

# Submitting the FCC Form 469 in RHC Connect

Rural Health Care (RHC) program

Revised July 2025

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## About RHC Connect for the FCC Form 469

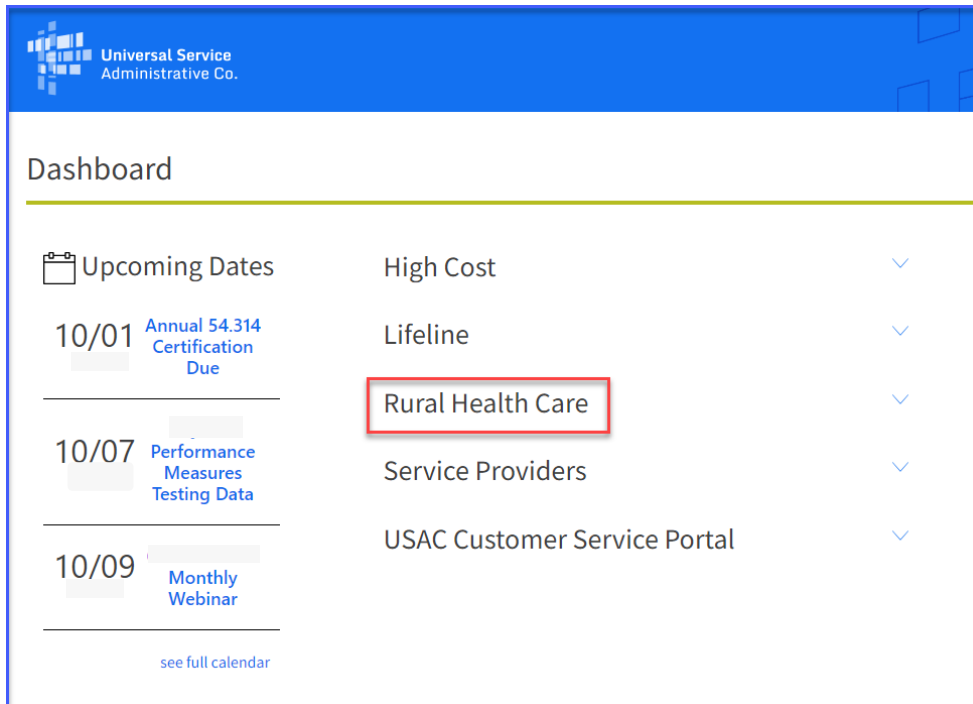
**RHC Connect** is the web-based system that hosts the FCC Form 469 beginning in funding year (FY) 2024. The FCC Form 469 is the new invoicing form for the Telecommunication (Telecom) Program. Per [FCC Order 23-6](#), it's aligned with the [FCC Form 463](#), the invoicing form used for the Healthcare Connect Fund (HCF) Program. One key difference is that the service provider submits the FCC Form 469 in RHC Connect, the applicant receives an email alerting them of the submission, and the applicant will officially submit the form to USAC by certifying and signing the form. For FY2024, 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 [Welcome to RHC Connect – FCC Form 469](#) webpage.

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.

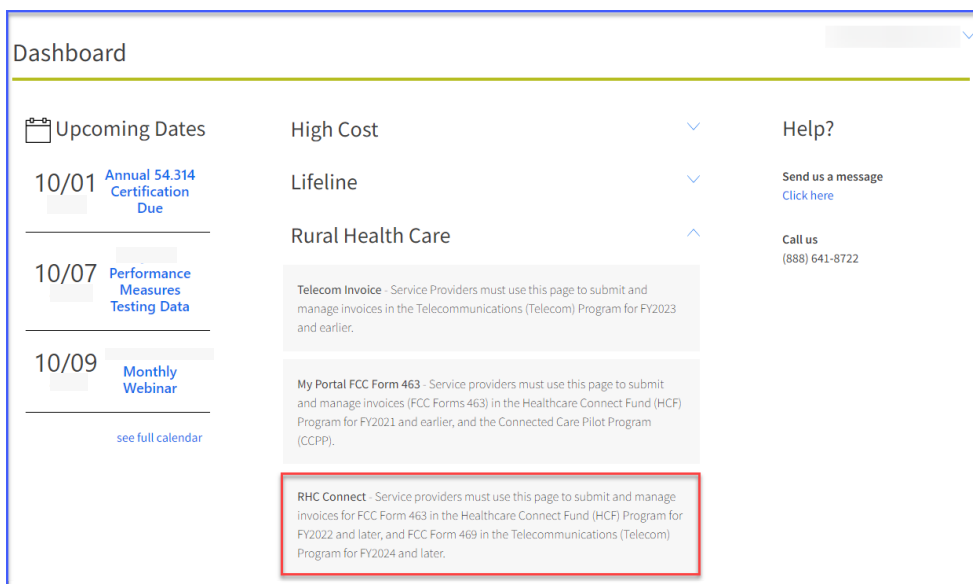
## RHC Connect Walkthrough for Service Providers

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



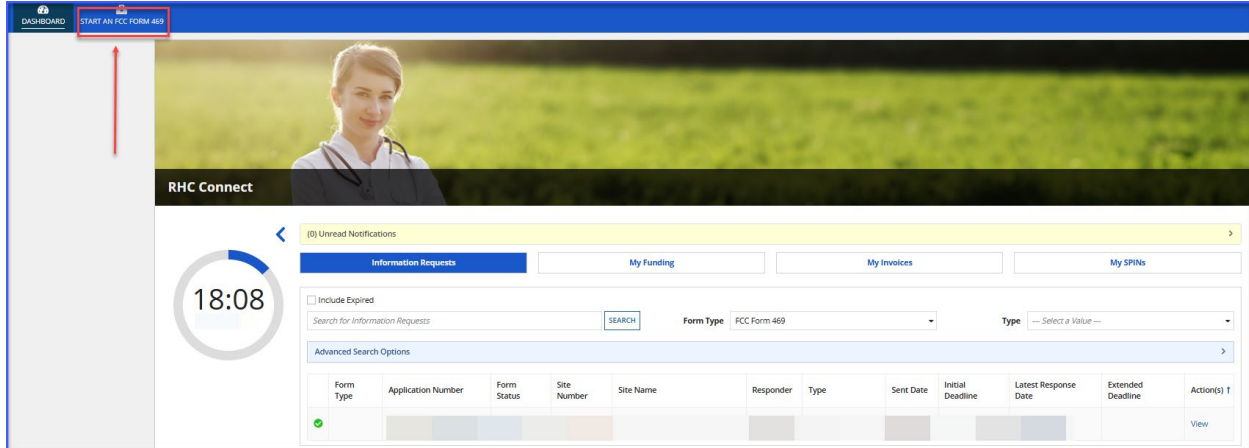
The screenshot shows the Universal Service Administrative Co. Dashboard. On the left, under 'Upcoming Dates', are three items: '10/01 Annual 54.314 Certification Due', '10/07 Performance Measures Testing Data', and '10/09 Monthly Webinar'. On the right, there is a list of links: 'High Cost', 'Lifeline', 'Rural Health Care' (highlighted with a red box), 'Service Providers', and 'USAC Customer Service Portal'. Each link has a dropdown arrow to its right. At the bottom left of the dashboard, there is a link 'see full calendar'.

**Step 2:** Click **RHC Connect**.



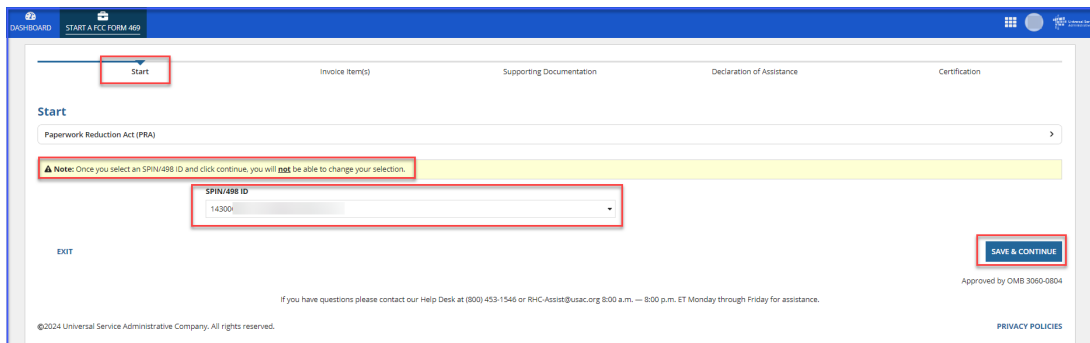
The screenshot shows the Universal Service Administrative Co. Dashboard with the 'Rural Health Care' link expanded. The expanded menu shows three options: 'Telecom Invoice', 'My Portal FCC Form 463', and 'RHC Connect'. The 'RHC Connect' option is highlighted with a red box. The 'Help?' section on the right includes links for 'Send us a message' and 'Call us'.

**Step 3: Click START AN FCC Form 469.**



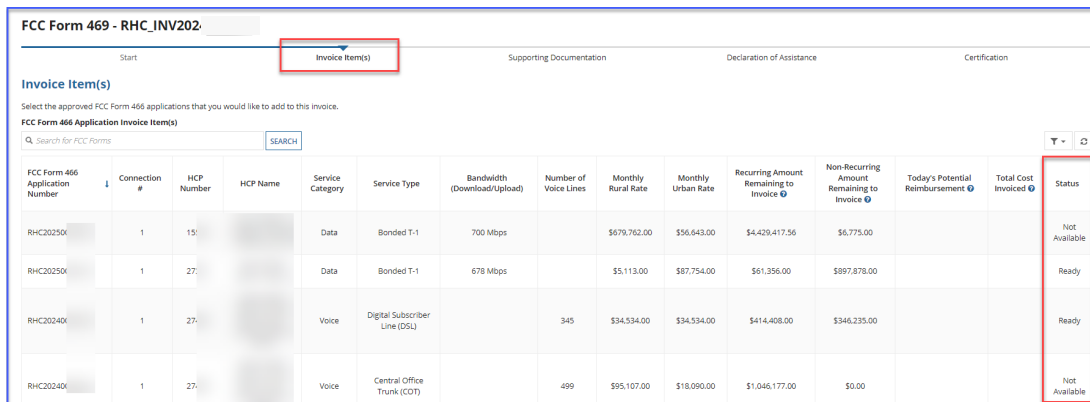
The screenshot shows the RHC Connect dashboard. A red box highlights the 'START AN FCC FORM 469' button in the top navigation bar. Below the header, there's a large image of a woman, a clock showing 18:08, and a section for 'Unread Notifications'. The main content area has tabs for 'Information Requests', 'My Funding', 'My Invoices', and 'My SPINs'. Under 'Information Requests', there's a search bar and a table of requests. The 'Form Type' is set to 'FCC Form 469'.

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



The screenshot shows the 'Start' page for FCC Form 469. A red box highlights the 'Start' button in the top navigation bar. Below the header, there's a section for 'Start' with a dropdown menu for 'Paperwork Reduction Act (PRA)'. A red box highlights the 'SPIN/498 ID' dropdown menu, which shows '14300'. A red box highlights the 'SAVE & CONTINUE' button. A warning message states: 'Note: Once you select an SPIN/498 ID and click continue, you will not be able to change your selection.'

**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.**



The screenshot shows the 'FCC Form 469 - RHC\_INV202' page. A red box highlights the 'Invoice Item(s)' tab in the top navigation bar. Below the header, there's a section for 'Invoice Item(s)' with a search bar. A table lists FCC Form 466 applications with columns: 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, and Status. The Status column is highlighted with a red box.

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
RHC20250	1	15		Data	Bonded T-1	700 Mbps		\$679,762.00	\$56,643.00	\$4,429,417.36	\$6,775.00			Not Available
RHC20250	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

**DASHBOARD** **START A FCC FORM 469**

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
RHC202400C	1,2	320		Voice	Direct Inward Dialing (DID)		499	\$111,187.00	\$23,453.69	\$0.00	\$0.00			Not Available
RHC202400C	1	320		Data	Dataphone or Digital Data Service (DDS)	654 Mbps								Not Available

This FCC Form 466 application is Not Available to be added to the FCC Form 469 due to Connection is already billed on a pending invoice: RHC\_INV202400396\_32097

RHC2024C | Connection Number 1

Bandwidth  
654 Mbps

Recurring Expense Type  
Invoice for Recurring Expense Type has already been submitted and is pending decision RHC\_INV20...

Non-Recurring Expense Type  
Non-recurring cost has previously been invoiced on invoice #RHC\_INV202400396\_32097 for amount...

Total Cost Remaining to Invoice  
\$0.00

**Step 6:** Enter information in the fields shown.

**Invoice Item(s)**

Select the approved FCC Form 466 applications that you would like to add to this invoice.

**FCC Form 466 Application Invoice Item(s)**

Search for FCC Forms

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
RHC20240C	1			Data	Ethernet - Dedicated	100 Mbps		\$1,100.00	\$500.00	\$0.00	\$0.00			Not Available
RHC20240C	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00			Ready
RHC20240C	1			Data	Ethernet - Dedicated	100 Mbps		\$5,050.00	\$512.00	\$60,600.00	\$200.00			Ready
RHC20240C	1			Voice	Voice Grade Business Lines		10	\$270.00	\$82.00	\$3,240.00	\$0.00			Ready
RHC20240C	1			Data	Ethernet - Dedicated	100 Mbps		\$2,000.00	\$200.00	\$24,000.00	\$0.00			Ready

RHC2024000211 | Connection Number 1

Bandwidth  
100 Mbps

Recurring Expense Type  
Total Cost Remaining to Invoice  
\$12,000.00

Service Start Date  
mm/dd/yyyy

Billing Period Start Date  
mm/dd/yyyy

Billing Period End Date  
mm/dd/yyyy

Non-Recurring Expense Type  
Total Cost Remaining to Invoice  
\$500.00

Service Installation Date  
mm/dd/yyyy

Billing Date  
mm/dd/yyyy

Total Cost Invoiced

**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**.

RHC202 Connection Number 1

**Bandwidth**  
100 Mbps

**Recurring Expense Type**

**Total Cost Remaining to Invoice** ⓘ  
\$12,000.00

**Service Start Date**  
 ⓘ

**Billing Period Start Date**  ⓘ **Billing Period End Date**  ⓘ

**Maximum Amount for Chosen Period** ⓘ  
\$2,000.00

**Minimum Amount for Chosen Period** ⓘ  
\$200.00

**Total Cost Invoiced** ⓘ

**Today's Potential Recurring Reimbursement** ⓘ  
\$1,080.00

Show Calculations for Recurring Expense Type >

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

RHC202 Connection Number 1

**Bandwidth**  
100 Mbps

**Recurring Expense Type**

**Total Cost Remaining to Invoice** ⓘ  
\$12,000.00

**Service Start Date**  
 ⓘ

**Billing Period Start Date**  ⓘ **Billing Period End Date**  ⓘ

**Maximum Amount for Chosen Period** ⓘ  
\$2,000.00

**Minimum Amount for Chosen Period** ⓘ  
\$200.00

**Total Cost Invoiced** ⓘ

The amount entered cannot be less than or equal to the Minimum Amount for Chosen Period.

**Today's Potential Recurring Reimbursement** ⓘ  
\$0.00

Show Calculations for Recurring Expense Type >

**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  

Total Cost Invoiced ⓘ  
\$500.00

Today's Potential Non-Recurring Reimbursement ⓘ  
\$150.00

Show Calculations for Non-Recurring Expense Type >



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

**The 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

**Service Installation Date**   **Billing Date**  

**Total Cost Invoiced** [?](#)  
\$100.00

**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** [?](#)  
\$0.00

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 [v](#)

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).

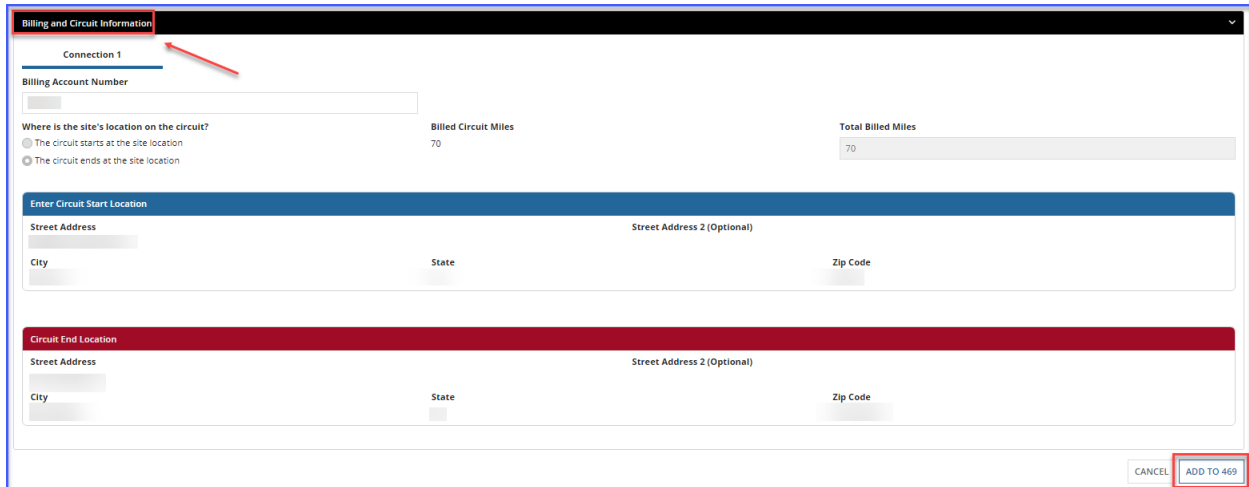
Maximum Reimbursable Amount is calculated as:

- (One-time Rural Rate (\$500.00) - One-time Urban Rate (\$250.00)) x Percent Eligible for Use (60%) x Proration Factor (100%)

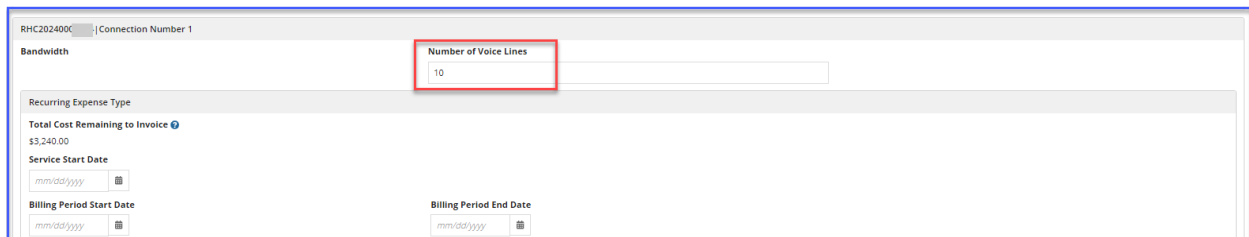
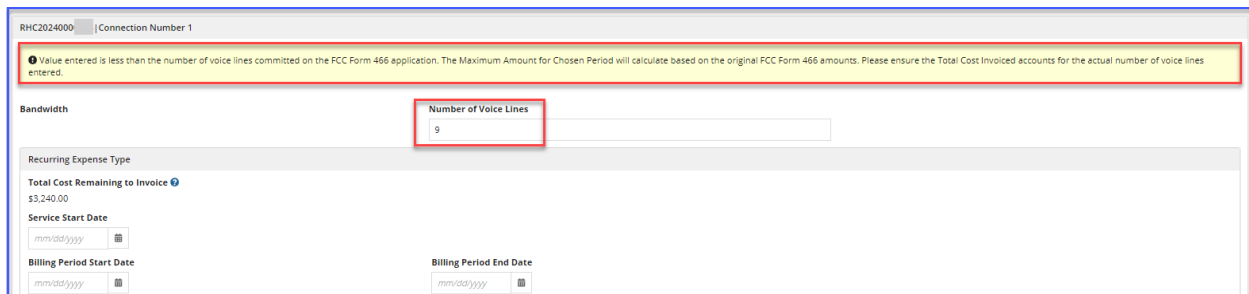
Total Cost Invoiced (User Entered Amount) is calculated as:

- 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**.



**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.

**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)**

Select the approved FCC Form 466 applications that you would like to add to this invoice.

**FCC Form 466 Application Invoice Item(s)**

Q Search for FCC Forms SEARCH

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
RHC202	1			Data	Ethernet - Dedicated	100 Mbps		\$1,100.00	\$500.00	\$0.00	\$0.00			Not Available
RHC202	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$1,230.00	\$2,500.00	Added
RHC202	1			Data	Ethernet - Dedicated	100 Mbps		\$5,050.00	\$512.00	\$60,600.00	\$200.00			Ready
RHC202	1			Voice	Voice Grade Business Line(s)		10	\$270.00	\$82.00	\$3,240.00	\$0.00			Ready
RHC202	1			Data	Ethernet - Dedicated	100 Mbps		\$2,000.00	\$200.00	\$24,000.00	\$0.00			Ready

< 11 - 15 of 15 >

EXIT BACK **SAVE & CONTINUE**

**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 Documentation**

Uploaded File(s)

Document Type	Description	FCC Form 466 Application Number	File Name	Uploaded On
No items available				

**Upload Document(s)**

Invoice PDF - 32.81 KB

Proof of Payment PDF - 33.67 KB

+ Drop files here

Up to ten (10) documents at a time.

**CONFIRM DOCUMENT UPLOAD(S)**

Note: On this screen only, error messages may persist even after errors have been fixed. After fixing errors, please select **save and continue**.

EXIT BACK **SAVE & CONTINUE**

**Step 15:** Use the drop-down 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 -**

Start Invoice Item(s) **Supporting Documentation** Declaration of Assistance Certification

**Supporting Documentation**

Uploaded File(s)

Document Type	Description	FCC Form 466 Application Number	File Name	Uploaded On
Invoice	Required only for "Other" Document Type	Select a document type	Invoice PDF - 32.81 KB	
Proof of Payment	Required only for "Other" Document Type	Select a document type	Proof of Payment PDF - 33.67 KB	

**Upload Document(s)**

UPLOAD Drop files here

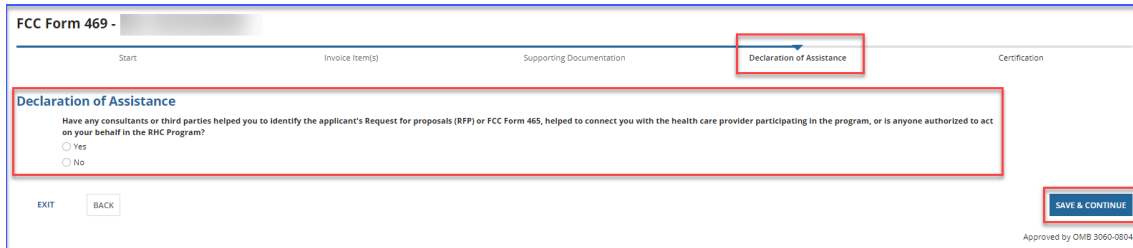
Up to ten (10) documents at a time.

<< Showing 1 - 2 of 2 >>

Note: On this screen only, error messages may persist even after errors have been fixed. After fixing errors, please select **save and continue**.

EXIT BACK **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 - [Progress Bar]

Start Invoice Item(s) Supporting Documentation **Declaration of Assistance** Certification

**Declaration of Assistance**

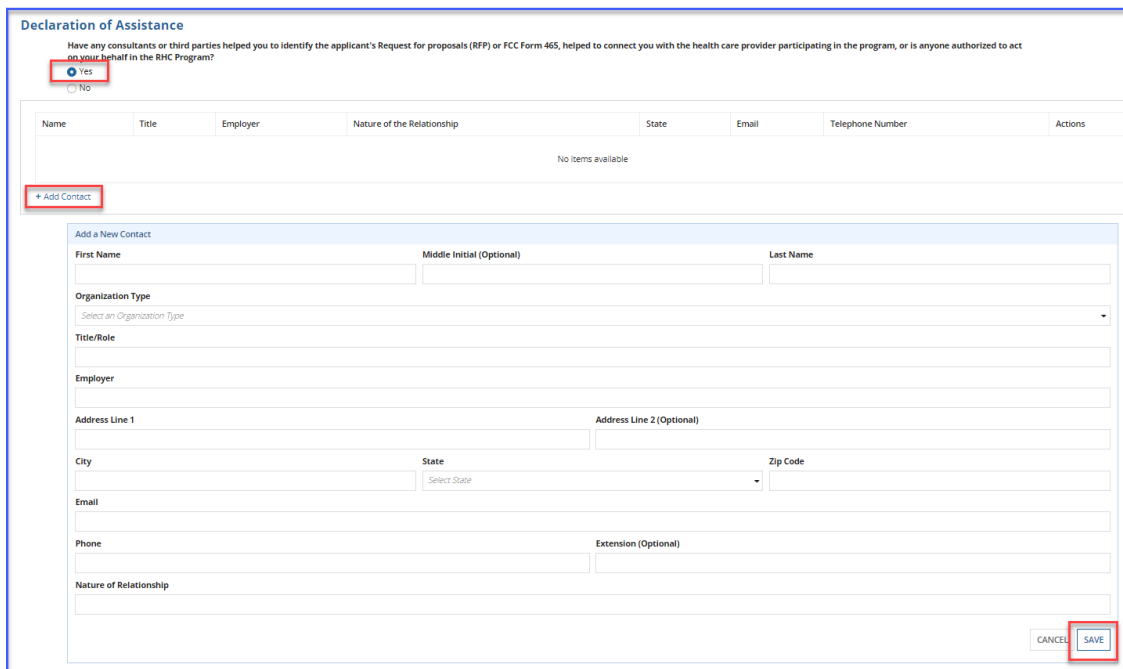
Have any consultants or third parties helped you to identify the applicant's Request for proposals (RFP) or FCC Form 465, helped to connect you with the health care provider participating in the program, or is anyone authorized to act on your behalf in the RHC Program?

☐ Yes  
☐ No

EXIT BACK **SAVE & CONTINUE**

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**.



**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  
☐ No

Name	Title	Employer	Nature of the Relationship	State	Email	Telephone Number	Actions
No items available							

**+ Add Contact**

**Add a New Contact**

First Name Middle Initial (Optional) Last Name

Organization Type  
Select an Organization Type

Title/Role

Employer

Address Line 1 Address Line 2 (Optional)

City State Zip Code  
Select State

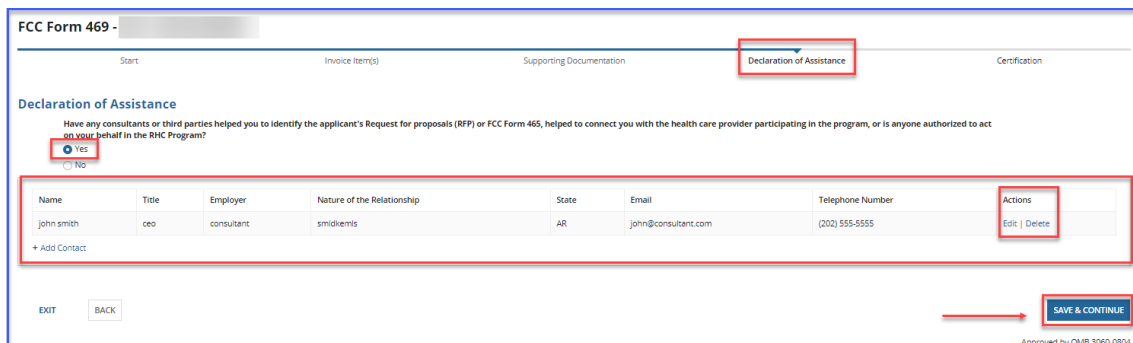
Email

Phone Extension (Optional)

Nature of Relationship

CANCEL **SAVE**

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



FCC Form 469 - [Progress Bar]

Start Invoice Item(s) Supporting Documentation **Declaration of Assistance** Certification

**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  
☐ No

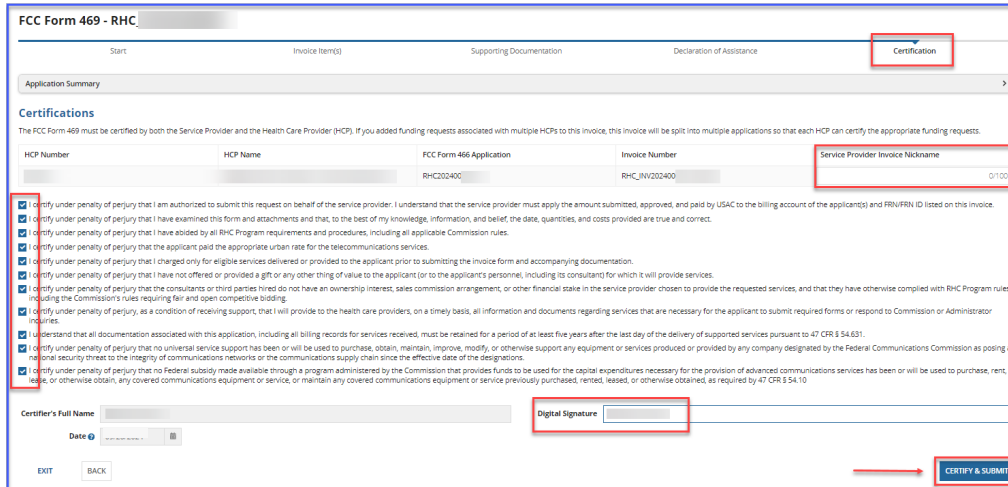
Name	Title	Employer	Nature of the Relationship	State	Email	Telephone Number	Actions
john smith	ceo	consultant	smidemis	AR	john@consultant.com	(202) 555-5555	Edit   Delete

**+ Add Contact**

EXIT BACK **SAVE & CONTINUE**

Approved by OMB 3060-0804

**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 Items Supporting Documentation Declaration of Assistance **Certification**

Application Summary

**Certifications**

The FCC Form 469 must be certified by both the Service Provider and the Health Care Provider (HCP). If you added funding requests associated with multiple HCPs to this invoice, this invoice will be split into multiple applications so that each HCP can certify the appropriate funding requests.

FCC Number	HCP Name	FCC Form 466 Application	Invoice Number	Service Provider Invoice Nickname
		RHC202400	RHC_INV202400	01/00

☒ I certify under penalty of perjury that I am authorized to submit this request on behalf of the service provider. I understand that the service provider must apply the amount submitted, 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 examined this form and attachments and that, to the best of my knowledge, information, and belief, the date, quantities, and costs provided are true and correct.

☒ I certify under penalty of perjury that I have abided by all RHC Program requirements and procedures, including all applicable Commission rules.

☒ I certify under penalty of perjury that the applicant paid the appropriate urban rate for the telecommunications services.

☒ I certify under penalty of perjury 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 applicant (or to the applicant's personnel, including its consultants) for which it will provide services.

☒ I certify under penalty of perjury that the consultants or third parties hired do not have an ownership interest, sales commission arrangement, or other financial stake in the service provider chosen to provide the requested services, and that they have otherwise complied with RHC Program rules, including the Commission's rules requiring fair and open competitive bidding.

☒ I certify under penalty of perjury, as a condition of receiving support, that I will provide to the health care providers, on a timely basis, all information and documents regarding services that are necessary for the applicant to submit required forms or respond to Commission or Administrator inquiries.

☒ I understand 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 day of the delivery of supported services pursuant to 47 CFR § 54.631.

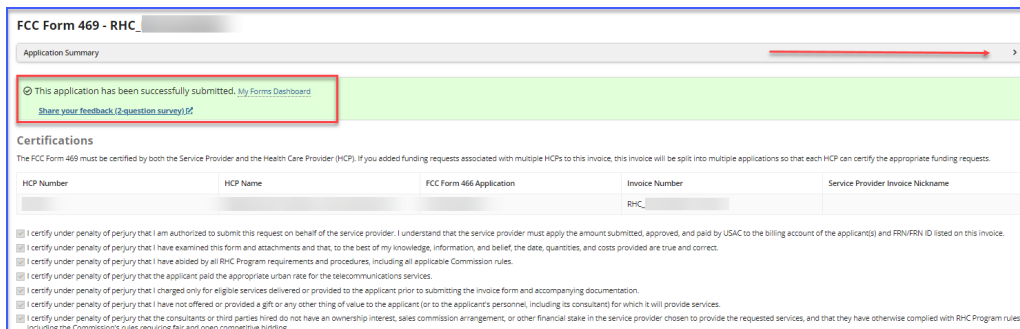
☒ I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations.

☒ I certify under penalty of perjury that no federal subsidy made available through a program administered by the Commission the provider funds to be used for the capital expenditures necessary for the provision of advanced communications services has been or will be used to purchase, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or otherwise obtained, as required by 47 CFR § 54.10.

Certifier's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_ 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 submitted. [My Forms Dashboard](#)

[Share your feedback \(2-question survey\)](#)

**Certifications**

The FCC Form 469 must be certified by both the Service Provider and the Health Care Provider (HCP). If you added funding requests associated with multiple HCPs to this invoice, this invoice will be split into multiple applications so that each HCP can certify the appropriate funding requests.

FCC 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 submit this request on behalf of the service provider. I understand that the service provider must apply the amount submitted, 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 examined this form and attachments and that, to the best of my knowledge, information, and belief, the date, quantities, and costs provided are true and correct.

☒ I certify under penalty of perjury that I have abided by all RHC Program requirements and procedures, including all applicable Commission rules.

☒ I certify under penalty of perjury that the applicant paid the appropriate urban rate for the telecommunications services.

☒ I certify under penalty of perjury 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 applicant (or to the applicant's personnel, including its consultants) for which it will provide services.

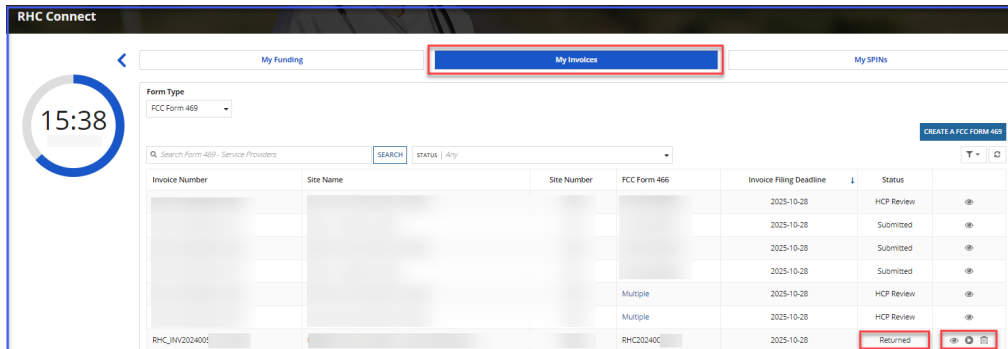
☒ I certify under penalty of perjury that the consultants or third parties hired do not have an ownership interest, sales commission arrangement, or other financial stake in the service provider chosen to provide the requested services, and that they have otherwise complied with RHC Program rules, including the Commission's rules requiring fair and open competitive bidding.

## 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.



**RHC Connect**

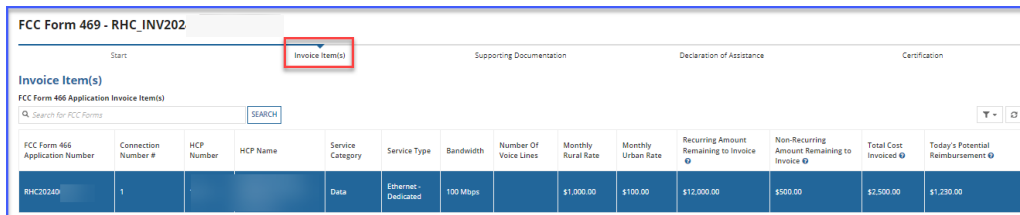
My Funding | **My Invoices** | My SPINs

Form Type: FCC Form 469

Search Form 469 - Service Providers | SEARCH | Status: Any

Invoice Number	Site Name	Site Number	FCC Form 469	Invoice Filing Deadline	Status
RHC_INV2024001				2025-10-28	HCP Review
				2025-10-28	Submitted
				2025-10-28	Submitted
				2025-10-28	Submitted
			Multiple	2025-10-28	HCP Review
			Multiple	2025-10-28	HCP Review
				2025-10-28	Returned

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



**FCC Form 469 - RHC\_INV202**

Start | **Invoice Item(s)** | Supporting Documentation | Declaration of Assistance | Certification

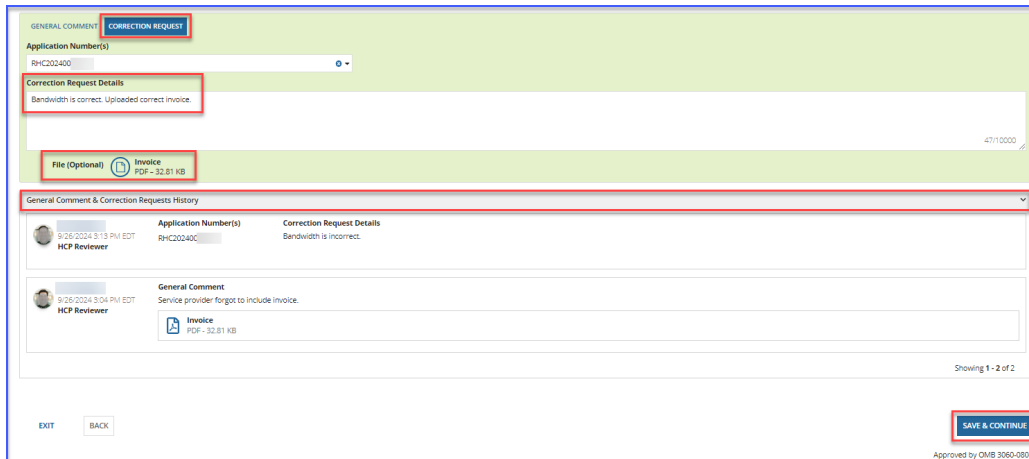
Invoice Item(s)

FCC Form 469 Application Invoice Item(s)

Search for FCC Forms | SEARCH

FCC Form 469 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
RHC2024001	1			Data	Ethernet-Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$2,500.00	\$1,250.00

**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 | CORRECTION REQUEST**

Application Number(s): RHC2024001

Correction Request Details

Bandwidth is correct. Uploaded correct invoice.

File (Optional) | Invoice PDF - 32.81 KB

General Comment & Correction Requests History

Application Number(s)	Correction Request Details	General Comment
RHC2024001	Bandwidth is incorrect.	
		Service provider forgot to include invoice.

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\_INV202.

Start
Invoice Item(s)
Supporting Documentation
Declaration of Assistance

Certification

Application Summary

### Certifications

The FCC Form 469 must be certified by both the Service Provider and the Health Care Provider (HCP). If you added funding requests associated with multiple HCPs to this invoice, this invoice will be split into multiple applications so that each HCP can certify the appropriate funding requests.

HCP Number	HCP Name	FCC Form 466 Application	Invoice Number	Service Provider Invoice Nickname
		RHC202400C	RHC_INV202400	

☒ certify under penalty of perjury that I am authorized to submit this request on behalf of the service provider. I understand that the service provider must apply the amount submitted, approved, and paid by USAC to the billing account of the applicant(s) and FRN/FRN ID listed on this invoice.
☒ certify under penalty of perjury that I have examined this form and attachments and that, to the best of my knowledge, information, and belief, the date, quantities, and costs provided are true and correct.
☒ certify under penalty of perjury that I have abided by all RHC Program requirements and procedures, including all applicable Commission rules.
☒ certify under penalty of perjury that the applicant paid the appropriate urban rate for the telecommunications services.
☒ certify under penalty of perjury that I charged only for eligible services delivered or provided to the applicant prior to submitting the invoice form and accompanying documentation.
☒ certify under penalty of perjury that I have not offered or provided a gift or any other thing of value to the applicant (or to the applicant's personnel, including its consultant) for which it will provide services.
☒ certify under penalty of perjury that the consultants or third parties hired do not have an ownership interest, sales commission arrangement, or other financial stake in the service provider chosen to provide the requested services, and that they have otherwise complied with RHC Program rules, including the Commission's rules requiring fair and open competitive bidding.
☒ certify under penalty of perjury, as a condition of receiving support, that I will provide to the health care providers, on a timely basis, all information and documents regarding services that are necessary for the applicant to submit required forms or respond to Commission or Administrator inquiries.
☒ understand 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 day of the delivery of supported services pursuant to 47 CFR § 54.631.
☒ certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations.
☒ certify under penalty of perjury that no Federal subsidy made available through a program administered by the Commission that provides funds to be used for the capital expenditures necessary for the provision of advanced communications services has been or will be used to purchase, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or otherwise obtained, as required by 47 CFR § 54.10.

Certifier's Full Name

Date

Digital Signature

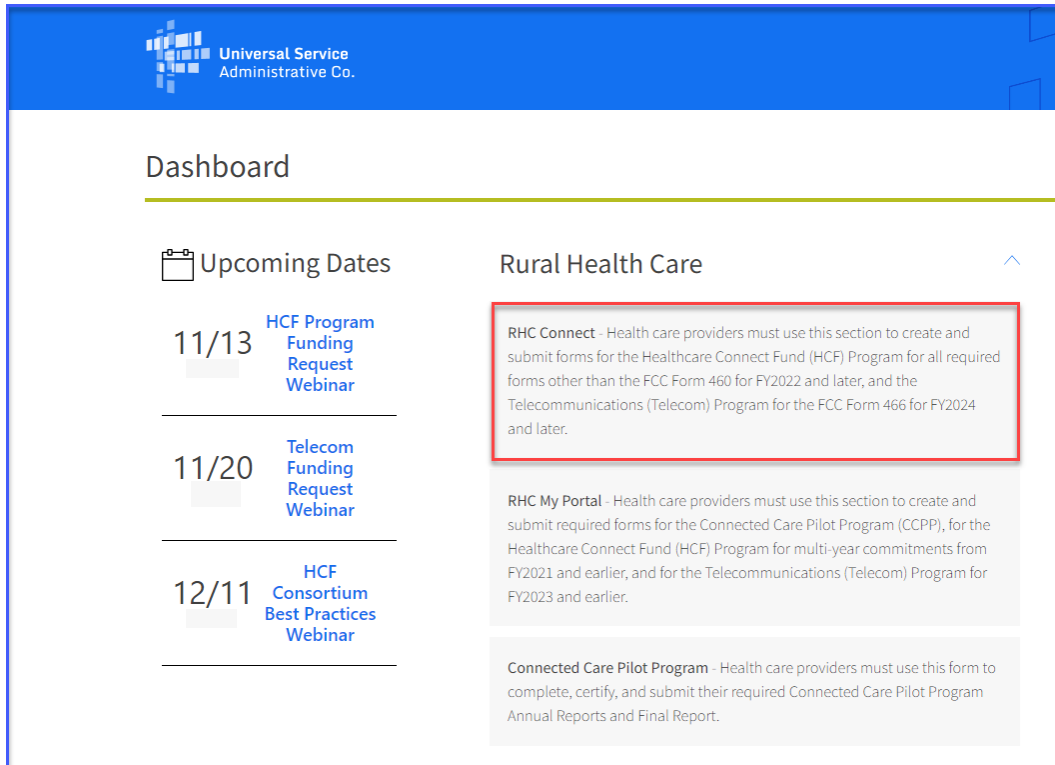
EXIT
BACK

CERTIFY & SUBMIT

Approved by OMB 3060-0804

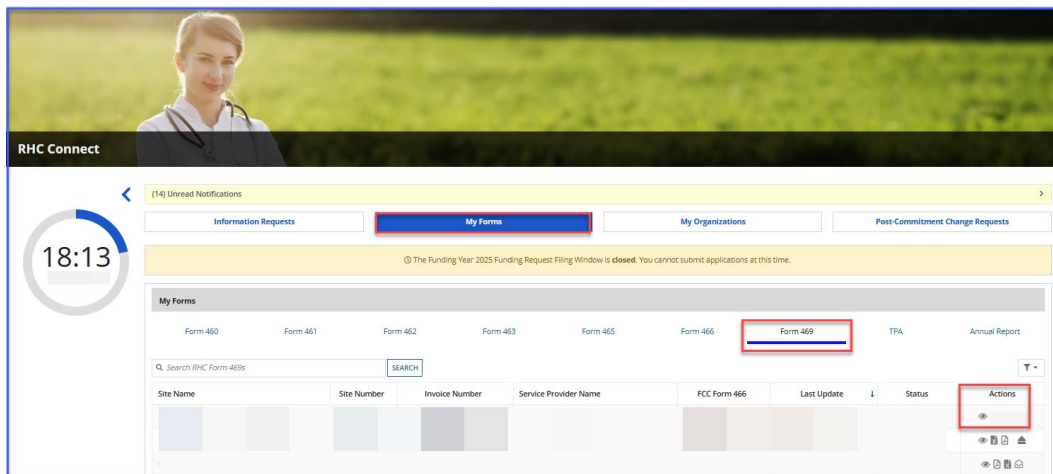
## RHC Connect Walkthrough for Health Care Providers

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



The screenshot shows the RHC Connect Dashboard. At the top is the Universal Service Administrative Co. logo. Below it is a "Dashboard" header. On the left, under "Upcoming Dates", there are three events: 11/13 HCF Program Funding Request Webinar, 11/20 Telecom Funding Request Webinar, and 12/11 HCF Consortium Best Practices Webinar. On the right, under "Rural Health Care", there are three sections: "RHC Connect" (highlighted with a red box), "RHC My Portal", and "Connected Care Pilot Program". The "RHC Connect" section states: "Health care providers must use this section to create and submit forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later, and the Telecommunications (Telecom) Program for the FCC Form 466 for FY2024 and later."

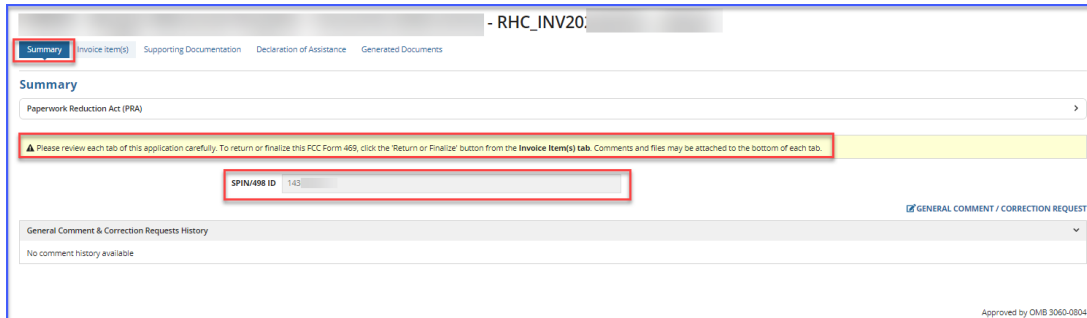
**Step 2:** On the **My Forms** tab of the RHC **Dashboard**, navigate to the **FCC Form 469** tab. **HCP Review** will appear in the **Status** column for all FCC Forms 469 submitted by the service provider and awaiting your review. Click the view icon to continue.



The screenshot shows the RHC Connect "My Forms" tab. At the top is a banner with a woman's face and the text "RHC Connect". Below it is a navigation bar with tabs: "Information Requests", "My Forms" (highlighted with a red box), "My Organizations", and "Post-Commitment Change Requests". A message states: "The Funding Year 2025 Funding Request Filing Window is closed. You cannot submit applications at this time." Below this is a "My Forms" section with a table of forms. The table has columns: Form 460, Form 461, Form 462, Form 463, Form 465, Form 466, Form 469 (highlighted with a red box), TPA, and Annual Report. Below the table is a search bar and a table with columns: Site Name, Site Number, Invoice Number, Service Provider Name, FCC Form 466, Last Update, Status, and Actions. The "Actions" column has a red box around the "View" icon.



**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.



Summary Invoice Item(s) Supporting Documentation Declaration of Assistance Generated Documents

Summary

Paperwork Reduction Act (PRA)

▲ Please review each tab of this application carefully. To return or finalize this FCC Form 466, click the 'Return or Finalize' button from the **Invoice Item(s)** tab. Comments and files may be attached to the bottom of each tab.

SPIN/498 ID 143

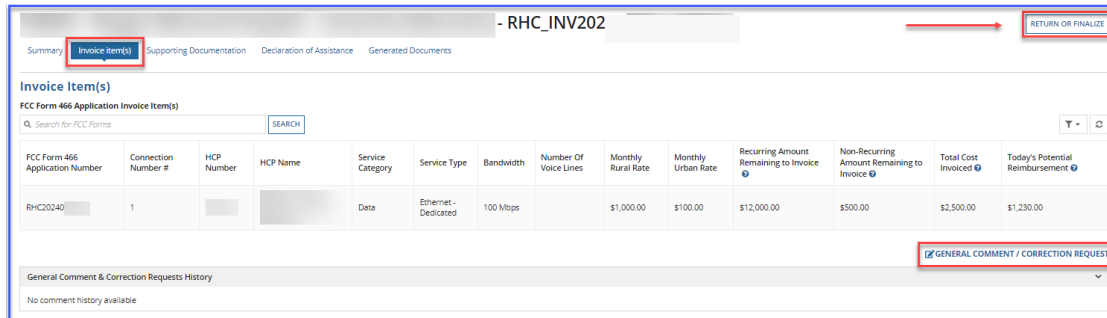
General Comment & Correction Requests History

No comment history available

GENERAL COMMENT / CORRECTION REQUEST

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**.



Summary Invoice Item(s) Supporting Documentation Declaration of Assistance Generated Documents

Invoice Item(s)

FCC Form 466 Application Invoice Item(s)

Search for FCC Forms

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

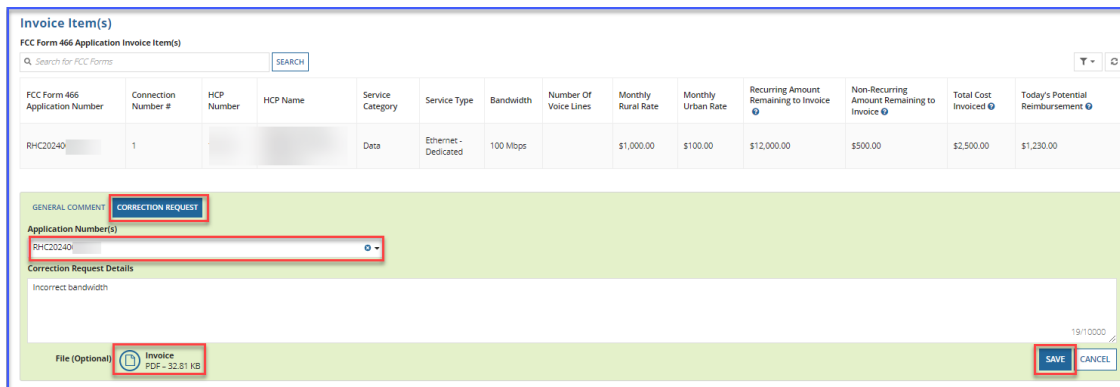
GENERAL COMMENT / CORRECTION REQUEST

General Comment & Correction Requests History

No comment history available

RETURN OR FINALIZE

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



Invoice Item(s)

FCC Form 466 Application Invoice Item(s)

Search for FCC Forms

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 REQUEST

Application Number(s)

RHC20240

Correction Request Details

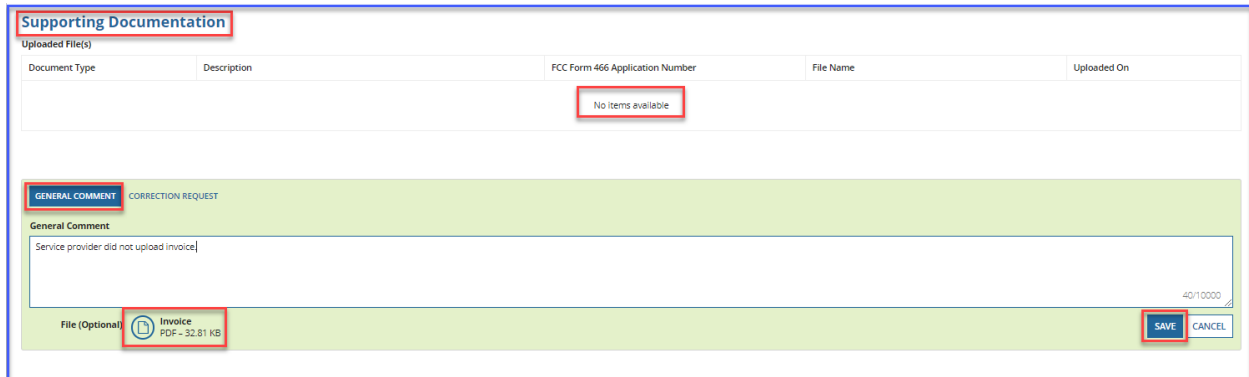
Incorrect bandwidth

File (Optional) Invoice PDF - 32.81 KB

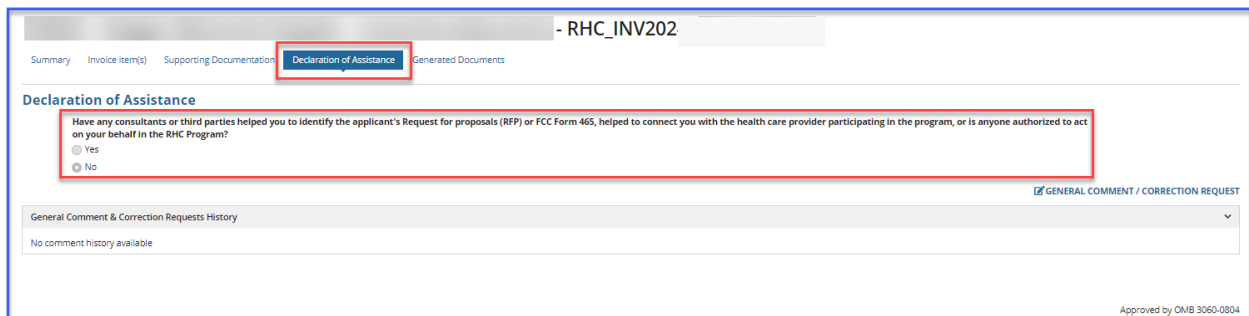
SAVE CANCEL

19/10000

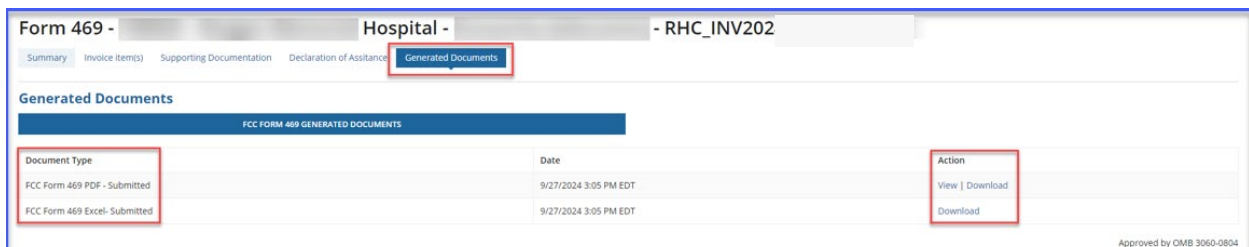
**Step 6:** If the service provider uploaded documents, they will be visible to download and review on the **Supporting Documentation** page. To upload additional supporting documents, click **General Comment/Correction Request**, select either **General Comment** or **Correction Request**, leave an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



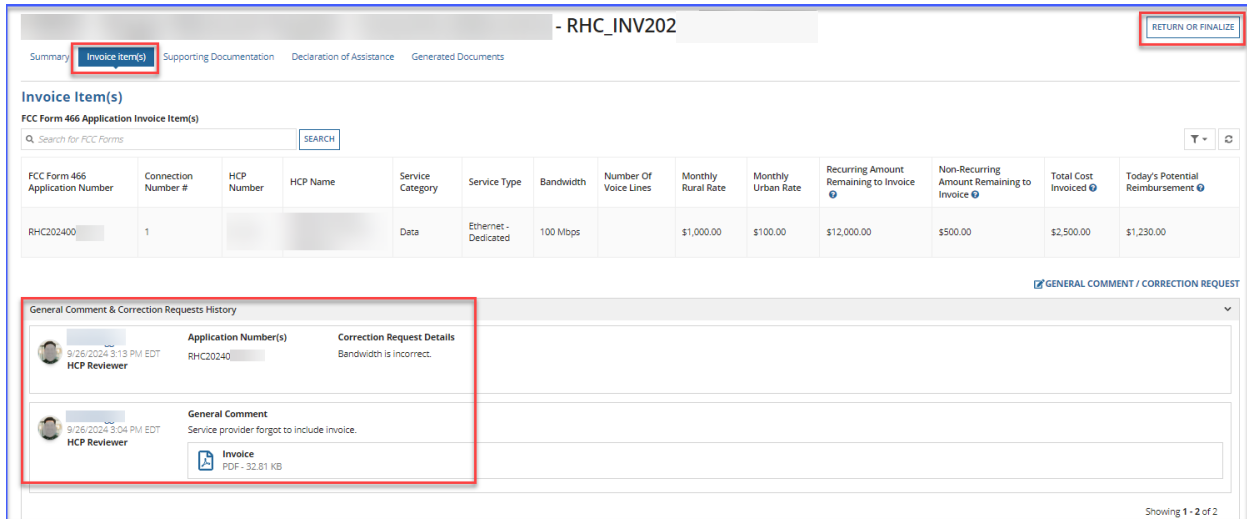
**Step 7:** The **Declaration of Assistance** question on the FCC Form 469 is answered by the service provider, so the response cannot be edited by the HCP. The HCP can view any information entered by the service provider if they answered **Yes** to the question about outside assistance.



**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.



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



- RHC\_INV202

Summary **Invoice 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

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

GENERAL COMMENT / CORRECTION REQUEST

General Comment & Correction Requests History

Application Number(s)	Correction Request Details
RHC20240	Bandwidth is incorrect.

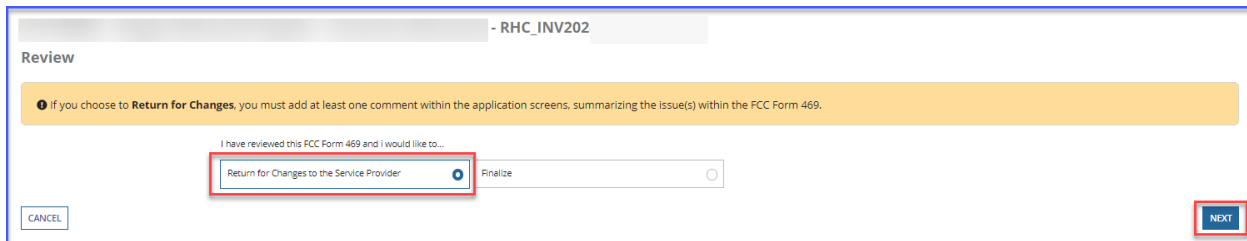
General Comment

Service provider forgot to include invoice.

Invoice PDF - 32.81 KB

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.



- RHC\_INV202

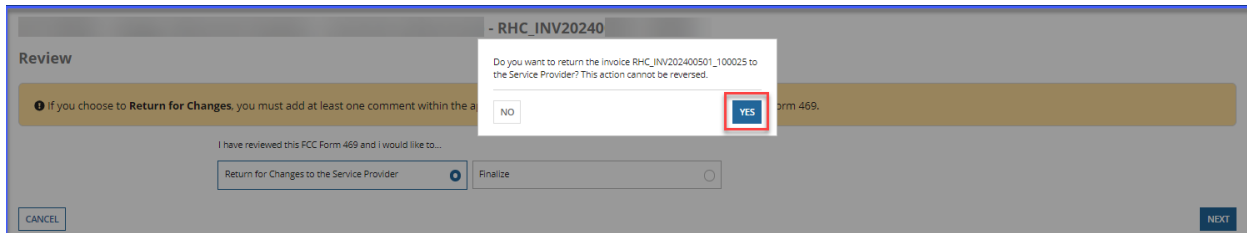
Review

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.

I have reviewed this FCC Form 469 and I would like to...

Return for Changes to the Service Provider ☒ Finalize ☐

CANCEL NEXT



- RHC\_INV20240

Review

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.

I have reviewed this FCC Form 469 and I would like to...

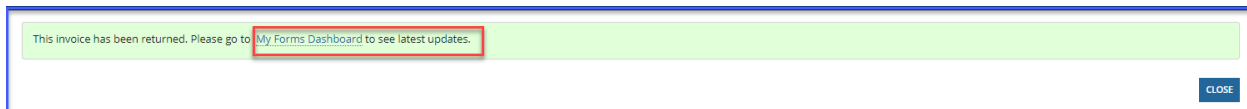
Return for Changes to the Service Provider ☒ Finalize ☐

CANCEL NEXT

Do you want to return the invoice RHC\_INV202400501\_100025 to the Service Provider? This action cannot be reversed.

NO YES

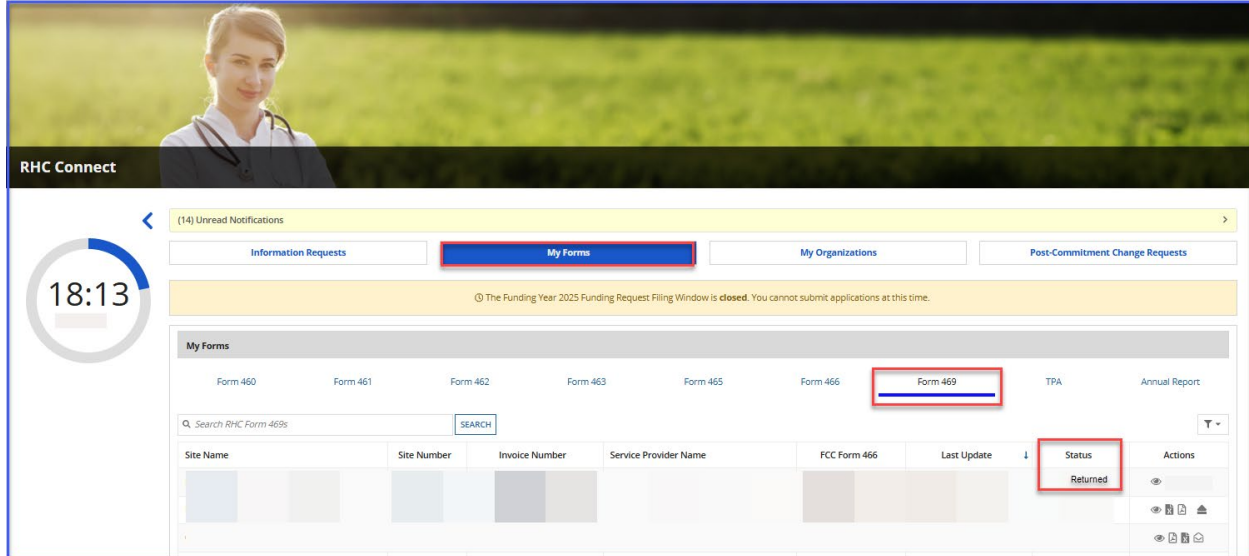
**Step 11:** The message in the green banner is a confirmation that the invoice has been returned.



This invoice has been returned. Please go to [My Forms Dashboard](#) to see latest updates.

CLOSE

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



RHC Connect

(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.

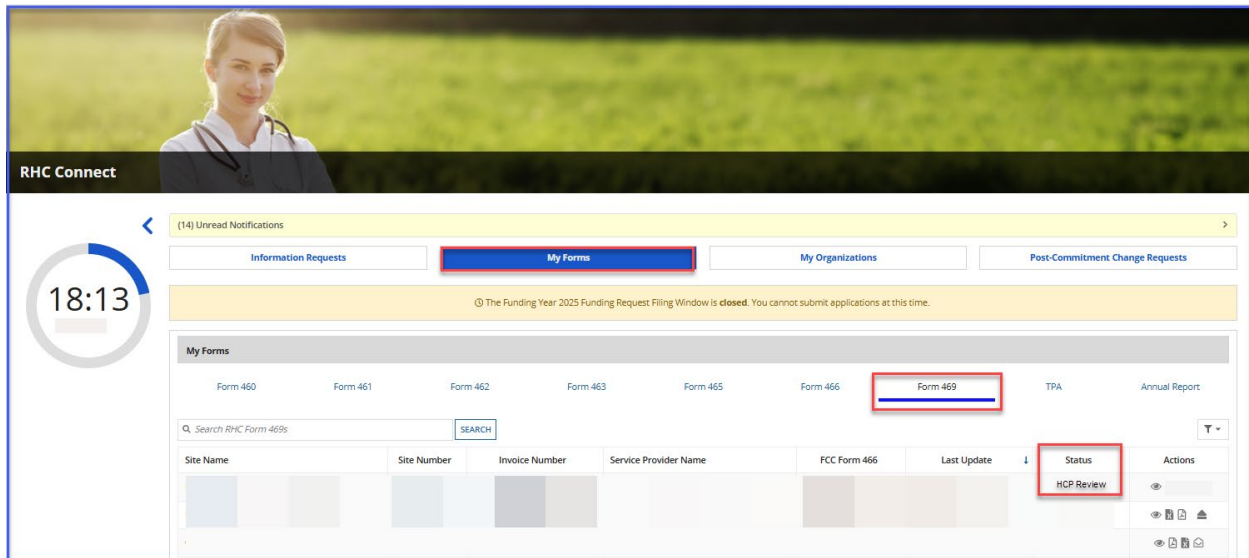
**My Forms**

Form 460 Form 461 Form 462 Form 463 Form 465 Form 466 **Form 469** TPA Annual Report

Search RHC Form 469s SEARCH

Site Name	Site Number	Invoice Number	Service Provider Name	FCC Form 466	Last Update	Status	Actions
						Returned	   

**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**.



RHC Connect

(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 Forms**

Form 460 Form 461 Form 462 Form 463 Form 465 Form 466 **Form 469** TPA Annual Report

Search RHC Form 469s SEARCH

Site Name	Site Number	Invoice Number	Service Provider Name	FCC Form 466	Last Update	Status	Actions
						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**.

Summary **Invoice Item(s)** Supporting Documentation Declaration of Assistance Generated Documents - RHC\_INV202 RETURN OR FINALIZE

**Invoice Item(s)**



FCC Form 466 Application Invoice Item(s)

Search for FCC Forms

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 REQUEST](#)

**General Comment & Correction Requests History**

Application Number(s)	Correction Request Details
9/26/2024 3:59 PM EDT Service Provider RHC20240	Bandwidth is correct. Uploaded correct invoice.   Invoice PDF - 32.81 KB
9/26/2024 3:13 PM EDT HCP Reviewer RHC20240	Bandwidth is incorrect.
9/26/2024 3:04 PM EDT HCP Reviewer	General Comment Service provider forgot to include invoice.   Invoice PDF - 32.81 KB

Showing 1 - 3 of 3

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

HCP - RHC\_INV202

**Review**

**⚠ 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.**

I have reviewed this FCC Form 469 and I would like to...

Return for Changes to the Service Provider ☐ **Finalize** ☒

**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\_INV202**

**Certifications**

- ☒ certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant.
- ☒ certify 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.
- ☒ certify under penalty of perjury that the applicant has received the related telecommunications services itemized on the invoice form.
- ☒ certify under penalty of perjury that the required urban rate payment for the telecommunications 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 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

Date

**Digital Signature**

Enter name exactly as it is listed in the Certifier's Full Name Field

Approved by OMB 3060-0804

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

**FCC Form 469 - RHC\_INV202**

✓ 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.

☒ I certify 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 perjury that the applicant has received the related telecommunications services itemized on the invoice form.

☒ I certify under penalty of perjury that the required urban rate payment for the telecommunications services was remitted to the service provider.

☒ I understand 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

Enter name exactly as it is listed in the Certifier's Full Name Field

Approved by OMB 3060-0804

Navigate to the **My Forms** tab on the **Dashboard** and navigate to the **Form 469** tab. 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.

**RHC Connect**

(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 Forms**

Form 460 Form 461 Form 462 Form 463 Form 465 Form 466 **Form 469** TPA Annual Report

Q Search RHC Form 469s

Site Name	Site Number	Invoice Number	Service Provider Name	FCC Form 466	Last Update	Status	Actions
						Submitted	
						Submitted	
						Approved	

## Frequently Asked Questions

### **What changes were made to 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 review and approve forms.

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

Per [FCC Order 23-6](#), 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 [FCC Form 463](#), 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 FY2022 and future funding years. Applicants who participate in the Telecom Program began submitting the FCC Form 466 in RHC Connect in FY2024.

## Resources

For more information, visit the Welcome to [RHC Connect – FCC Form 469](#) webpage.

For questions about the Rural Health Care 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.