

## Affordable Connectivity Program Fact Sheet

Please fill each line with the same information you used on 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 Affordable Connectivity 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 Affordable Connectivity Program (ACP).

I understand that only one person in my household can enroll in the Affordable Connectivity Program.

I understand that I have to notify DC Access within 30 days if I no longer qualify for the Affordable Connectivity Program.