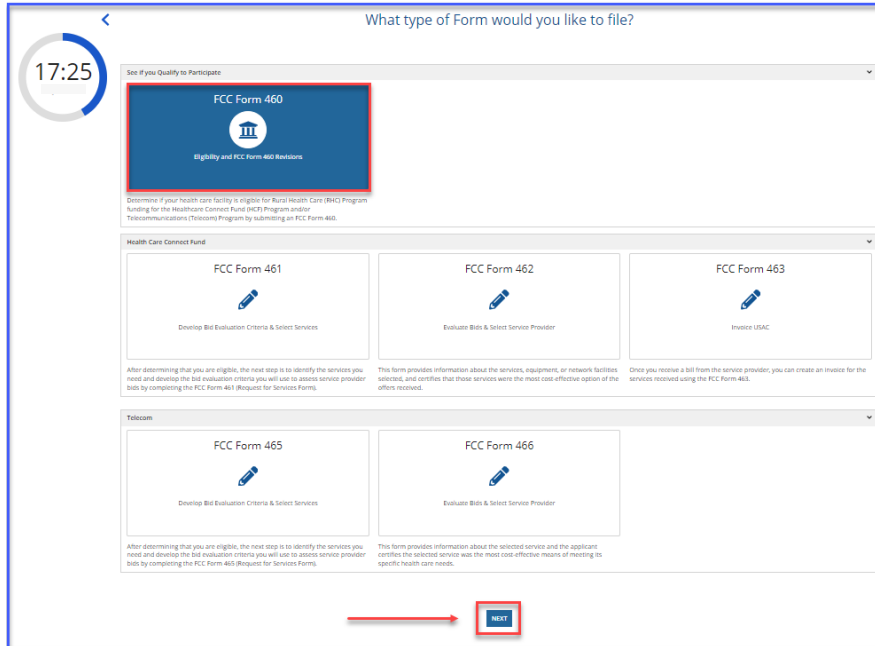
### Step 2: RHC Connect Dashboard

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 left is the current date and time.



### Step 3: Start a Form

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



What type of Form would you like to file?

17:25

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 Telecare 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 Forms). 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

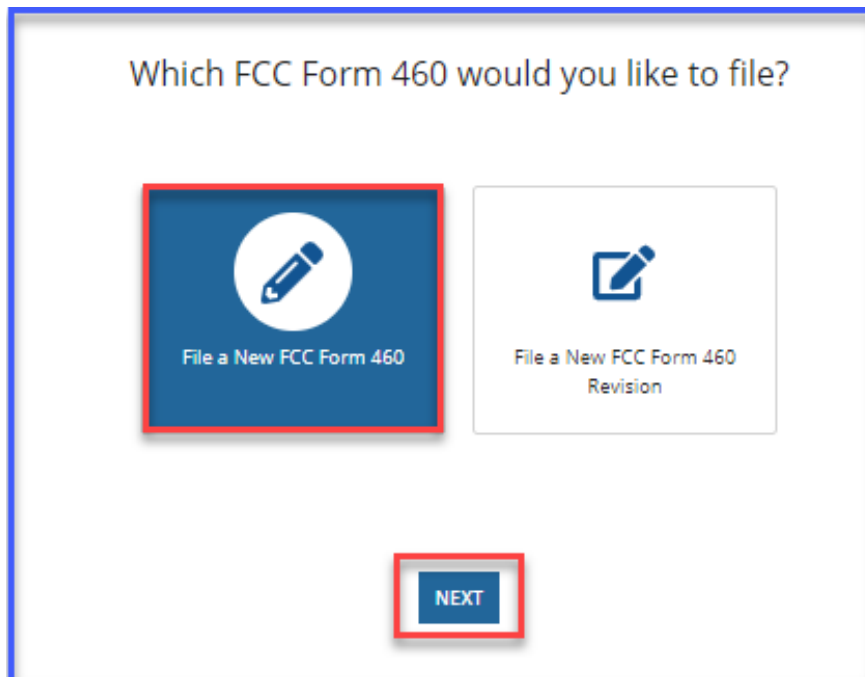
**FCC Form 466**  
Evaluate Bids & Select Service Provider

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 Forms). 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

**SEARCH**

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

FCC Form 460  
ZIP Code Search

ZIP Code Search

You can search either by ZIP Code or HCP Number

ZIP Code  HCP Number

**SEARCH**

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

**NEW HCP**

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	<a href="#">Start FCC Form 460</a>

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

**SEARCH**

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

**NEW HCP**

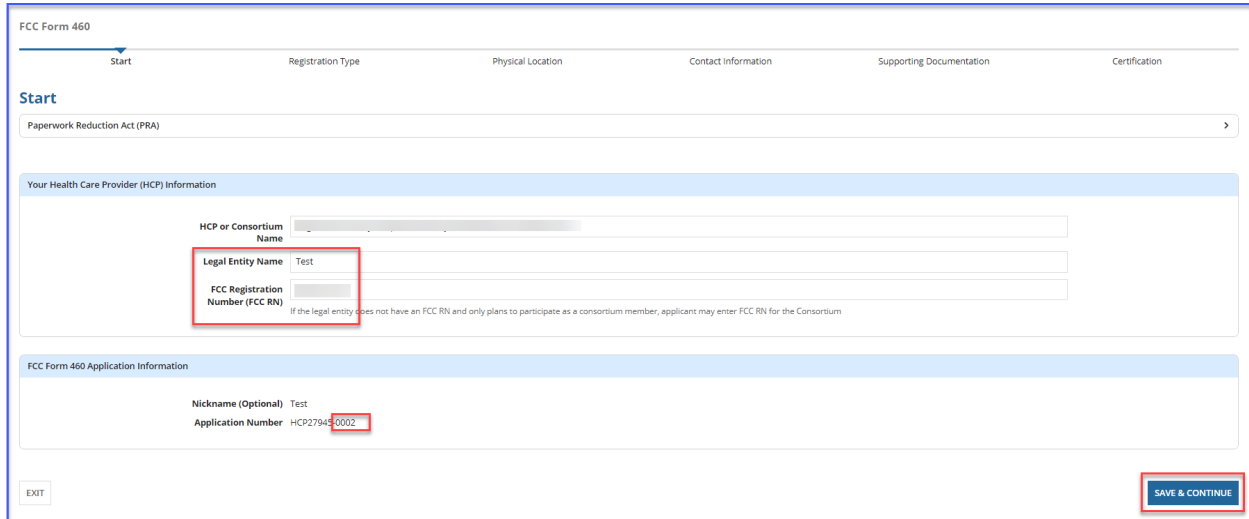
ZIP Code Search Results

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	<a href="#">Start FCC Form 460</a>

## 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 Test

FCC Registration Number (FCC RN) 00001

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

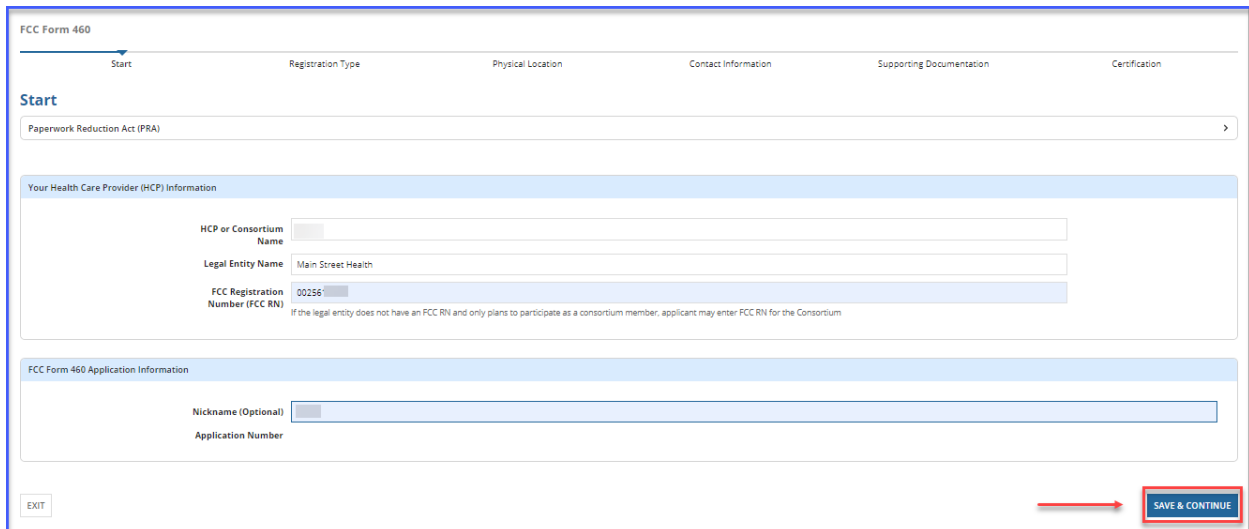
FCC Form 460 Application Information

Nickname (Optional) Test

Application Number HCP27945-0002

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 Main Street Health

FCC Registration Number (FCC RN) 00256

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.

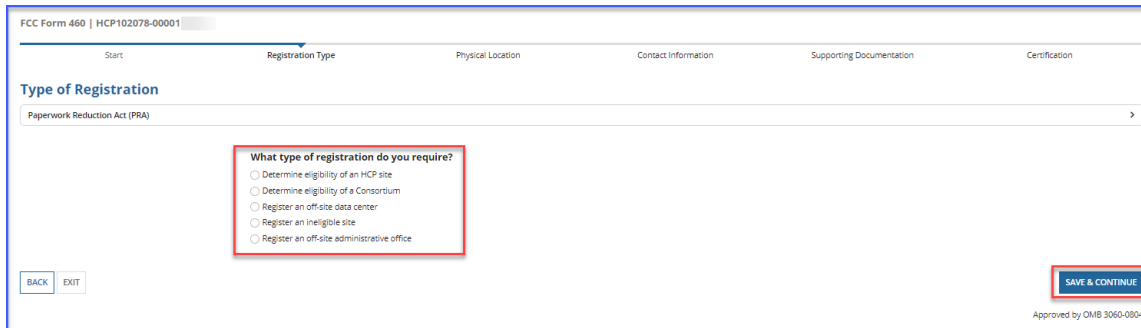
We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AWD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to [prra@fcc.gov](mailto:prra@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

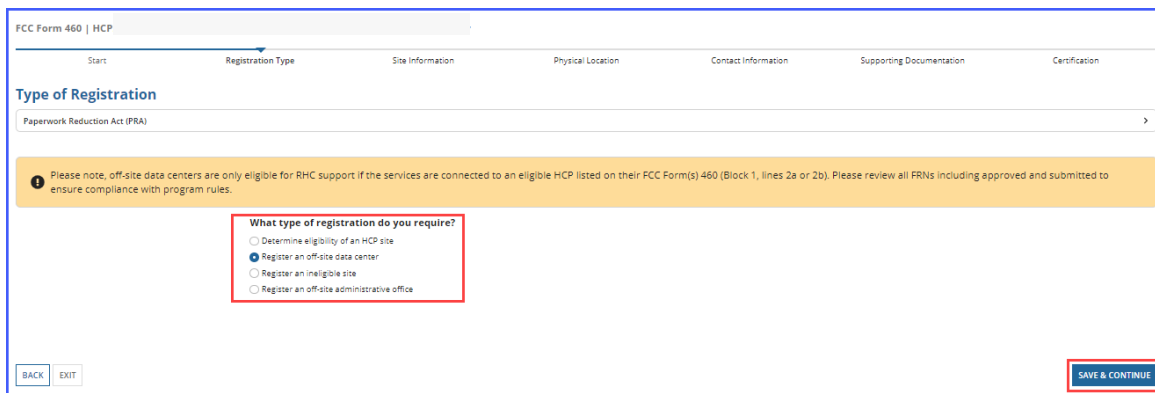
BACK EXIT

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 | HCP

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 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 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

**Selected HCPs**

HCP #	HCP Name
No items available	

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"/>	
<input type="checkbox"/>	

6 items

## Step 8.2: Determining Eligibility of a Consortium

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

FCC Form 460 | HCP102077-00001

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

**Type of Registration**

Paperwork Reduction Act (PRA)

What type of 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

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 drop-down menu. If the **Consortium Leader Type** is “An eligible HCP participating in the Consortium,” enter the member HCP Number in the field below. Enter the **Non-Profit Tax Identification Number (EIN)** and select **Yes** or **No** for “Consortium has a written agreement allocating legal and financial responsibility.” If **Yes** is selected, the **Exemption Document** may be uploaded. Select **Yes** or **No** to the question “Is this a government-owned entity?”

FCC Form 460 | HCP102077-00001

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

**Consortium Leader Information**

Paperwork Reduction Act (PRA)

**General Information**

Is the consortium itself a standalone legal entity?

- ☐ Yes
- ☒ No

**Consortium Leader Type**

An eligible HCP participating in the Consortium

**Non-Profit Tax Identification Number (EIN)**

Consortium has a written agreement allocating legal and financial responsibility

- ☐ Yes
- ☐ No

**HCP Number**

**Exemption Documentation (Optional)**

UPLOAD Drop file here

Upload an Exemption Document.

Is this a government-owned entity?

- ☐ Yes
- ☐ No

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

**Consortium Main Information**

This should be the organization that will serve as the main point of contact with USAC and the FCC and who will act on behalf of the consortium members throughout the application process and the funding, invoicing and post-invoicing periods.

**Consortium Leader Name** 0/255

**Phone** **Ext (Optional)**

**Email** **Confirm Email**

**Consortium Website (Optional)** 0/1000

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

Approved by OMB 3060-0804

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

FCC Form 460 | HCP102077-00001

Start Registration Type Consortium Leader Information **Physical Location** Contact 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**

Select State Select County

**GEO Location (if no street address is available)**

**Latitude** **Longitude**

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

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

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 Holder(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  
jsmith@test.com jsmith@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

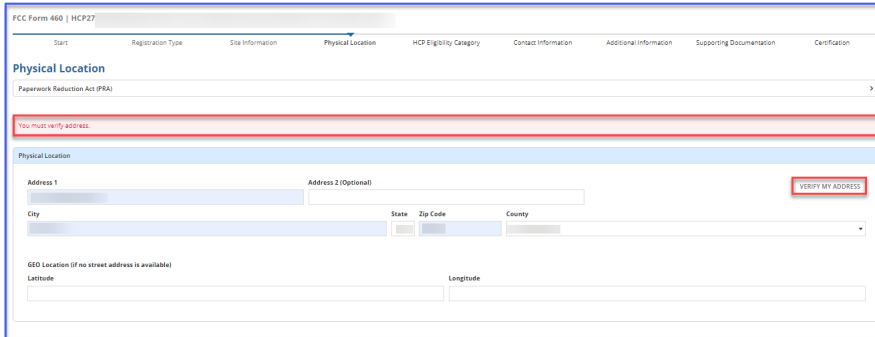
Address 1 Address 2 (Optional) **VERIFY MY ADDRESS**

City State Zip Code County  
All of Oklahoma

GEO Location (if no street address is available)  
Latitude Longitude

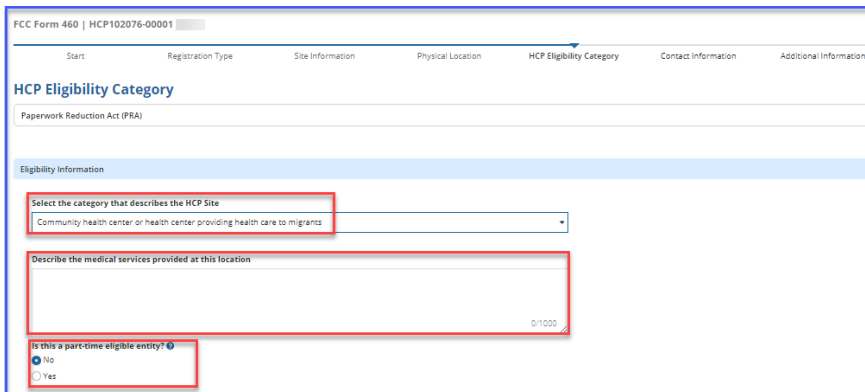
BACK EXIT **SAVE & CONTINUE**

Approved by OMB 3060-0804



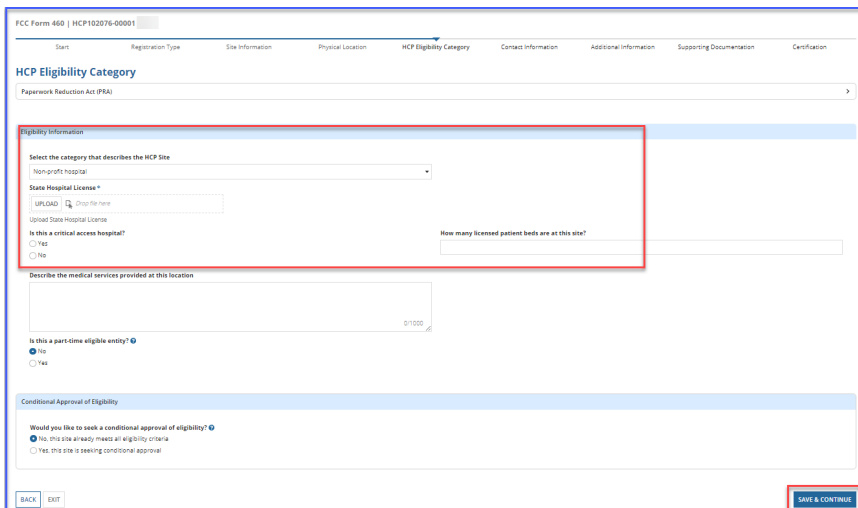
### Step 11: HCP Eligibility Category

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.



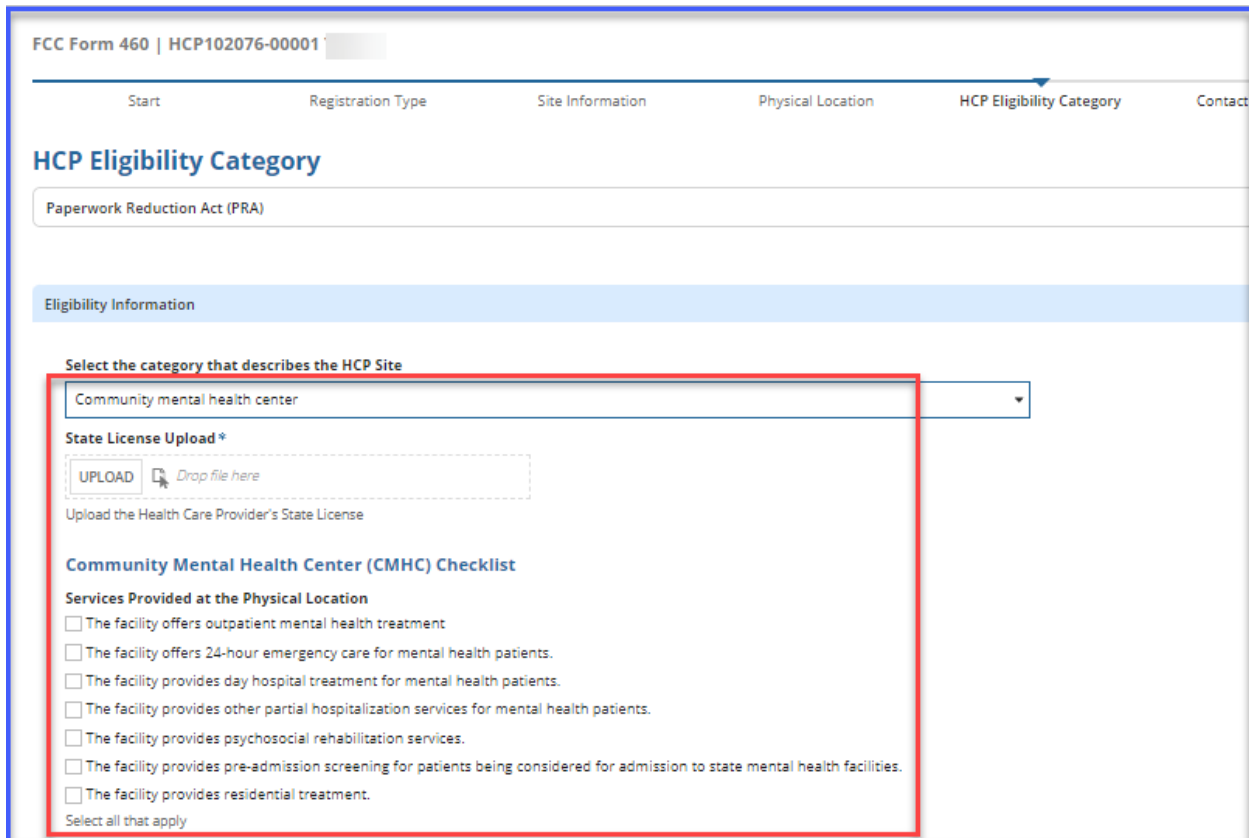
#### Step 11.1: Eligibility Category – Non-profit Hospital

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.



### 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**

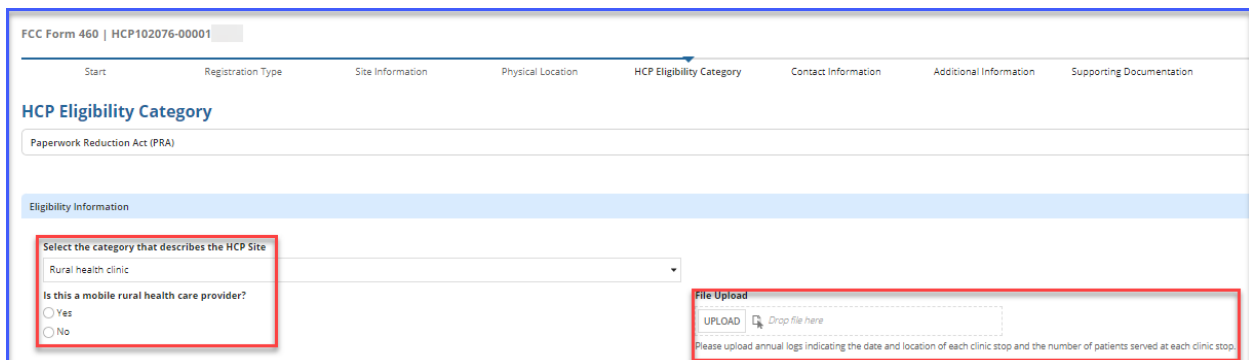
**Services Provided at the Physical Location**

- ☐ 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

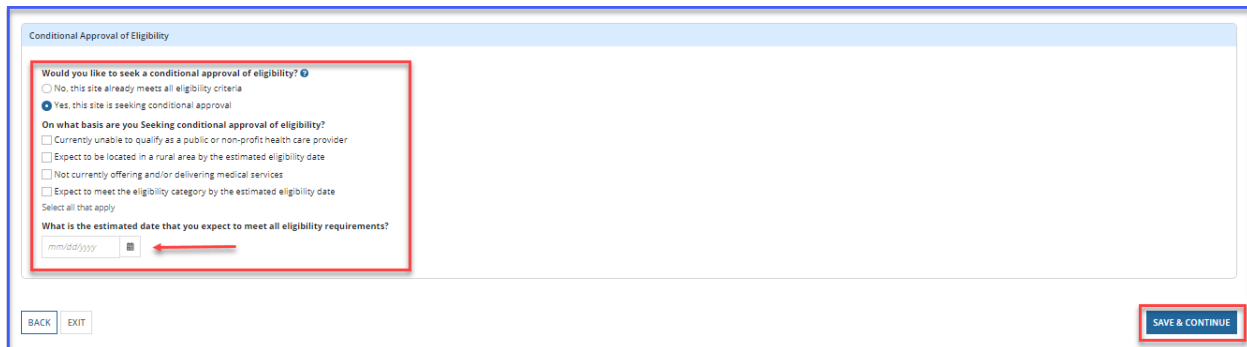
File Upload

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**.



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

On what basis are you seeking conditional approval of eligibility?

☐ Currently unable to qualify as a public or non-profit health care provider

☐ Expect to be located in a rural area by the estimated eligibility date

☐ Not currently offering and/or delivering medical services

☐ Expect to meet the eligibility category by the estimated eligibility date

Select all that apply

What is the estimated date that you expect to meet all eligibility requirements?

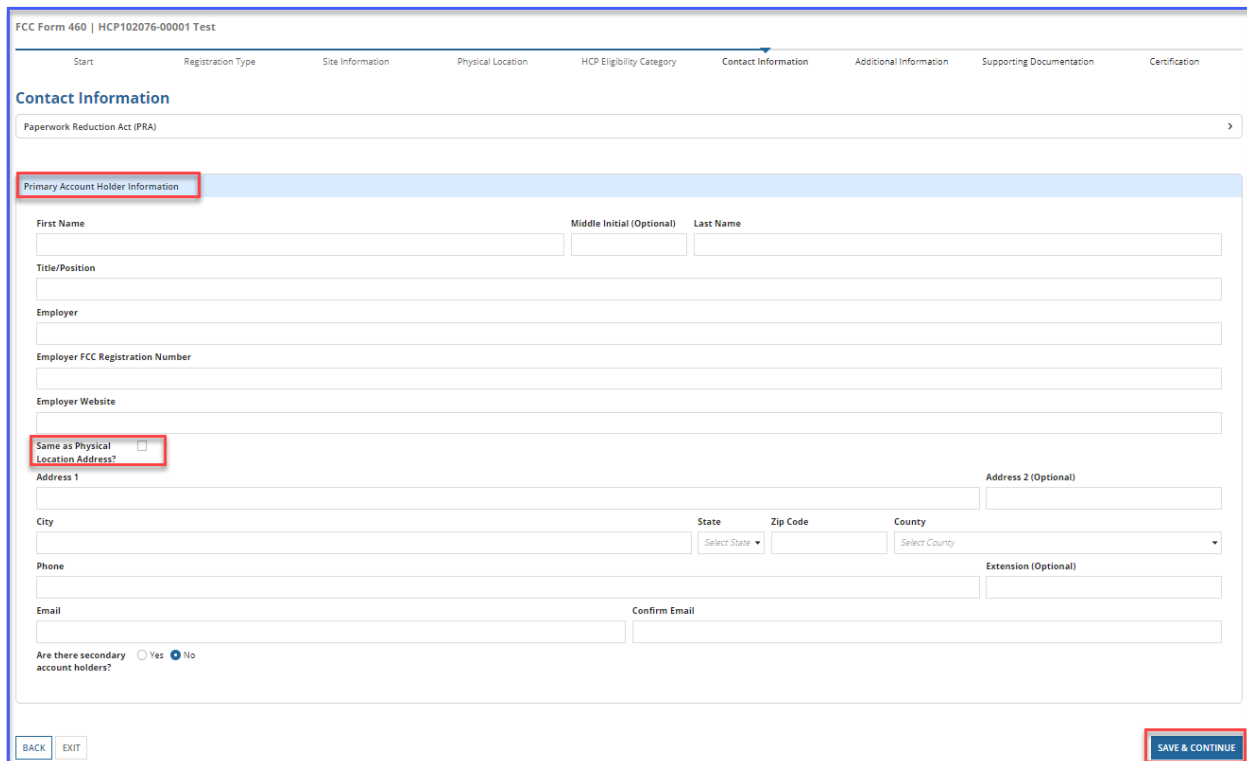
mm/dd/yyyy

BACK EXIT

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**.



FCC Form 460 | HCP102076-00001 Test

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

Contact Information

Paperwork Reduction Act (PRA)

Primary Account Holder Information

First Name Middle Initial (Optional) Last Name

Title/Position

Employer

Employer FCC Registration Number

Employer Website

Same as Physical 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

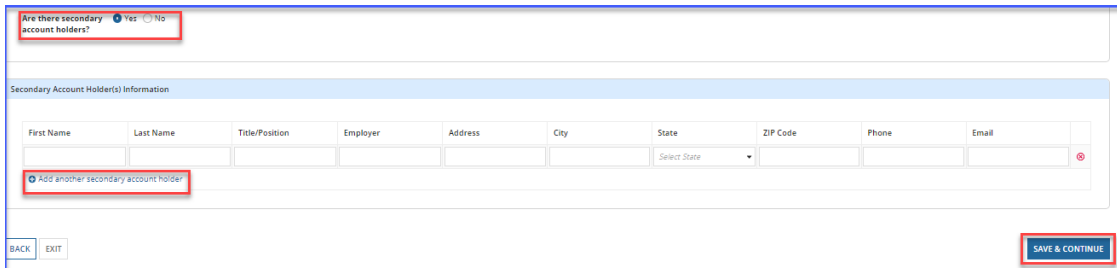
BACK EXIT

SAVE & CONTINUE



### Step 14: Adding Secondary Account Holders

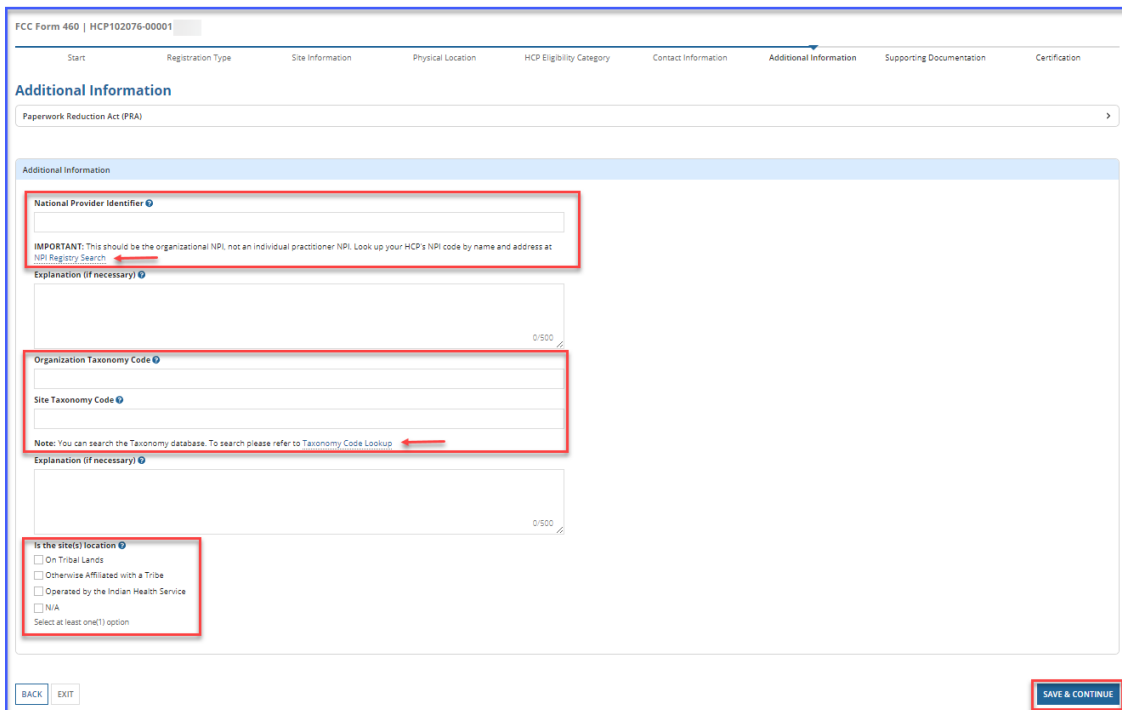
To add Secondary Account Holders, answer **Yes** to the question “Are there Secondary Account Holders?” and enter the information in the fields. Click the **Add another secondary account holder** hyperlink to add multiple Secondary Account Holders. Then click **Save & Continue**.



The screenshot shows a form titled "Are there secondary account holders?" with radio buttons for "Yes" (selected) and "No". Below this is a section titled "Secondary Account Holder(s) Information" containing a table with columns: First Name, Last Name, Title/Position, Employer, Address, City, State (dropdown), ZIP Code, Phone, and Email. A red box highlights the "Add another secondary account holder" link below the table. At the bottom right, a red box highlights the "SAVE & CONTINUE" button. At the bottom left, there are "BACK" and "EXIT" buttons.

### Step 15: Additional Information

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**.



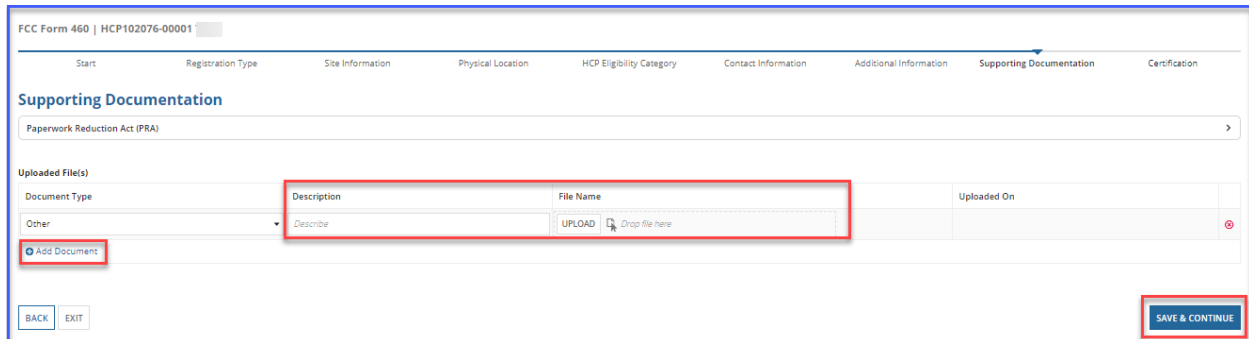
The screenshot shows the "Additional Information" section of the FCC Form 460. It includes a dropdown menu for "Paperwork Reduction Act (PRA)". Below this are three main sections, each with a red box highlighting key elements:
 

- National Provider Identifier:** A text input field, an "IMPORTANT" note, a red arrow pointing to the "NPI Registry Search" link, and an "Explanation (if necessary)" text area.
- Organization Taxonomy Code:** A text input field, a "Site Taxonomy Code" text input field, a "Note" with a red arrow pointing to the "Taxonomy Code Lookup" link, and an "Explanation (if necessary)" text area.
- Is the site(s) location:** A section with checkboxes for "On Tribal Lands", "Otherwise Affiliated with a Tribe", "Operated by the Indian Health Service", and "N/A", followed by a "Select at least one(!) option" instruction.

 At the bottom right, a red box highlights the "SAVE & CONTINUE" button. At the bottom left, there are "BACK" and "EXIT" buttons.

## 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  Drop file here	

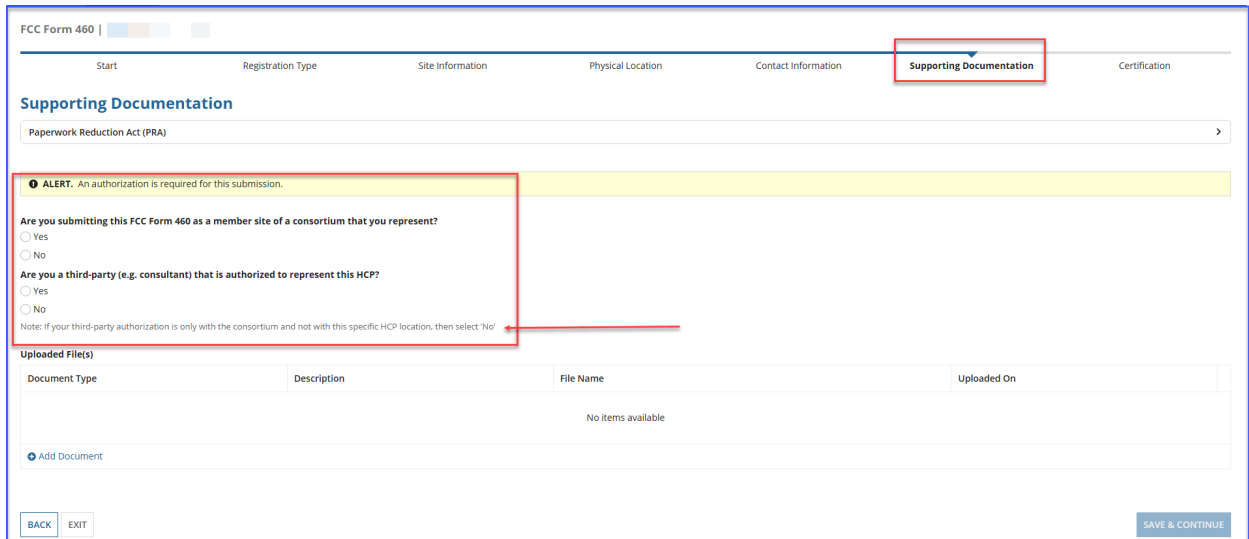
[Add Document](#)

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

## Adding a Letter of Agency/Letter of Exemption (LOA/LOE)

### Step 16.1: Adding an LOA/LOE

If this FCC Form 460 is a new member for a consortium, you will receive an alert message stating an authorization is required.



FCC Form 460 |

Start Registration Type Site Information Physical Location Contact Information **Supporting Documentation** Certification

**Supporting Documentation**

Paperwork Reduction Act (PRA)

**ALERT:** An authorization is required for this submission.

Are you submitting this FCC Form 460 as a member site of a consortium that you represent?

☐ Yes

☐ No

Are you a third-party (e.g. consultant) that is authorized to represent this HCP?

☐ Yes

☐ No

Note: If your third-party authorization is only with the consortium and not with this specific HCP location, then select 'No'

Uploaded File(s)

Document Type	Description	File Name	Uploaded On
No items available			

[Add Document](#)

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

Answer **Yes** and upload the LOA or LOE.

FCC Form 460 |

Start Registration Type Site Information Physical Location Contact Information **Supporting Documentation** Certification

**Supporting Documentation**

Paperwork Reduction Act (PRA) >

Are you submitting this FCC Form 460 as a member site of a consortium that you represent?

☒ Yes  
☐ No

Upload a Letter of Agency (LOA) or Letter of Exemption (LOE) [↕](#)

Are you a third-party (e.g. consultant) that is authorized to represent this HCP?

☐ Yes  
☐ No

Note: If your third-party authorization is only with the consortium and not with this specific HCP location, then select 'No'

Uploaded File(s)

Document Type	Description	File Name	Uploaded On
No items available			

[Add Document](#)

To view the definitions, click the down arrow beside **Definitions**. Enter the expiration date, a nickname, if applicable, and select Option 1 or 2 under **Legal & Financial Agreement**, then click **Save & Continue**.


**Submit LOA/LOE**

Details Consortium Selection Review


**Submission Type**

☒ Letter of Agency (LOA)  
☐ Letter of Exemption (LOE)


**Upload Letter of Agency (LOA)**

 LOA  
DOCX - 26.96 KB

**Effective Date**

07/28/2025 

**Expiration Date**

07/27/2028 


**Nickname**

Enter a Nickname if applicable

**Legal & Financial Agreement**

☒ Option 1: If there is no existing formal agreement, and the consortium leader will assume sole legal and financial responsibility for the activities of the consortium.  
☐ Option 2: If the consortium has a formal written agreement, approved by USAC, allocating legal and financial responsibility to the consortium leader.

[CANCEL](#) [SAVE & CONTINUE](#)

**Definitions** 

A **Letter Of Agency (LOA)** should be used to add HCPs to your consortium that are not owned, controlled, or operated by the Consortium Leader.

A **Letter Of Exemption (LOE)** should be used to add HCPs to your consortium that are owned, controlled, or operated by the Consortium Leader.

Select the consortium from the drop-down menu, then click **Save & Continue**.

**Submit LOA/LOE**


Details Consortium Selection Review

HCP Number

**Consortium Selection**

HCP Name

**Consortium Name \***



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

Review the information on the **Review** screen, then click **Submit LOA**.

### Submit LOA/LOE

Details

Consortium Selection

Review

Submission Type

☐ Letter of Agency (LOA)  
☐ Letter of Exemption (LOE)

Uploaded File(s)

LOA

Effective Date

Expiration Date

Nickname

Legal & Financial Agreement

☐ Option 1: If there is no existing formal agreement, and the consortium leader will assume sole legal and financial responsibility for the activities of the consortium.  
☐ Option 2: If the consortium has a formal written agreement, approved by USAC, allocating legal and financial responsibility to the consortium leader.

Selected HCPs to be added to this LOA

HCP #	HCP Name

BACK

CANCEL

SUBMIT LOA

The message in the green banner will confirm the LOA was successfully submitted.

### Submit LOA/LOE | ID: 700203

You have successfully attached a Letter of Agency to the following Health Care Providers.

LOA/LOE ID

700203

Submission Type

☒ Letter of Agency (LOA)  
☐ Letter of Exemption (LOE)

Uploaded File(s)

LOA

Effective Date

Expiration Date

Nickname

Legal & Financial Agreement

☐ Option 1: If there is no existing formal agreement, and the consortium leader will assume sole legal and financial responsibility for the activities of the consortium.  
☐ Option 2: If the consortium has a formal written agreement, approved by USAC, allocating legal and financial responsibility to the consortium leader.

Attached HCP(s)

HCP Number	HCP Name	Attached On

CLOSE

## Adding a Third-Party Authorization (TPA)

### Step 16.2: Adding a TPA

If you are a consultant for the consortium and submitting a new member site, select **No** to the question **Are you a third-party (e.g. consultant) that is authorized to represent this HCP?** Select **Yes** if you are a consultant for the individual HCP on this FCC Form 460. Upload the TPA.

**Supporting Documentation**

Paperwork Reduction Act (PRA) >


Are you submitting this FCC Form 460 as a member site of a consortium that you represent?

☐ Yes  
☐ No

Are you a third-party (e.g. consultant) that is authorized to represent this HCP?

☒ Yes  
☐ No

Note: If your third-party authorization is only with the consortium and not with this specific HCP location, then select 'No'

Upload a Third Party Authorization (TPA) Letter 

Uploaded File(s)

Document Type	Description	File Name	Uploaded On
LOA	Letter Of Agency	LOA.docx	

[Add Document](#)

Select your consultant group from the drop-down under **Third Party Selection**. Information about the consultant group will be prepopulated under **Contact Information** with information provided during the consultant group registration process. Then click **Next**.

**Third Party Agreement (TPA) Upload**

**Third Party Selection**

Letter Details  
Signature  
Review

Third Party Selection

Contact Information

File Upload

TPA DOCK - 12.75 KB

Drop files here

CANCEL

NEXT

On the **Letter Details** screen, enter the **Expiration Date**, then click **Next**.

**Third Party Agreement (TPA) Upload**

**Letter Details**

Third Party Selection  
Signature  
Review

- test authorizes to prepare and submit Federal Communications Commission (FCC) forms for the Healthcare Connect Fund (HCF - FCC Forms 460, 461, 462, and 463) and Telecommunications (TELECOM - FCC Forms 465, 466, and 469) programs. This includes all required supporting documentation.

Expiration Date

HCP(s) to be added to this TPA

HCPs	Selected HCP(s) to be added to this TPA						
<table border="1"> <thead> <tr> <th>HCP Number</th> <th>HCP Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HCP Number	HCP Name	Address				<input checked="" type="checkbox"/>
HCP Number	HCP Name	Address					

GO BACK CANCEL

NEXT

On the Signature screen, click all of the **Acknowledgements**, then enter your **Name** as it appears in RHC Connect into the **Digital Signature** field. Click **Next**.

**Third Party Agreement (TPA) Upload**

Third Party Selection  
Letter Details  
**Signature**  
Review

**Signature**

**Acknowledgements**

- ☒ Applicant is responsible for authorizing and managing all of its account holders.
- ☒ Applicant authorizes CRN00029 - Hill and its designated employee(s) to act as account holders with rights to submit forms and other documentation in the RHC programs.
- ☒ Applicant authorizes CRN00029 - Hill and its designated employee(s) to access HCP's application information and to complete, certify, sign, and submit forms on its behalf in connection with applying for and obtaining funding.
- ☒ Applicant understands that USAC will continue to include Primary and Secondary Account holders in all correspondence. Applicant also authorizes CRN00029 - Hill to respond to inquiries from the RHC Program regarding forms covered by this TPA.
- ☒ Applicant acknowledges and agrees that it is subject to all Rural Health Care program orders, rules, and FCC requirements as outlined in 47 C.F.R. Part 54, Subparts G and H. Funding decisions will be based on the information submitted by HCP(s) and/or CRN00029 - Hill during the application and funding process.
- ☒ Applicant accepts all potential liability from any errors, omissions, or misrepresentations on forms and/or documents submitted by CRN00029 - Hill.

Name  
[Text Field]

Date  
[Text Field]

Digital Signature  
[Text Field]  
Must match the name in the Name Field

GO BACK CANCEL NEXT

Review all of the information on the **Review** screen. If correct, click **Submit**.

**Third Party Agreement (TPA) Upload**

Third Party Selection  
Letter Details  
Signature  
**Review**

**Review**

Third Party Selection  
[Dropdown Menu]

Contact Information  
[Image Placeholder]

File Upload  
TPA DOCX - 12.75 KB

[Text] authorizes CRN [Text] to prepare and submit Federal Communications Commission (FCC) forms for the Healthcare Connect Fund (HCF - FCC Forms 460, 461, 462, and 463) and Telecommunications (TELECOM - FCC Forms 465, 466, and 469) programs. This includes all required supporting documentation.

Expiration Date  
[Text Field]

HCP(s) to be added to this TPA  
Selected HCP(s) to be added to this TPA  
[List Box]

**Acknowledgements**

- ☒ Applicant is responsible for authorizing and managing all of its account holders.
- ☒ Applicant authorizes CRN00029 - Hill and its designated employee(s) to act as account holders with rights to submit forms and other documentation in the RHC programs.
- ☒ Applicant authorizes CRN00029 - Hill and its designated employee(s) to access HCP's application information and to complete, certify, sign, and submit forms on its behalf in connection with applying for and obtaining funding.
- ☒ Applicant understands that USAC will continue to include Primary and Secondary Account holders in all correspondence. Applicant also authorizes CRN00029 - Hill to respond to inquiries from the RHC Program regarding forms covered by this TPA.
- ☒ Applicant acknowledges and agrees that it is subject to all Rural Health Care program orders, rules, and FCC requirements as outlined in 47 C.F.R. Part 54, Subparts G and H. Funding decisions will be based on the information submitted by HCP(s) and/or CRN00029 - Hill during the application and funding process.
- ☒ Applicant accepts all potential liability from any errors, omissions, or misrepresentations on forms and/or documents submitted by CRN00029 - Hill.

Name  
[Text Field]

Date  
[Text Field]

Digital Signature  
[Text Field]  
Must match the name in the Name Field

GO BACK CANCEL SUBMIT

Continue to add supporting documents as needed by clicking the Add **Document** hyperlink. When all supporting documentation is added, click **Save & Continue**.

FCC Form 460 |

Start Registration Type Site Information Physical Location Contact Information **Supporting Documentation** Certification

### Supporting Documentation

Paperwork Reduction Act (PRA)

Are you submitting this FCC Form 460 as a member site of a consortium that you represent?  
☐ Yes  
☐ No

Are you a third-party (e.g. consultant) that is authorized to represent this HCP?  
☐ Yes  
☐ No

Note: If your third-party authorization is only with the consortium and not with this specific HCP location, then select 'No'

Uploaded File(s)

Document Type	Description	File Name	Uploaded On
LOA	Letter Of Agency	LOA.docx	7/28/2025 10:15 AM EDT
TPA	Third Party Authorization		7/28/2025 10:19 AM EDT

[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.

☒ 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.

Certifier's Full Name  Digital Signature

Date

[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**

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			

## Consortia Account Holders – Submitting for New Member Sites

There are two ways that consortia account holders may submit FCC Forms 460 for their new member sites. They can use the method above or complete steps as follows:

### Step 1: RHC Connect Dashboard

Log into RHC Connect. Navigate to the **My Organizations** tab and click the toggle beside **Show Only My Consortia**. Click the hyperlink for the consortium under the **Site Name** column.

RHC Connect

09:58

(14) Unread Notifications

Information Requests | My Forms | **My Organizations** | Post-Commitment Change Requests

ⓘ The Funding Year 2025 Funding Request Filing Window is closed. You cannot submit applications at this time.

My Organizations

☒ Show Only My Consortia GENERATE ORGANIZATIONS REPORT

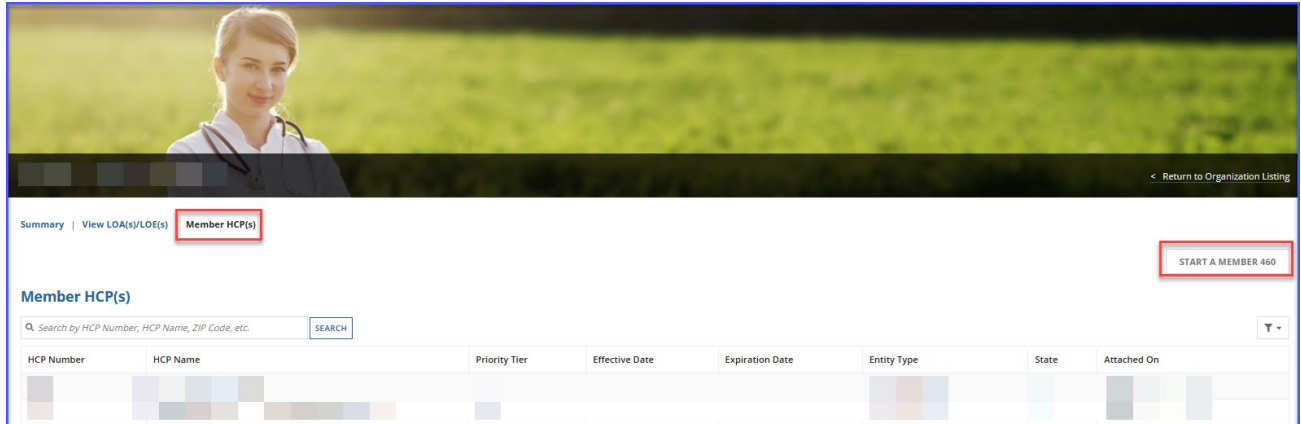
Q Search My Organizations SEARCH

Site Name	Site Number	Street Address	City	State	Zip Code	Forms	Entity Type	Account Holder Type	Actions
						HCF	Consortium	Primary (HCF)	Start Form

### Step 2: Member HCP(s)

Click on **Member HCP(s)**. then click **Start a Member 460**.





Summary | View LOA(s)/LOE(s) | **Member HCP(s)**

**START A MEMBER 460**

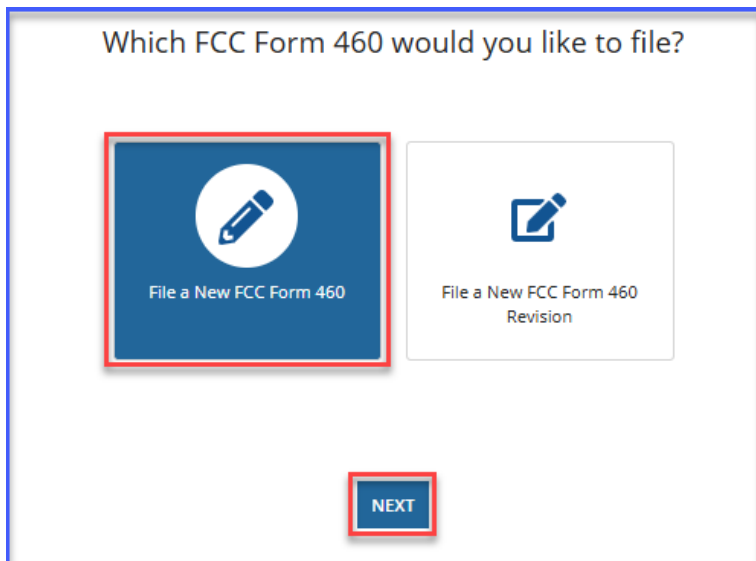
**Member HCP(s)**

Search by HCP Number, HCP Name, ZIP Code, etc. **SEARCH**

HCP Number	HCP Name	Priority Tier	Effective Date	Expiration Date	Entity Type	State	Attached On

### Step 3: Filing a New FCC Form 460

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

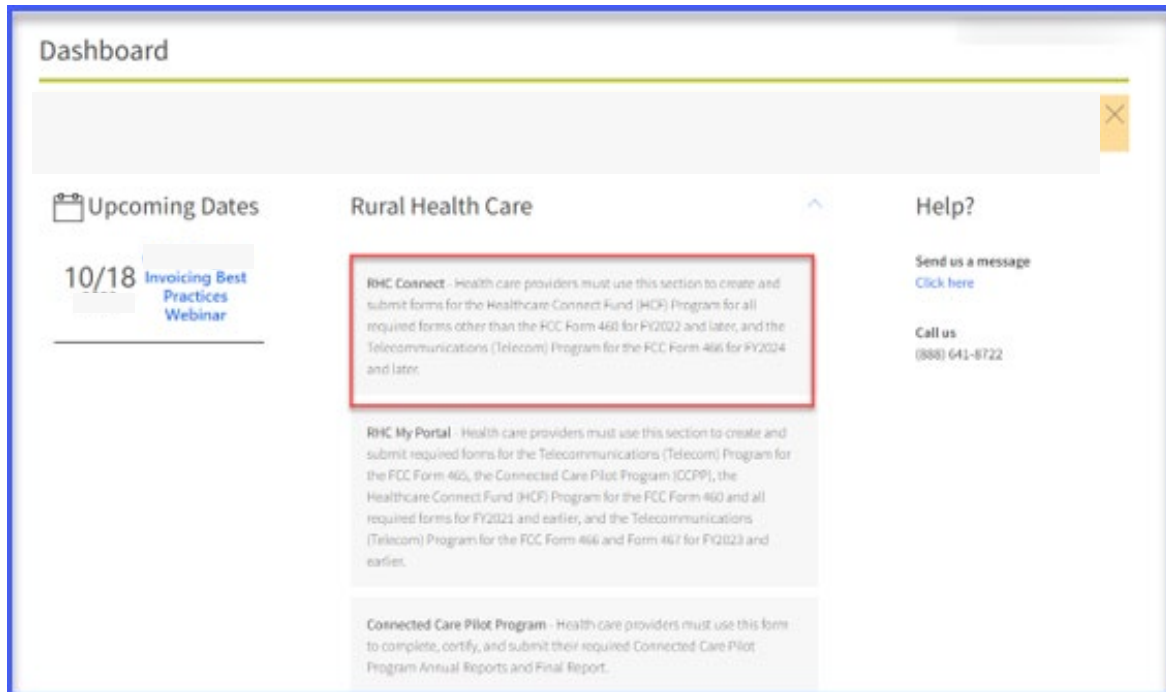
**NEXT**

Follow the steps listed above to complete the new FCC Form 460.

## RHC Connect Walkthrough – Submitting an FCC Form 460 Revision

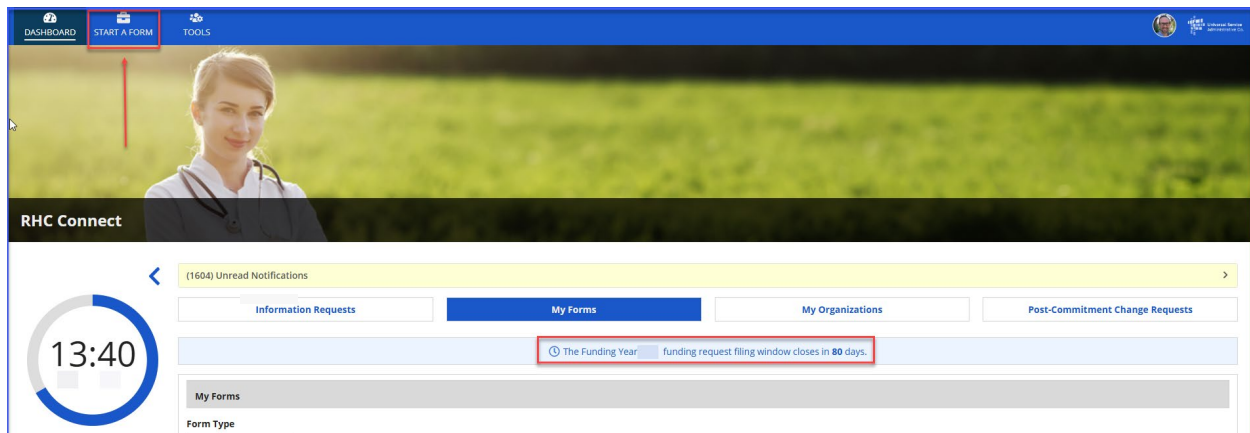
### Step 1: Dashboard Log In

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



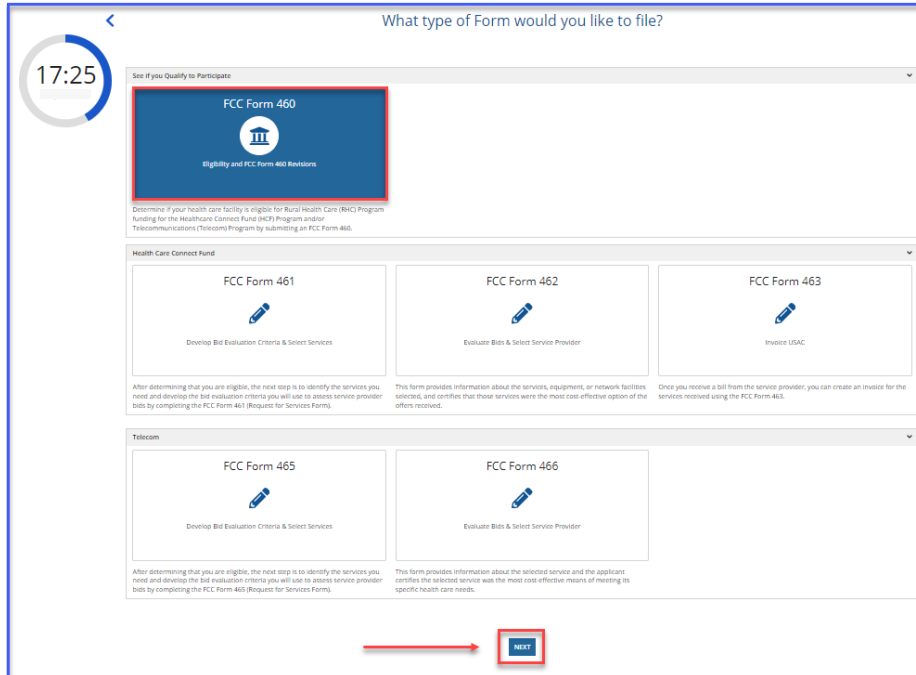
### Step 2: RHC Connect Dashboard

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



### Step 3: Start a Form

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



What type of Form would you like to file?

17:25

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

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).

**FCC Form 462**  
Evaluate Bids & Select Service Provider

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.

**FCC Form 463**  
Invoice USAC

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

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).

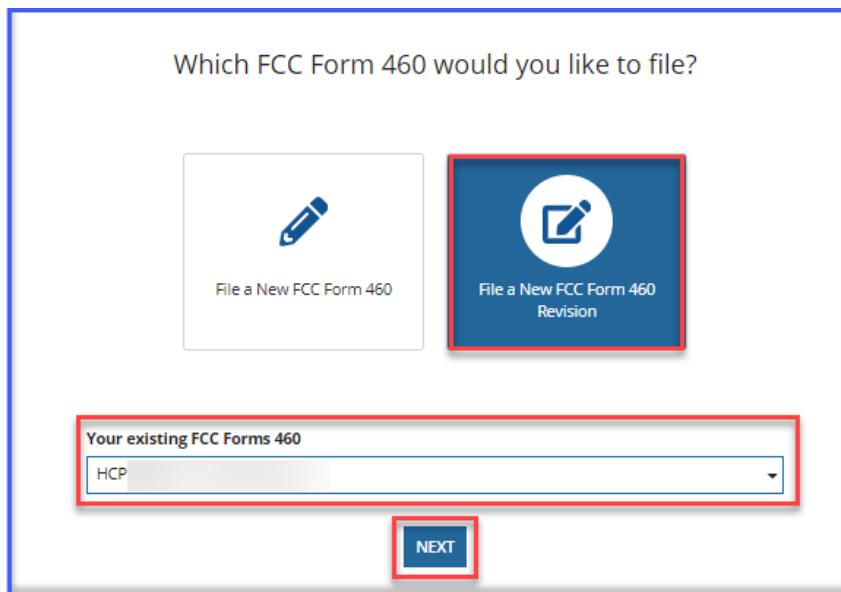
**FCC Form 466**  
Evaluate Bids & Select Service Provider

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**

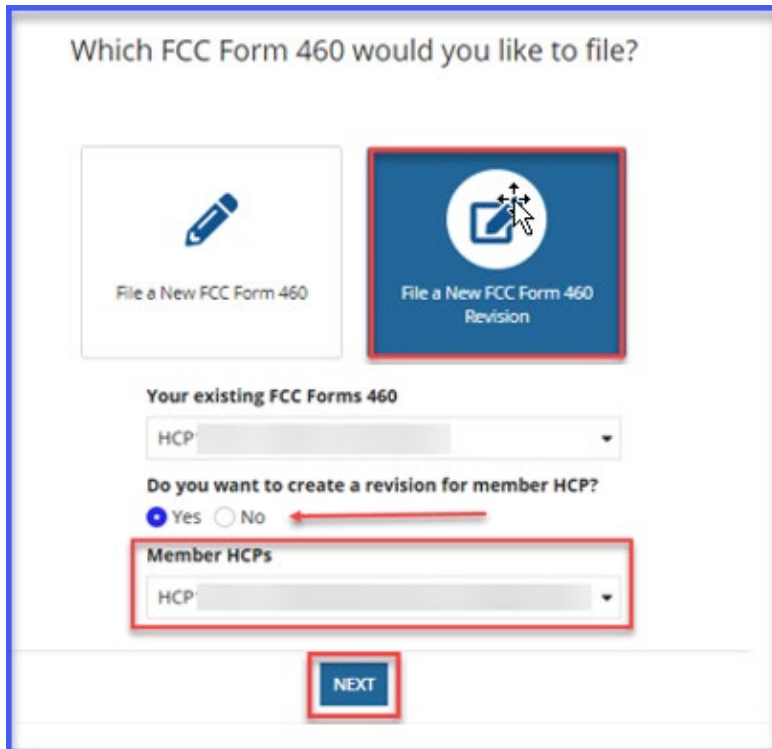
**File a New FCC Form 460 Revision**

Your existing FCC Forms 460

HCP

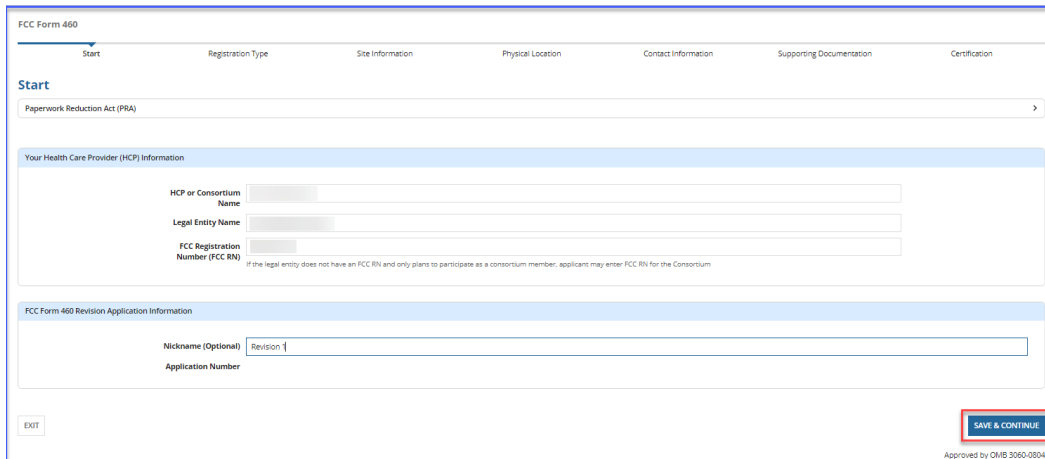
**NEXT**

For consortia, to file an FCC Form 460 revision for a member site answer **Yes** to the questions about creating a revision for a member site, select the member site from the drop-down menu under **Member HCPs**, then click **Next**.



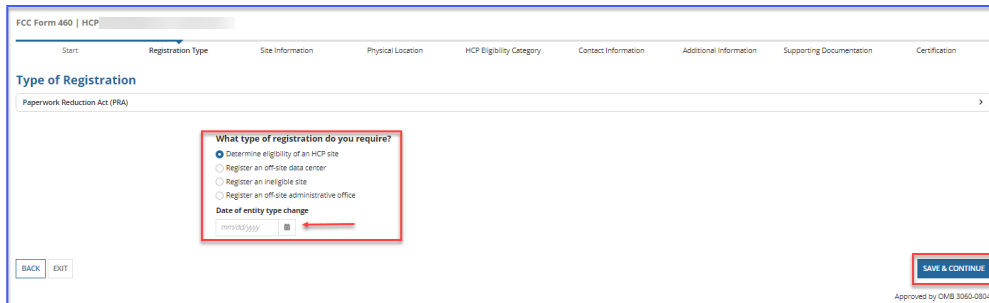
### Step 5: Start

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



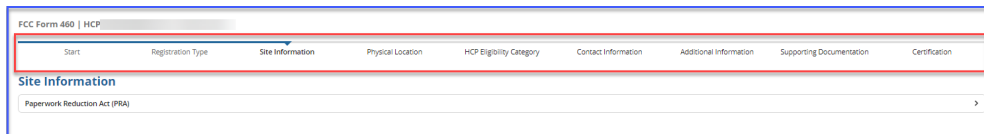
### Step 6: Type of Registration

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 § 54.602, 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 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 234 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](mailto: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.