



Emergency Broadband Benefits Program Enrollment Form

Please fill each line with the same information you used to verify your eligibility on the National Verifier website.

Full Name:

Address:

City, State, Zip Code:

Telephone Number:

Date of Birth:

Last 4 of SSN:

Tribal ID:

If another individual is the Benefit Qualifying Person (BQP), please include their information below.

BQP's Full Name:

BQP's Address:

BQP's City, State, Zip Code:

BQP's Date of Birth:

BQP's Last 4 of SSN:

BQP's Tribal ID:

Qualified Programs: Medicaid
SNAP
SSI
Federal Public Housing Assistance
Low-income Home Energy Assistance Program (LIHEAP)
TANF
National School Lunch Program's Free Lunch Program
Bureau of Indian Affairs General Assistance
Tribal TANF
Food Distribution Program on Indian Reservations (FDPIR)
Head Start
State Assistance Programs
Eligibility based on Income
Program Eligibility approved by State Administrator
Veterans Pension or Survivors Pension
State Eligibility Waiver

I understand that in order to enroll in the Emergency Broadband Benefits Program, I must be signed up for the qualified Service Plans with DC Access, including:

- Essential Plan for \$39.99
- Essential Plus Plan for \$59.99

I agree that the information above is true and correct to the best of my knowledge.

I authorize DC Access to enroll me in the Emergency Broadband Benefit Program (EBB Program).

I understand that only one person in my household can enroll in the Emergency Broadband Benefit Program.

I understand that the Emergency Broadband Benefit Program is temporary. I understand that I have to notify DC Access within 30 days if I no longer qualify for the EBB Program.

Signature

Date