

**Rural Health Care (RHC) Universal Service
 Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Date Submitted: 03/05/2014		
2 Applying to: <input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Register an ineligible site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site administrative office <input type="radio"/> Register an off-site data center		
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.		
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.		
Block 2: Site Information – Physical Site		
Enter the actual physical location of the site.		
3 HCP Number 35992		4 Site Name California Health Care Facility
5 Name of Legal Entity California Health Care Facility		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0020046264		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Robert O'Brien		
8 Address Line 1 7707 South Austin Road		
9 Address Line 2		10 County San Joaquin
11 Geo Location (if no street address)		
12 City Stockton		13 State CA
		14 Zip Code 95215
15 Phone (916) 691-2299 Ext.		16 Email Robert.F.O'Brien@cdcr.ca.gov
Block 3: Consortium Information		
17 HCP Number		
18 Name of Consortium		
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:		
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No		
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.		
21 Consortium Leader Type: <input type="radio"/> The Consortium <input type="radio"/> Ineligible State organization <input type="radio"/> An eligible HCP participating in the Consortium <input type="radio"/> Ineligible public sector (government) entity HCP Number: _____ <input type="radio"/> Ineligible non-profit entity		
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.		
22 Consortium Leader Contact Information		23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.		
24 List participating sites by HCP Number (eligible/ineligible)		
Block 4: Contact Information		
25 Primary Account Holder/Project Coordinator Name Sherri Bridges		
26 Employer CDCR California Correctional Health Care Services		
27 Address Line 1 8260 Longleaf Drive		<input type="radio"/> Same as Physical Location
28 Address Line 2 Bldg. C3-616		
29 City Elk Grove		30 State CA
		31 Zip Code 95758
32 Phone # (916) 691-3531 Ext.		33 Email Sherri.Bridges@cdcr.ca.gov

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator) Rosie Williams		
35 Employer CDCR California Correctional Health Care Services		
36 Address Line 1 8260 Longleaf Drive		<input checked="" type="checkbox"/> Same as Primary Account Holder Address
37 Address Line 2 Bldg. C3-616		
38 City Elk Grove	39 State	40 Zip Code 95758
41 Phone # (916) 691-3100	Ext.	42 Email Rosie.Williams@cdcr.ca.gov

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
 CDCR CCHCS owns and operates 35 health clinics state-wide. 19 are rural health clinics that participated in the RHCP Telecommunications Program since Sept. 2010. This site is an urban location within the consortium that meets the 51% rural majority req.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 870746811

46 National Provider Identifier: 1396169405	47a Organization Taxonomy Code: 261QP2400X
Explanation if necessary (see instructions)	47b Site Taxonomy Code: 261QP2400X
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? _____

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

54 I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.

55 If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).

56 If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.

57 I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 03/05/2014
61 Printed Name of Authorized Person Tammy Sullivan-King	
62 Title/Position of Authorized Person Subject Matter Expert	
63 Phone (916) 691-6575 Ext.	64 Email Tammy.Sullivan-King@cdcr.ca.gov
65 Employer Task Consulting, Inc.	66 Employer's FCC RN 0019191253

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Third Party Authorization Upload:
 Third Party Authorization Effective Start Date:
 Third Party Authorization Effective End Date:

Block 4: Contact Information

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

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35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Sullivan-King, Tammy@CDCR

From: rhcadmin@usac.org
Sent: Thursday, April 10, 2014 6:43 AM
To: Sullivan-King, Tammy@CDCR
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 10-Apr-2014

Health Care Provider (HCP) Number: 36001

HCP Name: California Men's Colony

FCC Form 460 Application Number: 36001-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

If you have questions or need assistance, or if you believe you have received this email in error, contact Rural Health Care at 1-800-453-1546, between 8:00 a.m. and 4:30 p.m. Eastern Time Monday through Friday, or by email at rhc-assist@usac.org.

Sullivan-King, Tammy@CDCR

From: rhcadmin@usac.org
Sent: Thursday, April 10, 2014 6:41 AM
To: Sullivan-King, Tammy@CDCR
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 10-Apr-2014

Health Care Provider (HCP) Number: 35994

HCP Name: Deuel Vocational Institution

FCC Form 460 Application Number: 35994-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP

An ineligible HCP type

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Sullivan-King, Tammy@CDCR

From: rhcadmin@usac.org
Sent: Thursday, April 10, 2014 6:42 AM
To: Sullivan-King, Tammy@CDCR
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 10-Apr-2014

Health Care Provider (HCP) Number: 35978

HCP Name: Folsom State Prison

FCC Form 460 Application Number: 35978-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

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**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information

1 Date Submitted: 03/05/2014	
2 Applying to:	<input checked="" type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site data center <input type="radio"/> Register an ineligible site <input type="radio"/> Register an off-site administrative office
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.	
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.	

Block 2: Site Information – Physical Site

Enter the actual physical location of the site.

3 HCP Number 36000	4 Site Name Kern Valley State Prison	
5 Name of Legal Entity Kern Valley State Prison		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: 0020046264		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name Brian Lemley		
8 Address Line 1 3000 West Cecil Avenue		
9 Address Line 2	10 County Kern	
11 Geo Location (if no street address)		
12 City Delano	13 State CA	14 Zip Code 93215
15 Phone (916) 691-3420 Ext.	16 Email Brian.Lemley@cdcr.ca.gov	

Block 3: Consortium Information

17 HCP Number	
18 Name of Consortium	
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:	
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No	
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.	
21 Consortium Leader Type:	
<input type="radio"/> The Consortium <input type="radio"/> An eligible HCP participating in the Consortium HCP Number: _____	<input type="radio"/> Ineligible State organization <input type="radio"/> Ineligible public sector (government) entity <input type="radio"/> Ineligible non-profit entity
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.	
22 Consortium Leader Contact Information	23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.	
24 List participating sites by HCP Number (eligible/ineligible)	

Block 4: Contact Information

25 Primary Account Holder/Project Coordinator Name Sherri Bridges		
26 Employer CDCR California Correctional Health Care Services		
27 Address Line 1 8260 Longleaf Drive	<input type="radio"/> Same as Physical Location	
28 Address Line 2 Bldg. C3-616		
29 City Elk Grove	30 State CA	31 Zip Code 95758
32 Phone # (916) 691-3531 Ext.	33 Email Sherri.Bridges@cdcr.ca.gov	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator) Rosie Williams		
35 Employer CDCR California Correctional Health Care Services		
36 Address Line 1 8260 Longleaf Drive		<input checked="" type="checkbox"/> Same as Primary Account Holder Address
37 Address Line 2 Bldg. C3-616		
38 City Elk Grove	39 State	40 Zip Code 95758
41 Phone # (916) 691-3100	Ext.	42 Email Rosie.Williams@cdcr.ca.gov

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

A. Community health center or health center providing health care to migrants

B. Community mental health center

C. Local health department/agency

D. Non-profit hospital

E. Part-time eligible entity located in an ineligible facility

F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school

G1. Rural health clinic

G2. Is this a mobile rural health care provider? Yes No

H. Dedicated ER of rural, for-profit hospital

I. Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:
 CDCR CCHCS owns and operates 35 health clinics state-wide. 19 are rural health clinics that participated in the RHCP Telecommunications Program since Sept. 2010. This site is an urban location within the consortium that meets the 51% rural majority req.

Block 6: Additional Information

45 Non-Profit Tax ID (EIN): 870746811

46 National Provider Identifier: 1396169405	47a Organization Taxonomy Code: 261QP2400X
Explanation if necessary (see instructions)	47b Site Taxonomy Code: 261QP2400X
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? Yes No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? _____

50 Is the site location: On Tribal lands Otherwise affiliated with a Tribe
 Operated by the Indian Health Service N/A

51 [Reserved] 52 [Reserved]

Block 7: Certifications and Signatures

53 I certify that I am authorized to submit this request on behalf of the site or consortium.

54 I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.

55 If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).

56 If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.

57 I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

58 If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date 03/05/2014
61 Printed Name of Authorized Person Tammy Sullivan-King	
62 Title/Position of Authorized Person Subject Matter Expert	
63 Phone (916) 691-6575 Ext.	64 Email Tammy.Sullivan-King@cdcr.ca.gov
65 Employer Task Consulting, Inc.	66 Employer's FCC RN 0019191253

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

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Third Party Authorization Upload:
 Third Party Authorization Effective Start Date:
 Third Party Authorization Effective End Date:

Block 4: Contact Information

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email

Sullivan-King, Tammy@CDCR

From: rhcadmin@usac.org
Sent: Thursday, April 10, 2014 6:41 AM
To: Sullivan-King, Tammy@CDCR
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 10-Apr-2014

Health Care Provider (HCP) Number: 36002

HCP Name: California State Prison - Los Angeles County

FCC Form 460 Application Number: 36002-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
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 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

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Sullivan-King, Tammy@CDCR

From: rhcadmin@usac.org
Sent: Thursday, April 10, 2014 6:43 AM
To: Sullivan-King, Tammy@CDCR
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 10-Apr-2014

Health Care Provider (HCP) Number: 35999

HCP Name: North Kern State Prison

FCC Form 460 Application Number: 35999-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
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 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
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A for-profit HCP
 An ineligible HCP type

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Sullivan-King, Tammy@CDCR

From: rhcadmin@usac.org
Sent: Thursday, April 10, 2014 6:42 AM
To: Sullivan-King, Tammy@CDCR
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 10-Apr-2014

Health Care Provider (HCP) Number: 35979

HCP Name: California State Prison - Sacramento

FCC Form 460 Application Number: 35979-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

If you wish to appeal this decision, you may file an appeal with USAC, or directly to the FCC.

The appeal **must be filed within 60 days of the date of this letter**. Detailed instructions for filing appeals are available at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx?pgm=telecom>

If you have questions or need assistance, or if you believe you have received this email in error, contact Rural Health Care at 1-800-453-1546, between 8:00 a.m. and 4:30 p.m. Eastern Time Monday through Friday, or by email at rhc-assist@usac.org.

Sullivan-King, Tammy@CDCR

From: rhcadmin@usac.org
Sent: Thursday, April 10, 2014 6:40 AM
To: Sullivan-King, Tammy@CDCR
Subject: Rural Health Care FCC Form 460 -- Denial
Attachments: Form_460.pdf

Date: 10-Apr-2014

Health Care Provider (HCP) Number: 35991

HCP Name: San Quentin State Prison

FCC Form 460 Application Number: 35991-00001

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received and reviewed the FCC Form 460 submitted by the Health Care Provider (HCP) referenced above. An HCP must meet two criteria in order to be eligible to participate in the RHC Healthcare Connect Fund program:

1. The HCP must be a public or non-profit health care provider (see 47 C.F.R. § 54.601(a)).
2. The HCP must qualify as one of the following (see 47 C.F.R. § 54.600(a)):
 - Post-secondary educational institution offering health care instruction, teaching hospital, or medical school
 - Community health center or health center providing health care to migrants
 - Local health department or agency
 - Community mental health center
 - Not-for-profit hospital
 - Rural health clinic including mobile clinic
 - Dedicated emergency room of a for-profit hospital
 - Part-time eligible entity located in otherwise ineligible facility

An HCP that does not meet these two criteria is not eligible to participate in the RHC Healthcare Connect Fund program. Based on the information provided on the submitted FCC Form 460, RHC has determined that the HCP referenced above is not eligible to participate because the HCP has been identified as:

A for-profit HCP
 An ineligible HCP type

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