



# affordable connectivity program enrollment form

The Affordable Connectivity Program (ACP) is a government program that reduces a customer's broadband Internet access service bill and is temporary in nature.

In order to apply for the benefit, certain information, including personally identifiable information (PII), must be shared with the administrator of the program through entering PII into a federal database used to administer the benefit. This includes but is not limited to the subscriber's full name; full residential address; date of birth; the telephone number associated with the Affordable Connectivity Program service; the date on which the Affordable Connectivity Program discount is initiated; the date on which the Affordable Connectivity Program discount was terminated, if it has been terminated; the amount of support being sought for that subscriber; and the means through which the subscriber qualified for the Affordable Connectivity Program. This information is being transmitted to the Administrator to ensure the proper administration of the Affordable Connectivity Program. Failure to provide consent will result in subscriber being denied the Affordable Connectivity Program.

|                                                                                                                                                  |                                                                                                |                                     |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|
| <b>billing name</b>                                                                                                                              | <b>national verifier id #</b><br><small>(not required for existing Lifeline customers)</small> | <b>qualifying program</b>           | <b>last 4-digits of ssn</b> |
| <b>service address</b>                                                                                                                           | <b>city</b>                                                                                    | <b>state</b>                        | <b>zip code</b>             |
| <b>email address</b>                                                                                                                             | <b>date of birth</b>                                                                           | <b>telephone number</b>             |                             |
| <b>If you are qualified under the Free Lunch Program or any other program through your children, please provide the following information...</b> |                                                                                                |                                     |                             |
| <b>child's first and last name</b>                                                                                                               | <b>child's date of birth</b>                                                                   | <b>last 4-digits of child's ssn</b> |                             |

If awarded the benefit, at the conclusion of the benefit, your household will be subject to the RTC's general rates, terms, and conditions if you continue to subscribe to our broadband service.

I agree to the following program terms and conditions

\_\_\_\_\_ The ACP is a government program that reduces the customer's broadband internet access service bill.

\_\_\_\_\_ The ACP is temporary in nature.

\_\_\_\_\_ The household will be subject to the provider's undiscounted rates and general terms and conditions at the end of the program if they continue to receive service.

\_\_\_\_\_ The household may obtain broadband service supported by the ACP from any participating provider of their choosing.

\_\_\_\_\_ The household may transfer their ACP benefit to another provider at any time.

\_\_\_\_\_ Lifeline customers may continue their existing Lifeline service without enrolling in the ACP; may choose to take ACP benefits from a service provider other than their existing Lifeline provider; and may transfer ACP benefits to another provider at any time.

**By signing this enrollment form, I certify that I have received disclosures about the Affordable Connectivity Program and I give consent to apply my Affordable Connectivity Program credit to the service received from RTC. I further give explicit consent to release information (PII) to the federal government through the database established for administration of the Affordable Connectivity Program.**

### Customer Authorized Signature

|                             |                   |             |
|-----------------------------|-------------------|-------------|
| <b>authorized signature</b> | <b>print name</b> | <b>date</b> |
|-----------------------------|-------------------|-------------|



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