

AFFORDABLE CONNECTIVITY PROGRAM

Adoption Toolkit for School Districts

RESOURCE: FAMILY ACP ELIGIBILITY LETTER - FRLP

DISTRICT NOTES

How to use this resource: This letter may be used to 1) share general information with your families regarding the Affordable Connectivity Program and 2) demonstrate a family's eligibility as part of the ACP application process. There are three key pieces of information that the letter must include to meet the ACP application requirements:

- Student's name
- Student's school name
- Current School Year or the school year immediately preceding the application

This letter should be used for families whose students participate in the Free and Reduced Price School Meal program. Districts can add more specificity regarding the participating program, if, for instance, the student participates in the reduced versus free meal program.

Recommendations and best practices:

- Send a robocall or text to families indicating they should look out for this letter. [Use our suggested language.](#)
- Send the letter home alongside other timely mailings that families look out for, such as report cards.
- Make the letter printable/viewable from your parent portal or similar platform.
- Make the letter available at the school level, so that school-based staff may print them for families.
- Note that eligibility is not just the current 2021-22 school year (2019-2020, 2020-2021 are also applicable).

[School/District Letterhead]

Dear Parent or Guardian,

Date

[District] would like to make you aware of the **Affordable Connectivity Program (ACP)**, a federal government program that provides

- Up to \$30 a month (up to \$75 on qualifying Tribal Lands) **discount on Internet service** per eligible household, and,
- A one-time, up to \$100 discount for a connected device (such as a laptop, desktop computer, or tablet) purchased through a participating provider. Each participating household is limited to a single device discount.

Internet access has become an important part of fully participating in school and we want to make sure [student's name] has reliable, affordable access at home. As a student in your household is eligible for free or reduced price meals under the National School Lunch Program (NSLP) or the School Breakfast Program (SBP) during the [insert current] school year, **your household is eligible for the ACP benefit.**

This letter confirms that the following student(s) in your household is/are (was/were) eligible for the Free and Reduced-Price School Lunch Program or School Breakfast Program during the [insert applicable] school year:

Student Name: _____ School Name: _____

Student Name: _____ School Name: _____

Student Name: _____ School Name: _____

If you are interested in applying for this benefit, you may find more information and apply online at [ACPbenefit.org](https://www.acpbenefit.org), by mail, or by [contacting a participating service provider](#). **While applying, you may use a district-issued student ID for your student's identification in the ACP application process. Other acceptable forms of identification include a birth certificate, driver's license, passport, or other government ID. This letter can be submitted during the application process to demonstrate eligibility for the Affordable Connectivity Program.**

If you need assistance, contact the ACP Support Center directly at ACPSupport@usac.org or (877) 384-2575, seven days a week, from 9:00 a.m. to 9:00 p.m. ET.

OPTIONAL TEXT:

Add additional support options for families. Suggested text: “You may contact your [XX] (school, central/district office, specific staff member, teacher) at XYZ between the hours of [XX] Monday through Friday.”

OPTIONAL TEXT:

Provide other options for families to submit proof of eligibility, especially if you send confirmation of participation in any FRLP during enrollment/beginning of the school year. Suggested text “You may also submit any formal communication the district has sent you regarding your student’s eligibility for the NLSP or SBP if it includes the student’s name, school, and the academic year.”

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

Best Regards,

[School/District official name and title]

School Name
School Address
School Contact Information