

FOR INFORMATION ONLY

UPLOAD ENGLISH VERSION OF THIS LETTER

Student Name:

Barcode ID:

August 29, 2023

Dear Parents or Guardians of **Student Name**

School Name would like to make you aware of the **Affordable Connectivity Program (ACP)**, a federal government program that provides up to \$30 a month **discount on internet service** per eligible household. All households at this school qualify for the ACP benefit.

Internet access has become an essential part of fully participating in school and we want to ensure your student has reliable, affordable access at home. As your student(s) attends **School Name**, a school that participates in the **U.S. Department of Agriculture's Community Eligibility Provision (CEP)**, your household is automatically eligible to receive the ACP benefit. This letter confirms that your student attends a CEP school during the 2023-2024 school year.

In order to use this letter to enroll in the ACP benefit follow these steps:

- **Step 1:** Start the online application at www.getinternet.gov
- **Step 2:** If prompted, upload English version of this letter as your proof of eligibility into the application
- **Step 3:** Once approved, contact your Internet Service Company and share your application ID (11-digit ID in the following format: B12345-67890)

If you need assistance, contact the ACP Support Center directly at ACPSupport@usac.org or (877) 384-2575, seven days a week, from 6:00am to 6:00pm PST. Additional assistance is also available through Tech Exchange in-person (2350 International Blvd) or text message (510-866-2260) Mon-Sat 10am-4pm.

We are here to support you regarding the ACP benefit as well as any other concerns you may have.

Best Regards,

Principal Name

Principal

School Name

School Address

School Phone

Principal Email

(Optional)

Student ID as Dependent “Government ID”

If you are “qualifying through a dependent” in Step 2, you may be asked to upload or take a picture of some form of identification for your dependent.

YOU CAN USE ANY OF THE FOLLOWING DOCUMENTS (CHOOSE ONE):

- Your dependent’s Last 4 Digits of SSN (*Fastest but NOT required*)
- Your dependent’s ITIN
- Your dependent’s Driver’s License
- Your dependent’s Passport (U.S. or other country)
- Your dependent’s Birth Certificate
- Your dependent’s physical student ID, or the printable version below:

**School
Logo/Name**

NAME:
GRADE:
DATE OF BIRTH:
SCHOOL YEAR:
BARCODE ID#:

SCHOOL:
SCHOOL ADDRESS:
SCHOOL PHONE:

24/7 Mental Health Supports Available:
Call or Text **988** for crisis support

TRANSLATED VERSION ONLINE AT:
oaklandundivided.org/acp-translations

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