

## AFFORDABLE CONNECTIVITY PROGRAM (ACP) BENEFIT TRANSFER FORM

I \_\_\_\_\_, acknowledge the following:

- I wish to transfer my ACP benefit to Highland Telephone Cooperative, Inc.
- I understand that once the transfer is complete, the subscriber will lose their ACP benefit with my previous ACP provider.
- Highland Telephone Cooperative, Inc. has explained that I may not have multiple ACP benefits with the same or different providers.

### Qualify through a government program:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone Number

#### 14. Check all programs that you or someone in your household have:

- Supplemental Nutrition Assistance Program (SNAP, also called Food Stamps)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance (FPHA)
  - Housing Choice Voucher (HCV) Program (Section 8 Vouchers)
  - Project-Based Rental Assistance (PBRA)/202/811
  - Public Housing
  - Affordable Housing Programs for American Indians, Alaska Natives or Native Hawaiians
- Veterans Pension or Survivors Benefit Programs
- Federal Pell Grant for the current award year
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Free and Reduced-Price School Lunch or Breakfast Program, or enrollment in a Community Eligibility Provision School. If you choose this program, please enter your school name, school district and state.

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School District

\_\_\_\_\_  
State