HCAi
Department of Health Care Access and Information

California State Loan Repayment Program Technical Assistance Guide

Department of Health Care Access and Information

For Cycle Year 2026

Background and Mission

Pursuant to the U.S. Public Health Services Act Title III, Section 338 (A)-(I) (42 U.S.C. Section 254q-1(a)-(i)), the Department of Health Care Access and Information (HCAI) will consider applications to provide for the increased availability of primary healthcare services in health professional shortage areas.

HCAI works to increase and improve its cultural responsiveness to California's healthcare workforce. The State Loan Repayment Program (SLRP) provides loan repayment assistance to healthcare professionals who provide healthcare services in federally designated California Health Professional Shortage Areas (HPSA).

Application Key Dates

Application release: July 15, 2026

Application deadline: September 15, 2026

Applications open and close at 3:00 pm

Proposed Grant Agreement start date: March 1, 2027

Deadline to cancel without penalty: May 15, 2027

Before You Apply

- Applicants must agree and adhere to all terms and conditions of the program, the grant guide, and their signed SLRP Grant Agreement before receiving funds.
- This application cycle is a matching cycle. Practice sites must be pre-approved, prior to applying to the program.
- The amount awarded by HCAI shall be matched by an equal amount from the approved practice site(s).
- Funding shall be used to the qualifying educational loan(s) provided by the lending institution(s) listed on the Program Application.
- Applicants must reside in the State of California and Training sites must be located in California.
- HCAI **will not** make changes to the terms and conditions specified in the Grant Agreement.

We encourage you to review the SLRP grant guide prior to applying to the program to ensure you meet all eligibility requirements.

If you need any assistance, please contact us at SLRP@hcai.ca.gov.

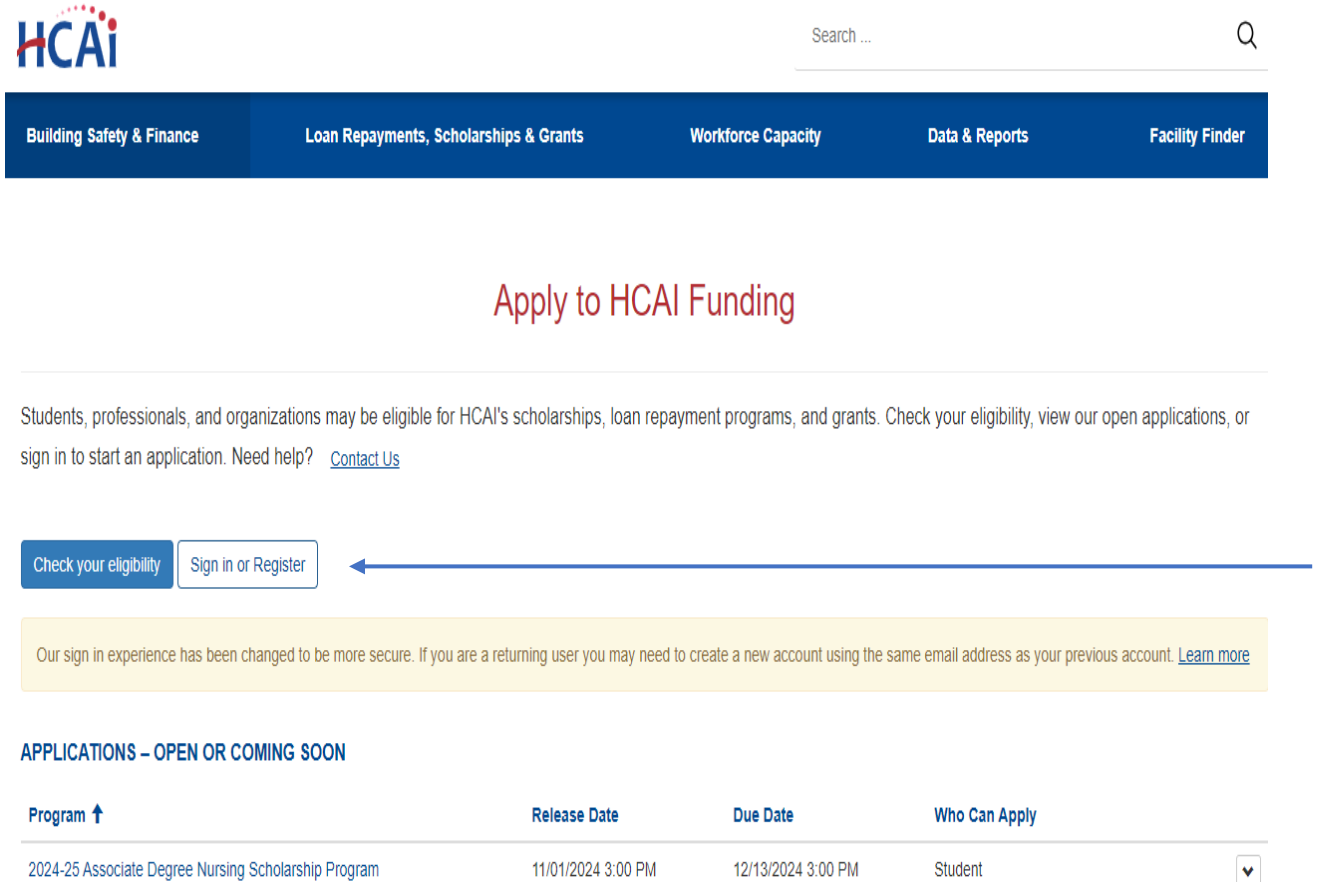
Available Funding

- The SLRP is funded through a grant from the federal National Health Service Corps (NHSC) and various state grants.
- The program is limited to $333,000 in Song-Brown state funding.
- The program is limited to $750,000 in Federal funding.

Helpful Resources

- California State Loan Repayment Program
- 2026-27 – State Loan Repayment Program (SLRP) Grant Guide
- eApp Funding Portal

Logging in/ Creating an Account

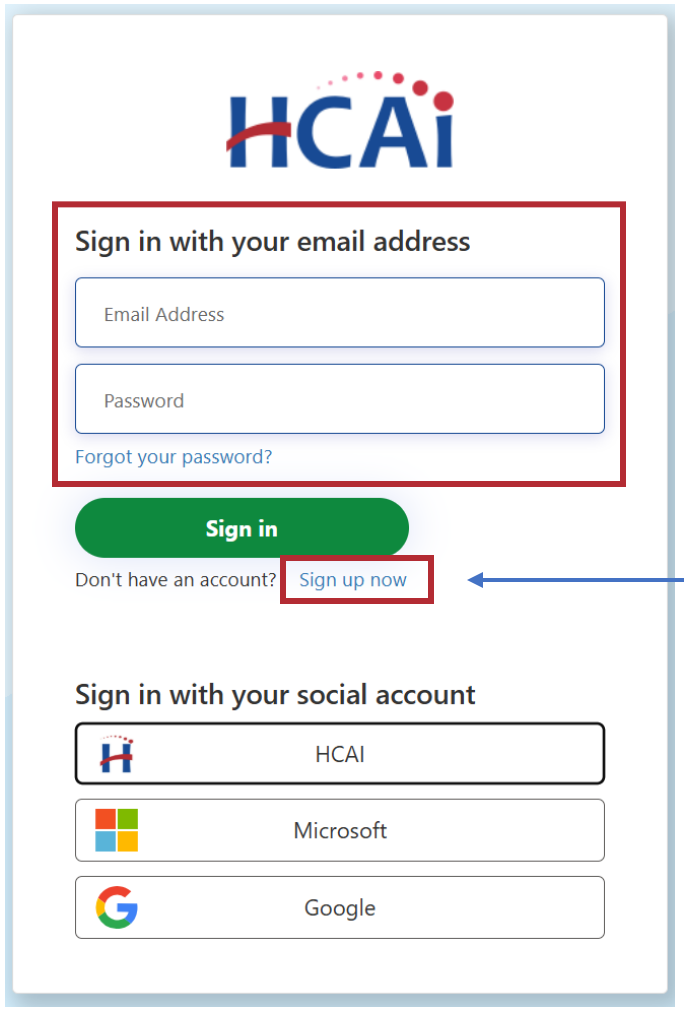


For SLRP Applicants only:

Start by going to https://funding.hcai.ca.gov/ and click on “Sign in or Register” if you are a returning user or creating a new account.

Note: If you are a site administer, contact SLRP@hcai.ca.gov for further assistance.

HCAI User Login Page



For all SLRP Applicants:

- Start by going to https://funding.hcai.ca.gov/.

For Continuation Applicants:

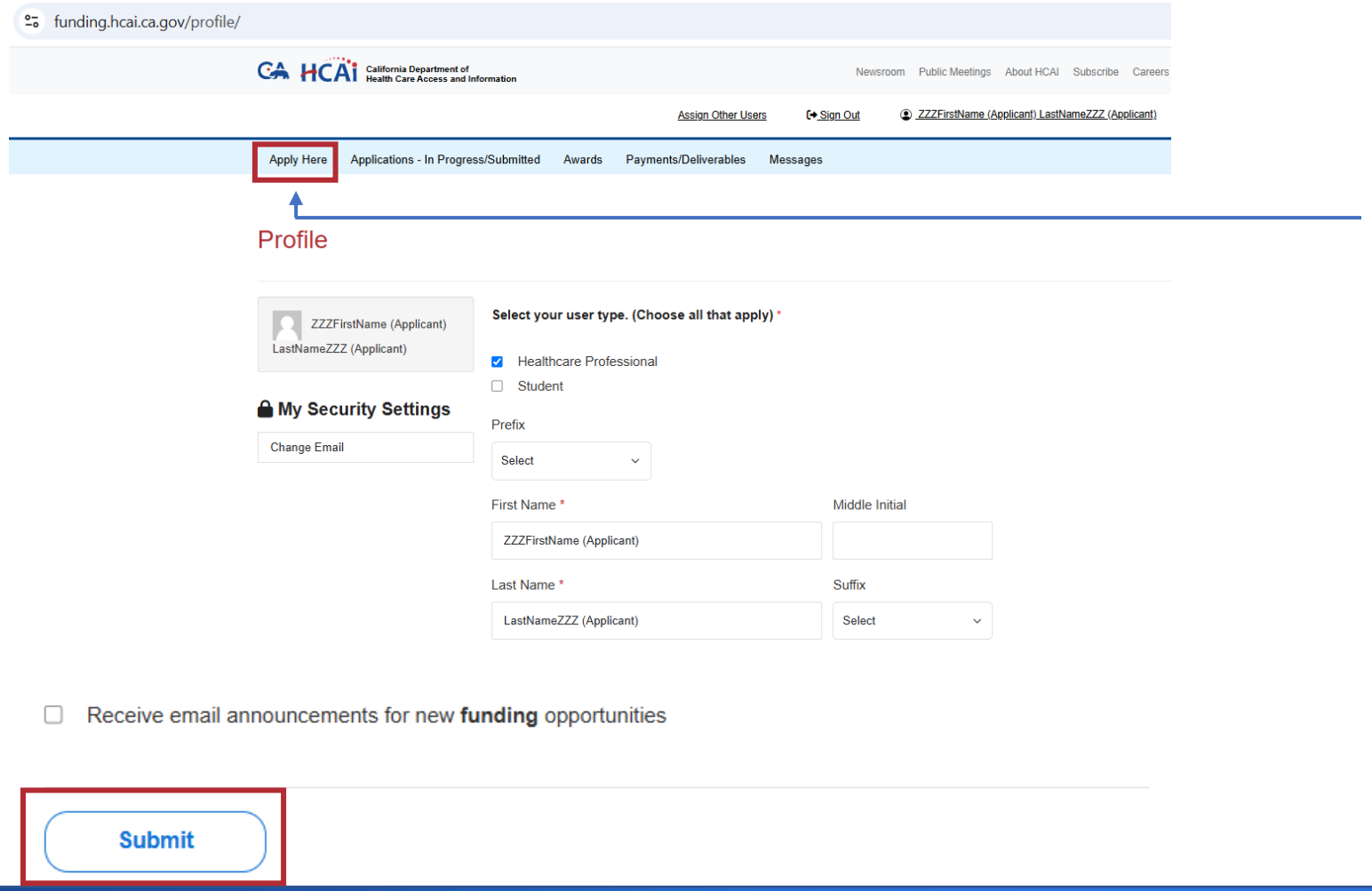
- Login using your email and password previously established.

For New Applicants:

- Select the “Sign up now” link.

Note: If you are a site administer, contact SLRP@hcai.ca.gov for further assistance.

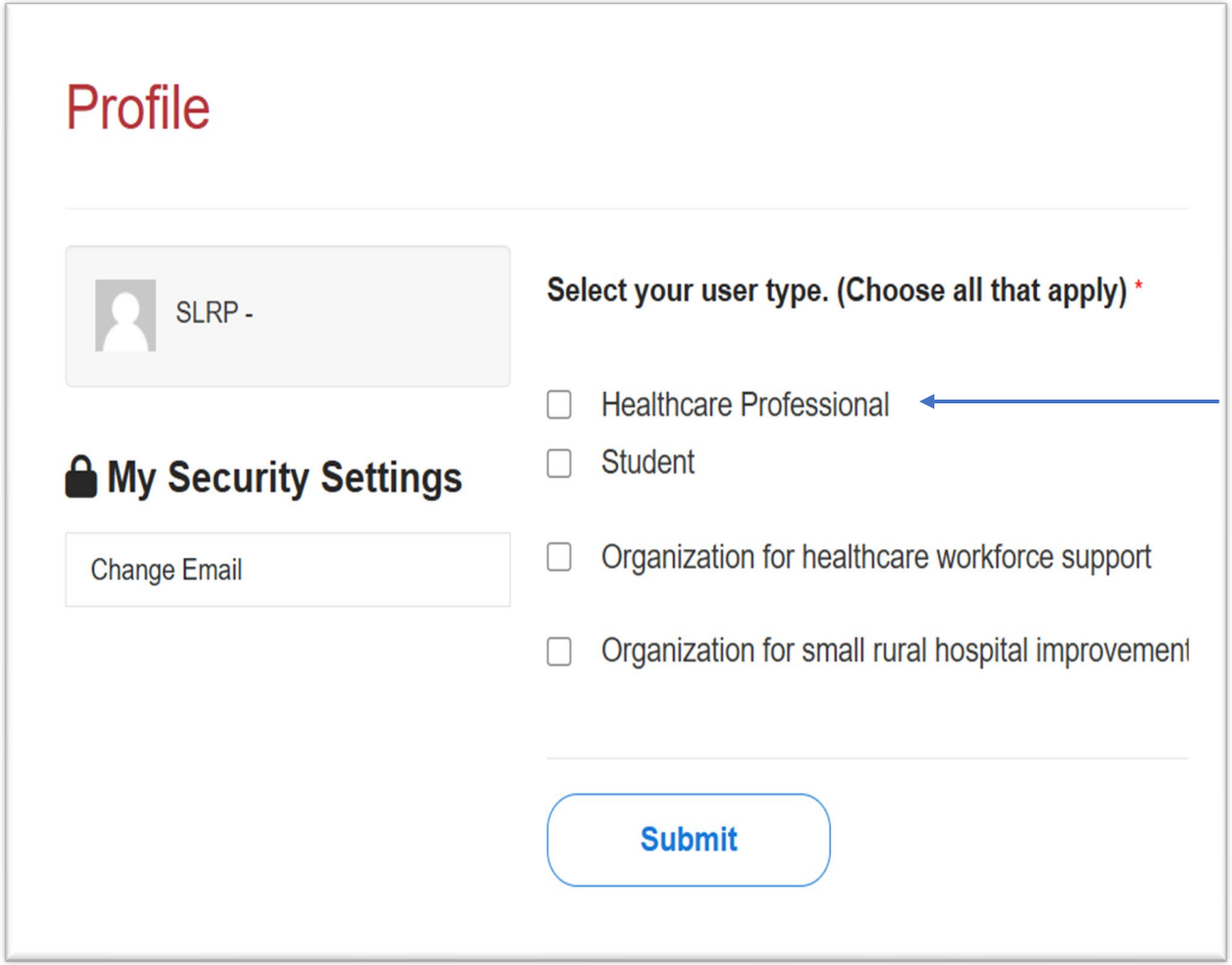
For Continuation Applicants



For Continuation Applicants, after logging in, you will be directed to your user Profile page.

- If you do not need to update your personal information, you can select the “Apply Here” tab.
- You will have the opportunity to update any personal information as needed on this page.
- After updating your information, scroll to the bottom of the page and select the “Submit” button to save your newly updated information.

For New Applicants: Setting up Your Profile



For New Applicants, creating their profile for the first time.

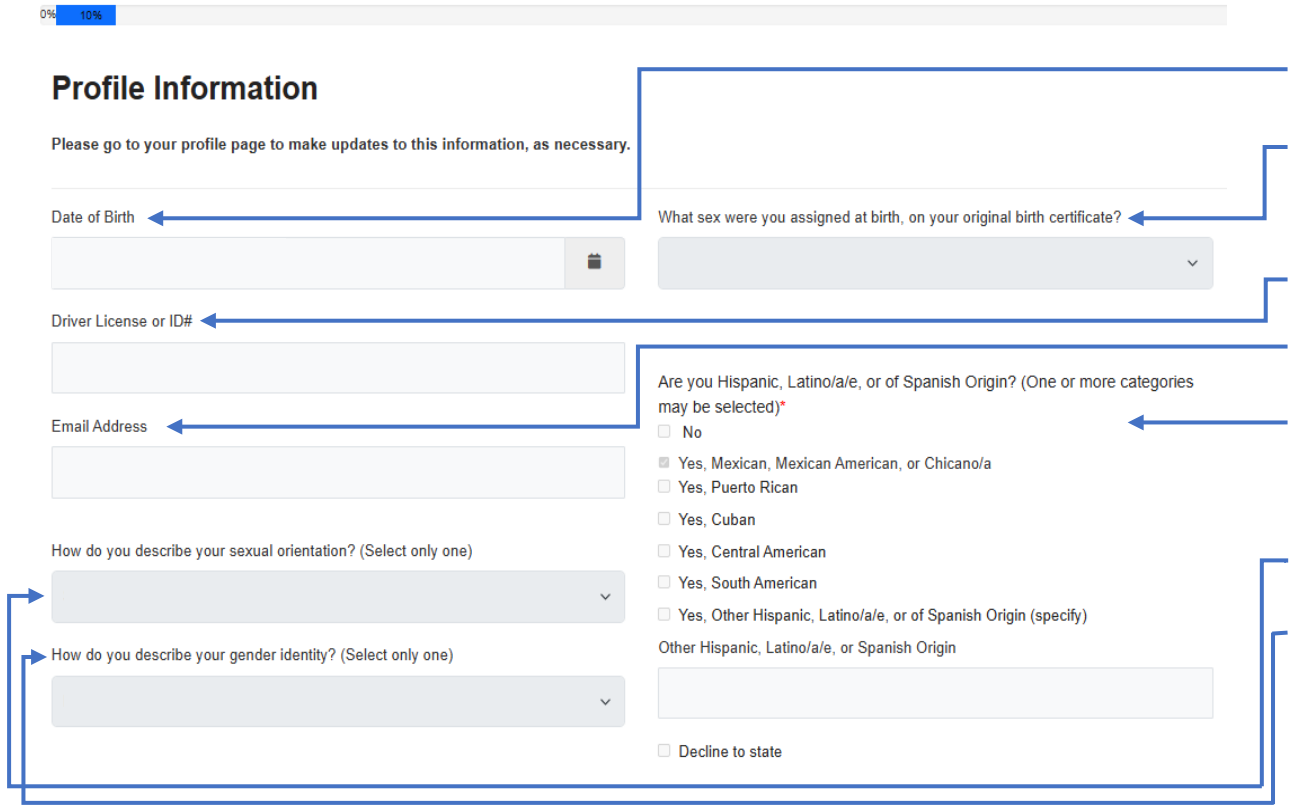
Check the “Healthcare Professional” box. After checking that box, you will immediately be presented with additional options.

Continue to complete your user Profile. After completing your user profile, select the “Submit” button at the bottom of the page to save your profile information.

Note: This information can be updated at any time in the future.

Profile Information

Application SLRP[redacted] – State Loan Repayment Program

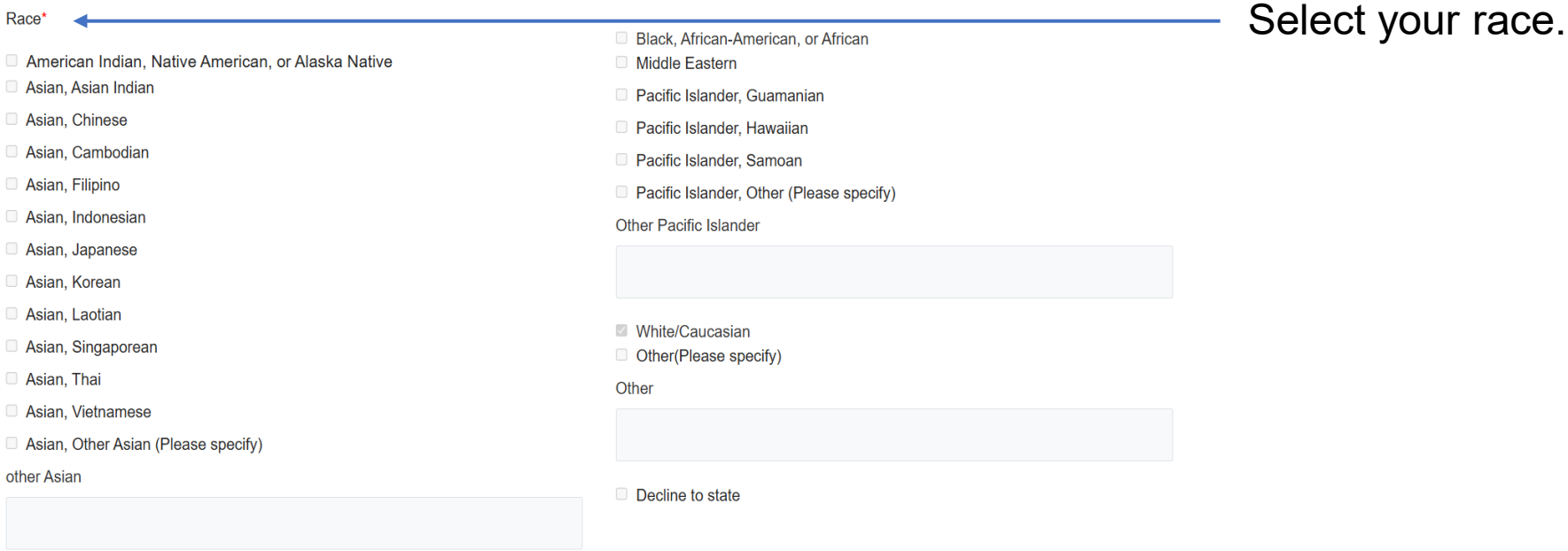


Provide the following information:

- Enter your date of birth.
- Select your sex based on your original birth certificate.
- Enter your Driver License or ID#.
- Enter your personal email address.
- Identify if you are Hispanic, Latino/a/e, or of Spanish Origin.
- Select your sexual orientation.
- Select your gender identity.

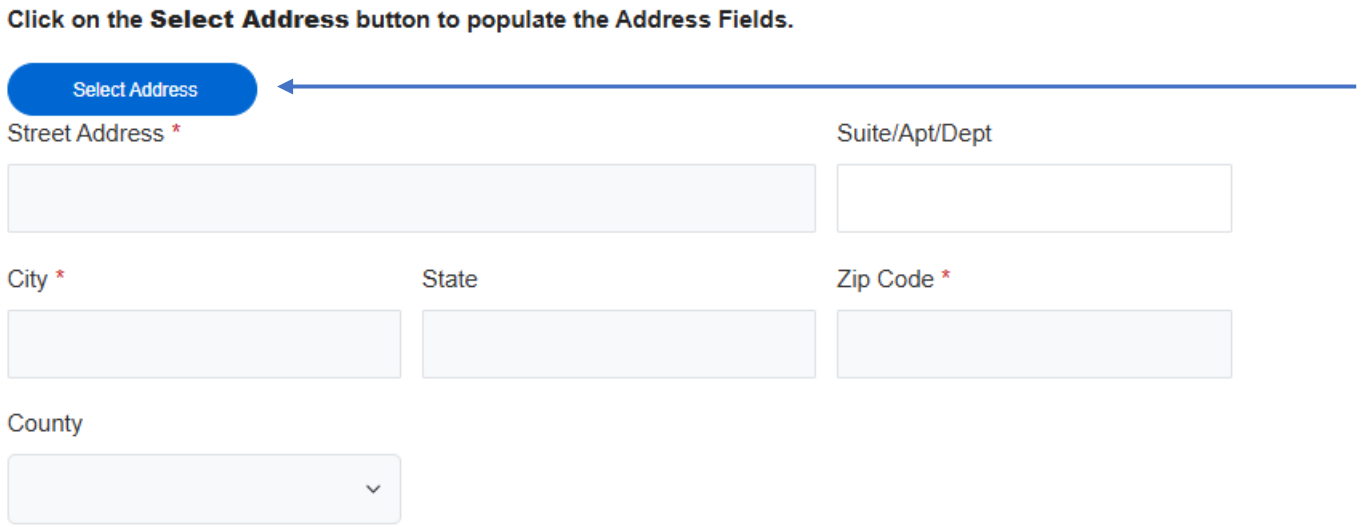
Note: Your screen layout may vary from what is shown in the examples.

Profile Information (continued)



Select your race.

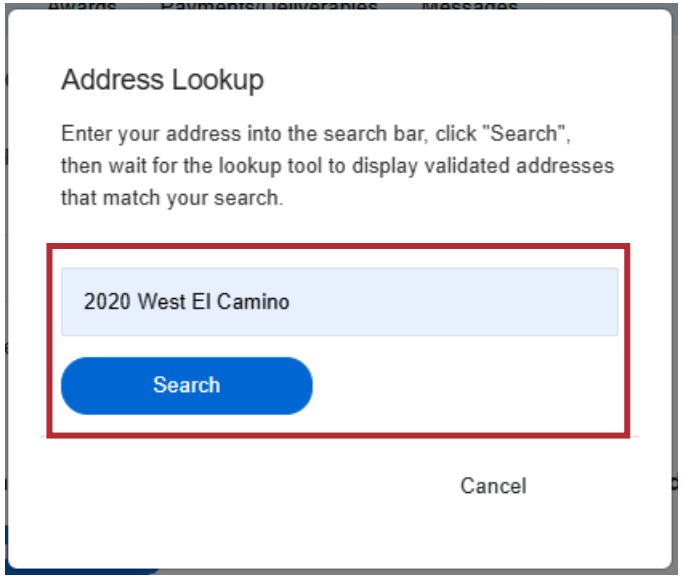
Profile Information (continued)



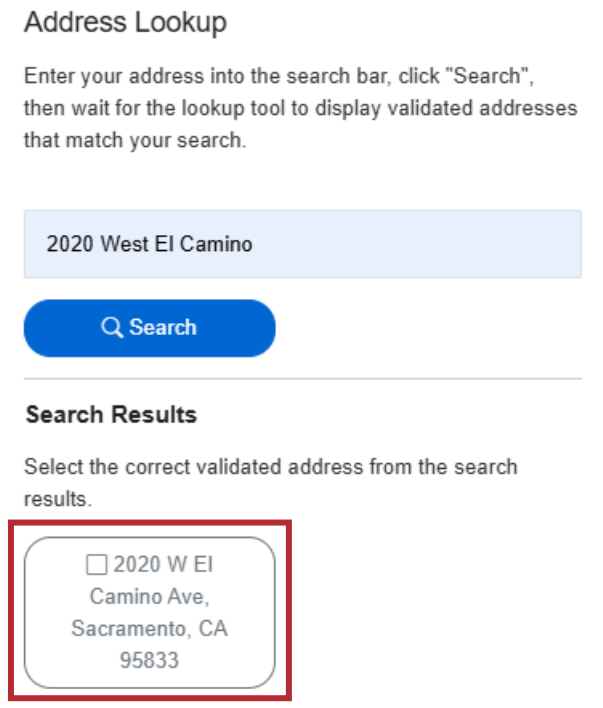
Click the “Select Address” button.

Profile Information (continued)

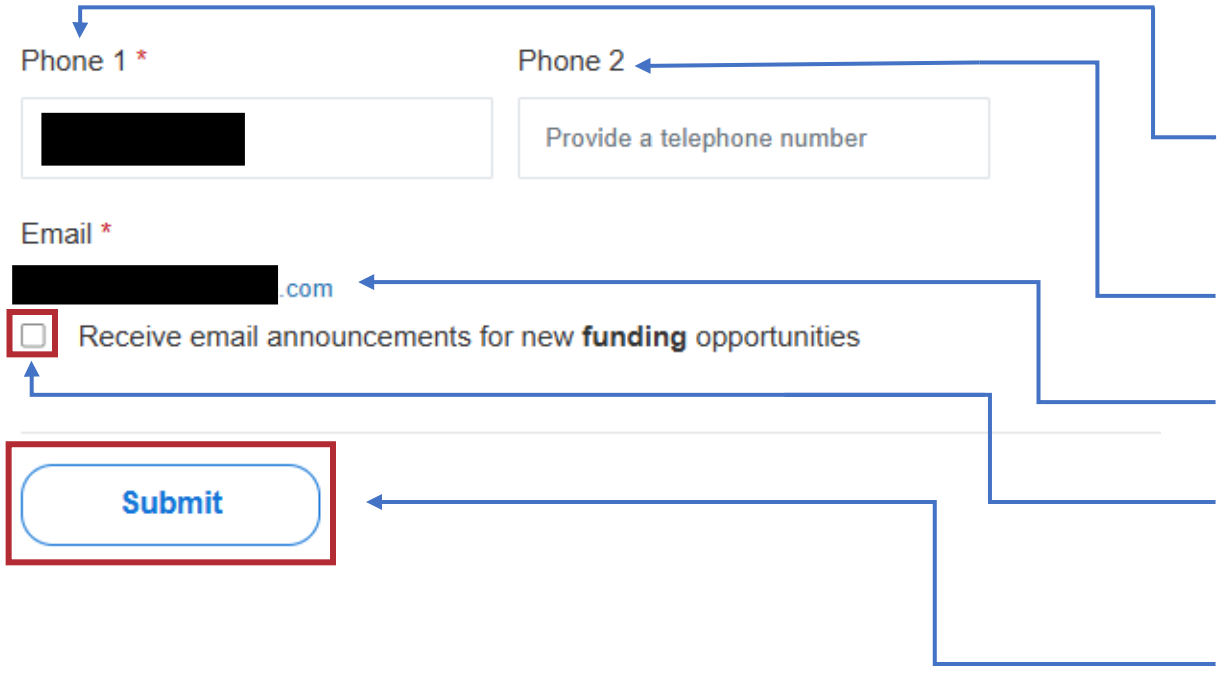
- Type the street address and select “Search”



- After the address generates, select it.



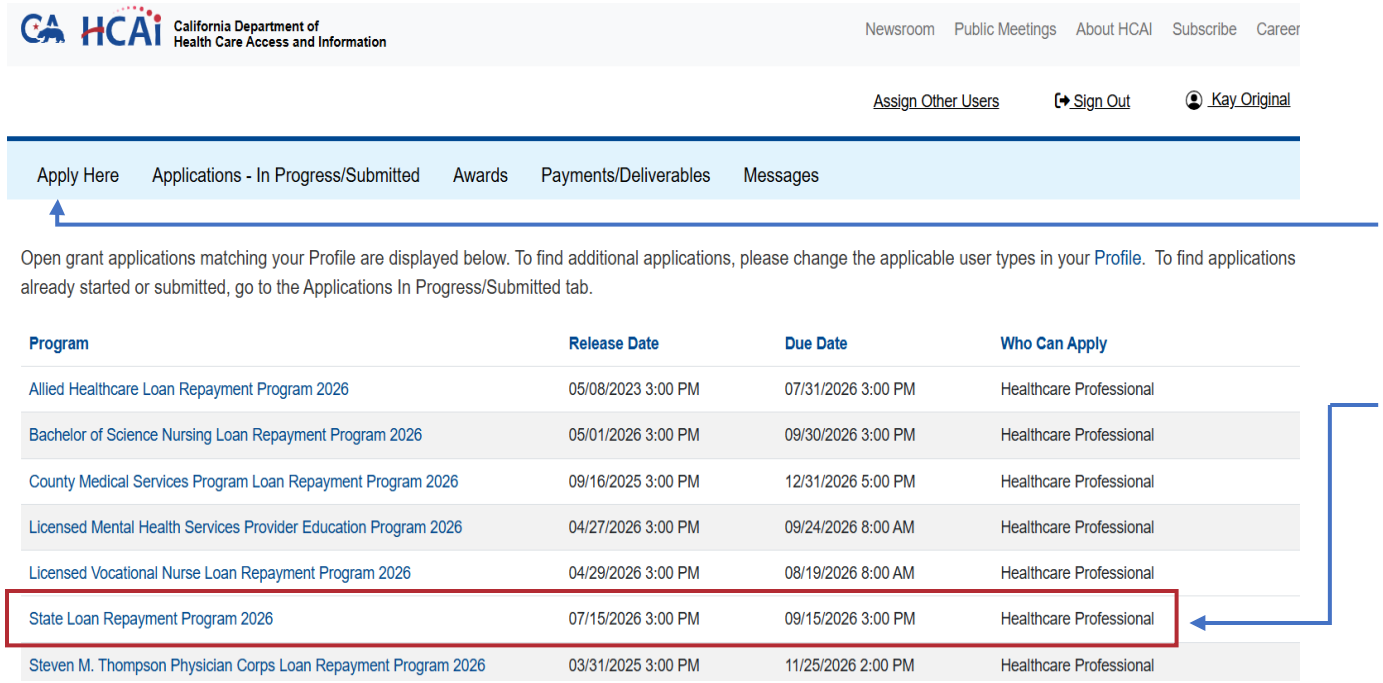
Profile Information (continued)



Continue to complete the following information.

- Phone 1: A primary contact number (personal phone preferred).
- Phone 2: (optional).
- Email: Will be your login email (pre-filled).
- Select the “Receive email announcements for new **funding** opportunities (optional).
- Select the “Submit” button after all information is completed.

Apply Here



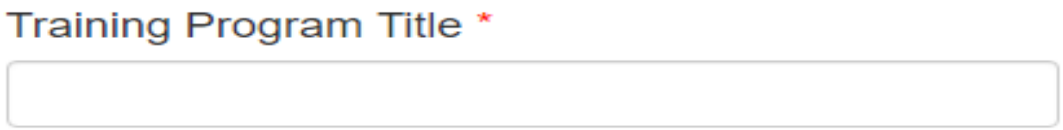
After completing the setup of your user profile or verifying your profile is updated, complete the following.

- Navigate to the “Apply Here” page on the main menu.
- Select the “State Loan Repayment Program 2026” link and click the “Apply” button when you are ready to begin.

Helpful Tips

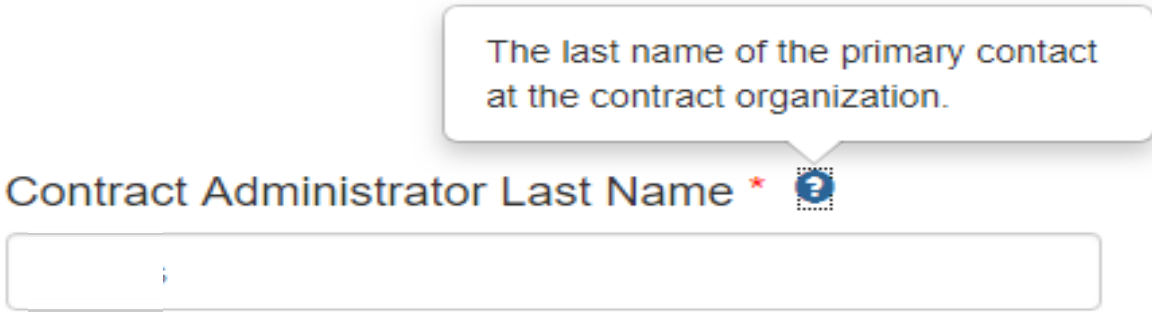
Asterisks *

The red asterisks indicate which fields require a response before proceeding to the next page.



Tooltips

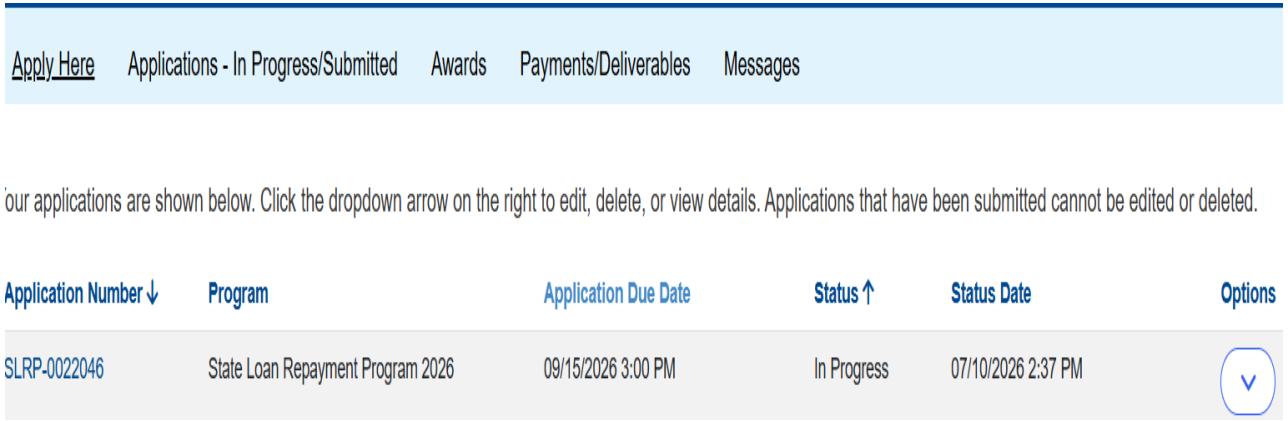
Throughout the application you may see a blue circle with a question mark at the end of a question, title, or sentence. Click on these icons for additional information.



Helpful Tips (continued)

Saving your application

Each time you click “Save & Next” in the application your progress is saved. Navigate to the “Applications-In Progress/Submitted” page to resume your application.

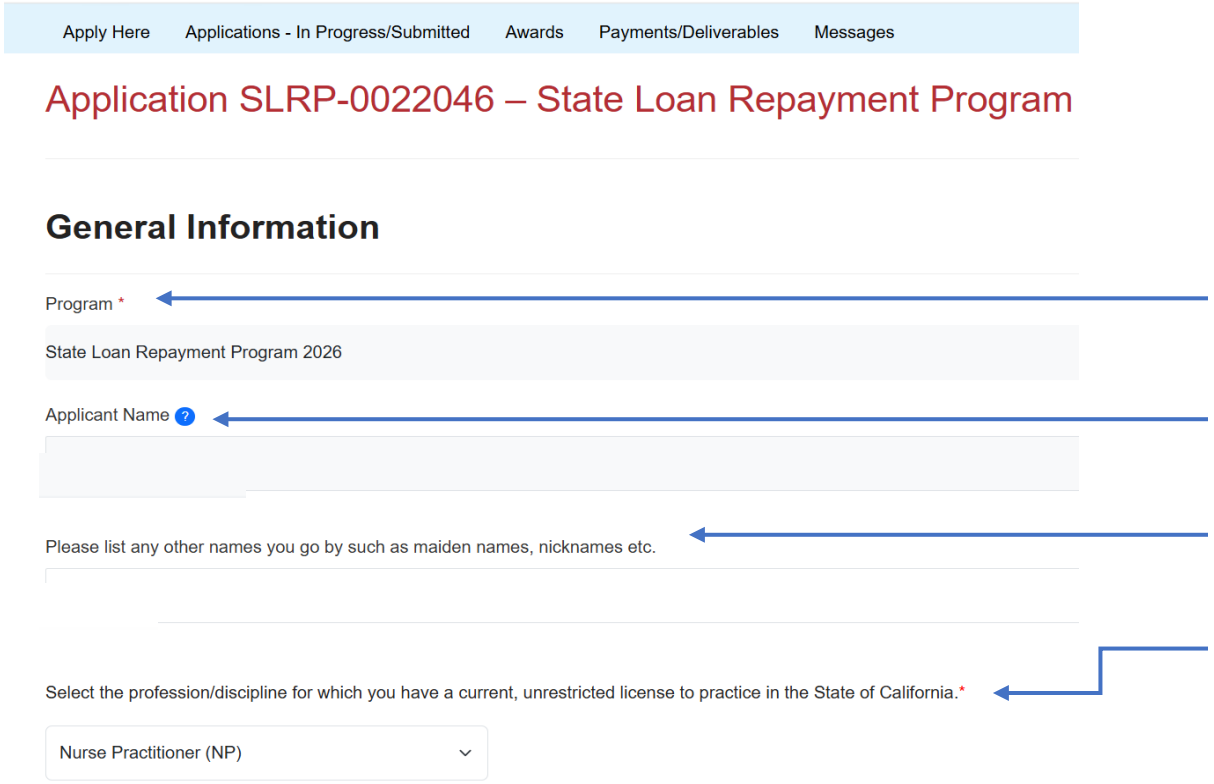


Navigating the application

Use the “Previous” and “Save & Next” buttons found at the bottom left of each page.

Starting an Application

General Information

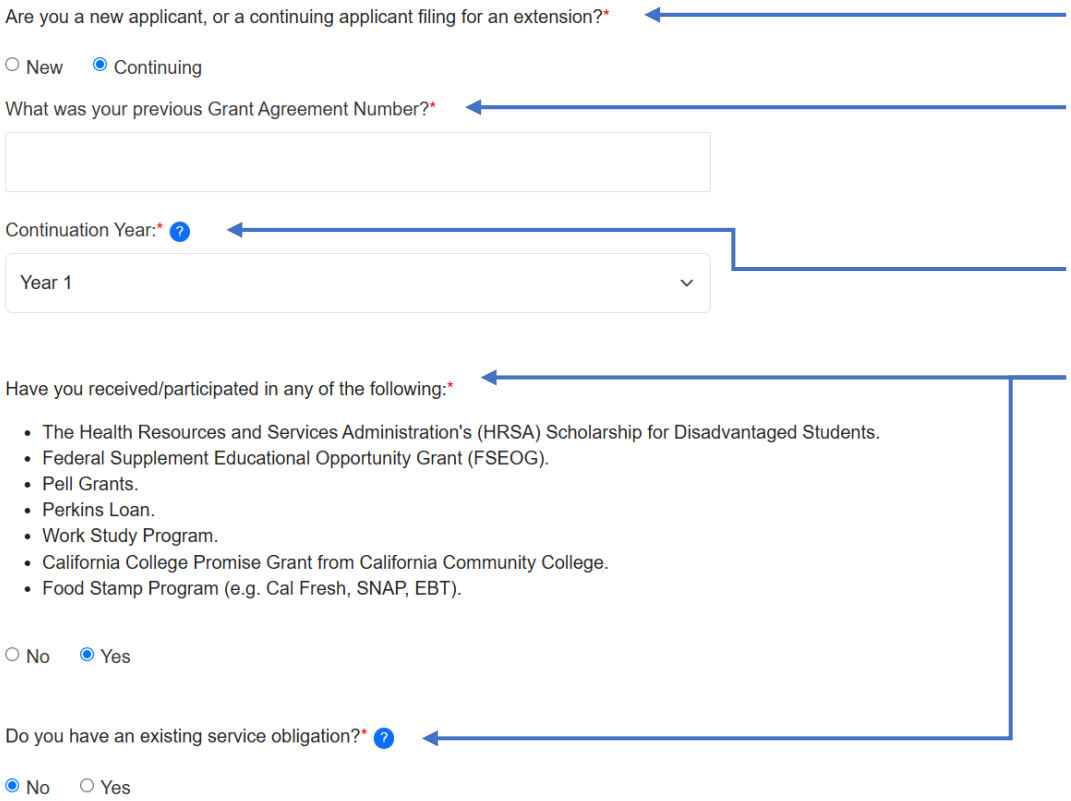


Provide the following information:

Note: Some of this information may be pre-populated.

- Add your program name.
- Add your name.
- List any other names you go by.
- Select the profession/discipline for which you have a current, unrestricted license to practice in the State of California.

General Information (continued)



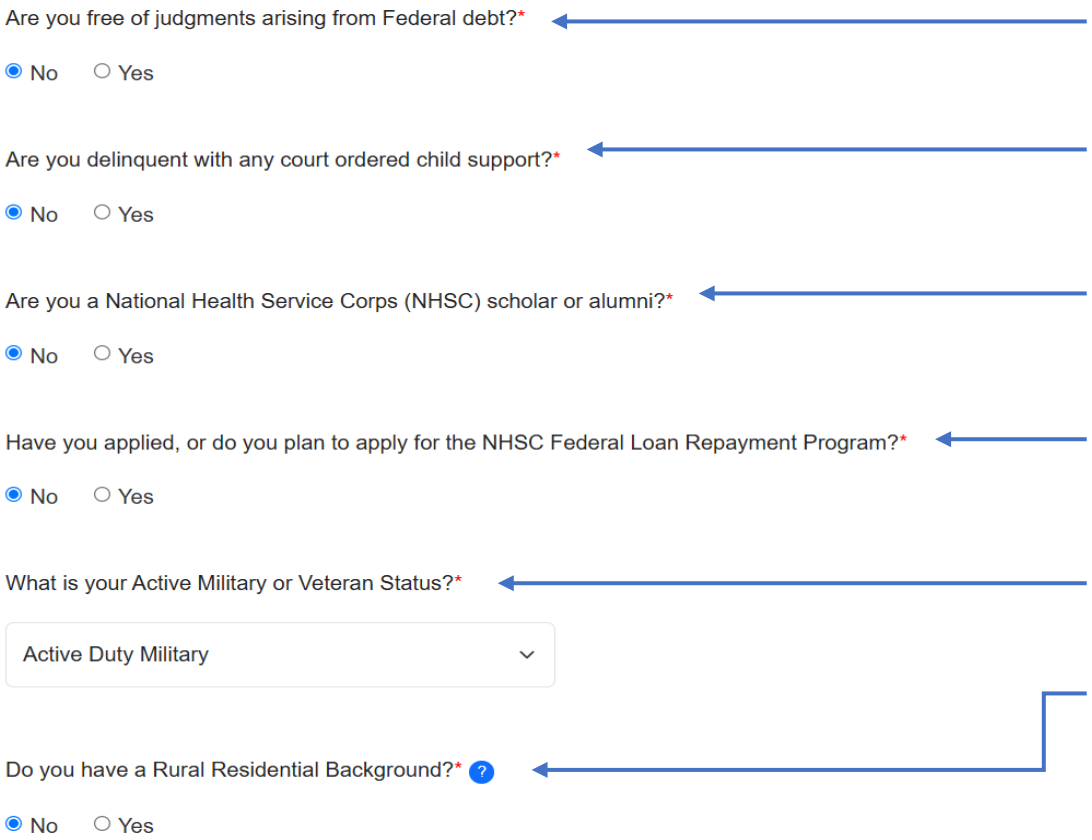
Answer the following questions:

- Are you a new or a continuing applicant?
- If you are a continuing applicant, enter your previous Grant Agreement Number.
- Enter your continuation year.
- Answer the remaining questions.

When complete, click “Save & Next”.

Note: After saving, you can leave and return later to continue working on your application.

General Information (continued)



Please continue answering the application questions:

- Are you free of judgments arising from Federal debt?
- Are you delinquent with any court ordered child support?
- Are you a National Health Service Corps (NHSC) scholar or alumni?
- Have you applied, or do you plan to apply for the NHSC Federal Loan Repayment Program?
- Select your Active Military or Veteran Status?
- Do you have a Rural Residential Background?

General Information (continued)

Select “Yes” if one or more of these situations applies to you, or “No” if none of them do, and then click “Save & Next”.

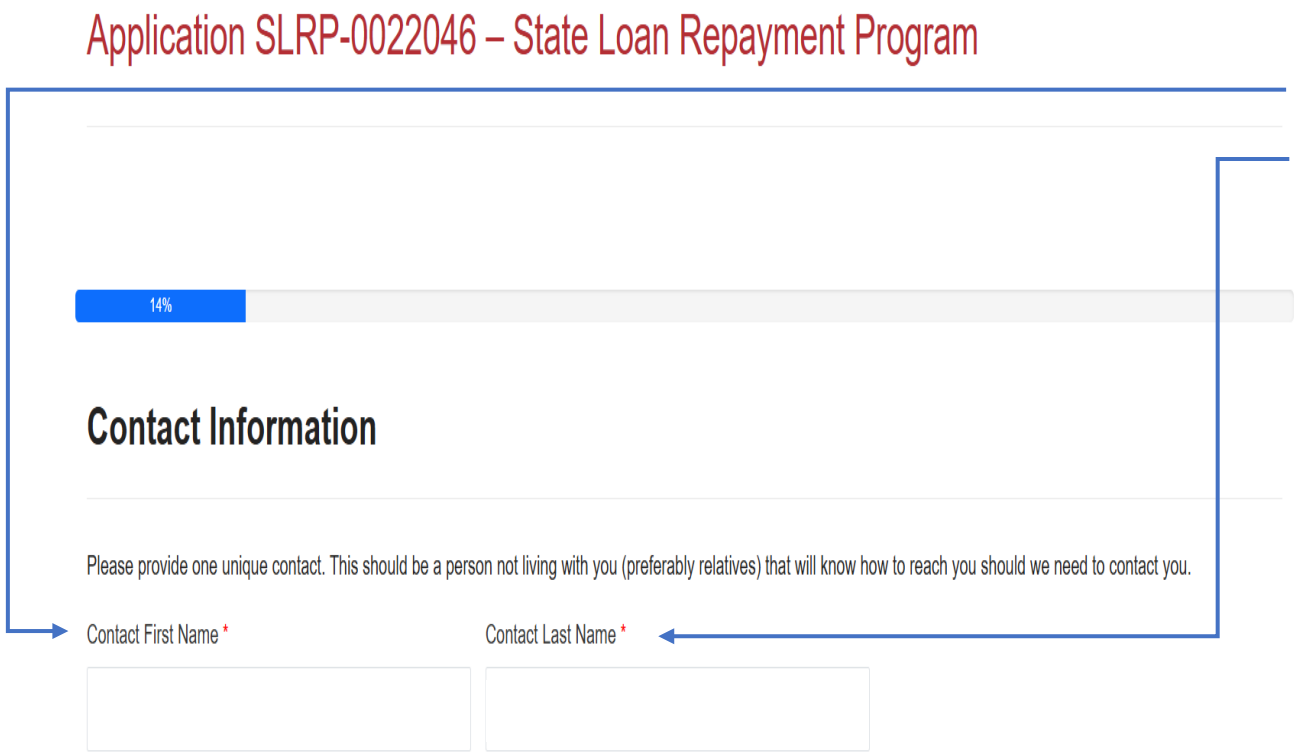
Do one or more of these situations apply to you?*

- Were or currently are homeless.
- Were or currently are in the foster care system.
- Were eligible for the National School Lunch Program (free and reduced price meals) for two or more years as a child.
- Do not have or have not had parents or legal guardians who completed a bachelor’s degree.
- Were or currently are eligible for federal Pell Grants.
- Received support from the California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) as a parent or child.
- Reside or grew up in one of the following areas:
  - A rural area, as designated by the Rural Health Grants Eligibility Analyzer. Use this link to check - Rural Health Grants Eligibility Analyzer.
  - A health professional shortage area, as designated by the HRSA.
  - Is an individual with a disability, meaning a person with a physical or mental impairment that substantially limits one or more major life activities, as described in the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), as amended.

○ No ◉ Yes

Save & Next

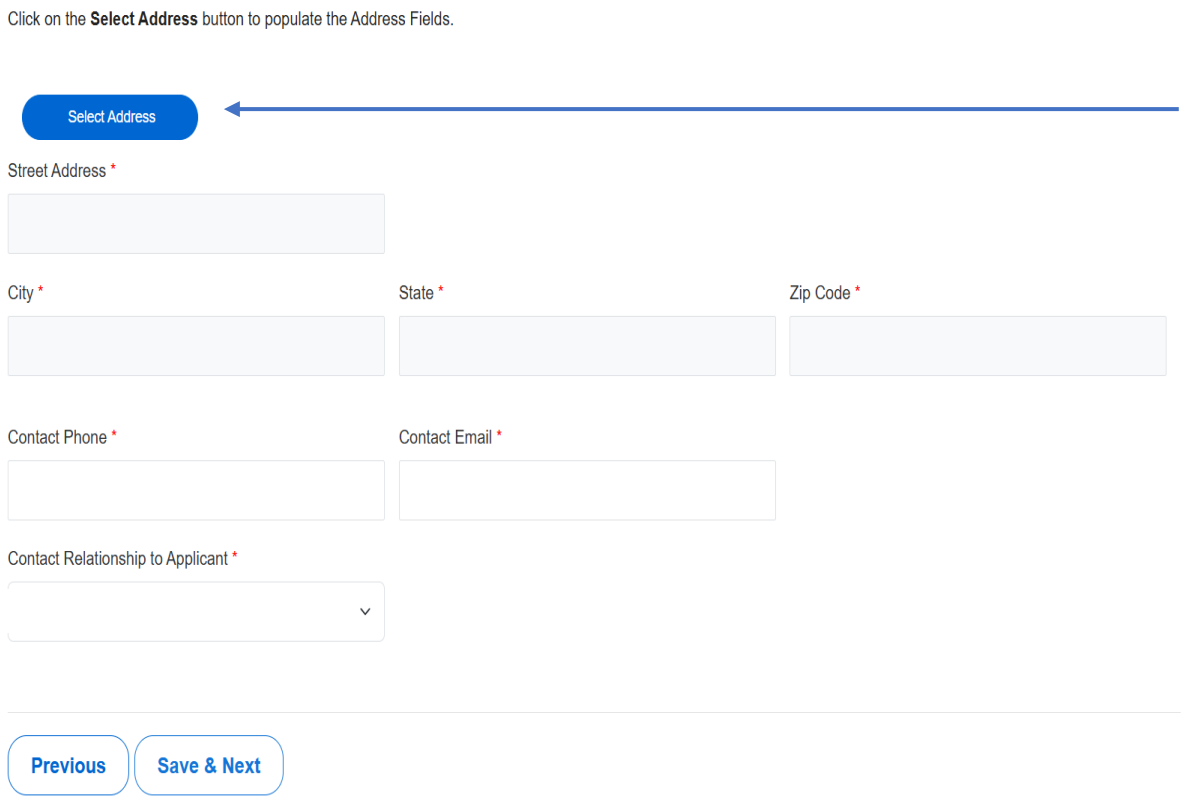
Contact Information



Provide a contact first and last name.

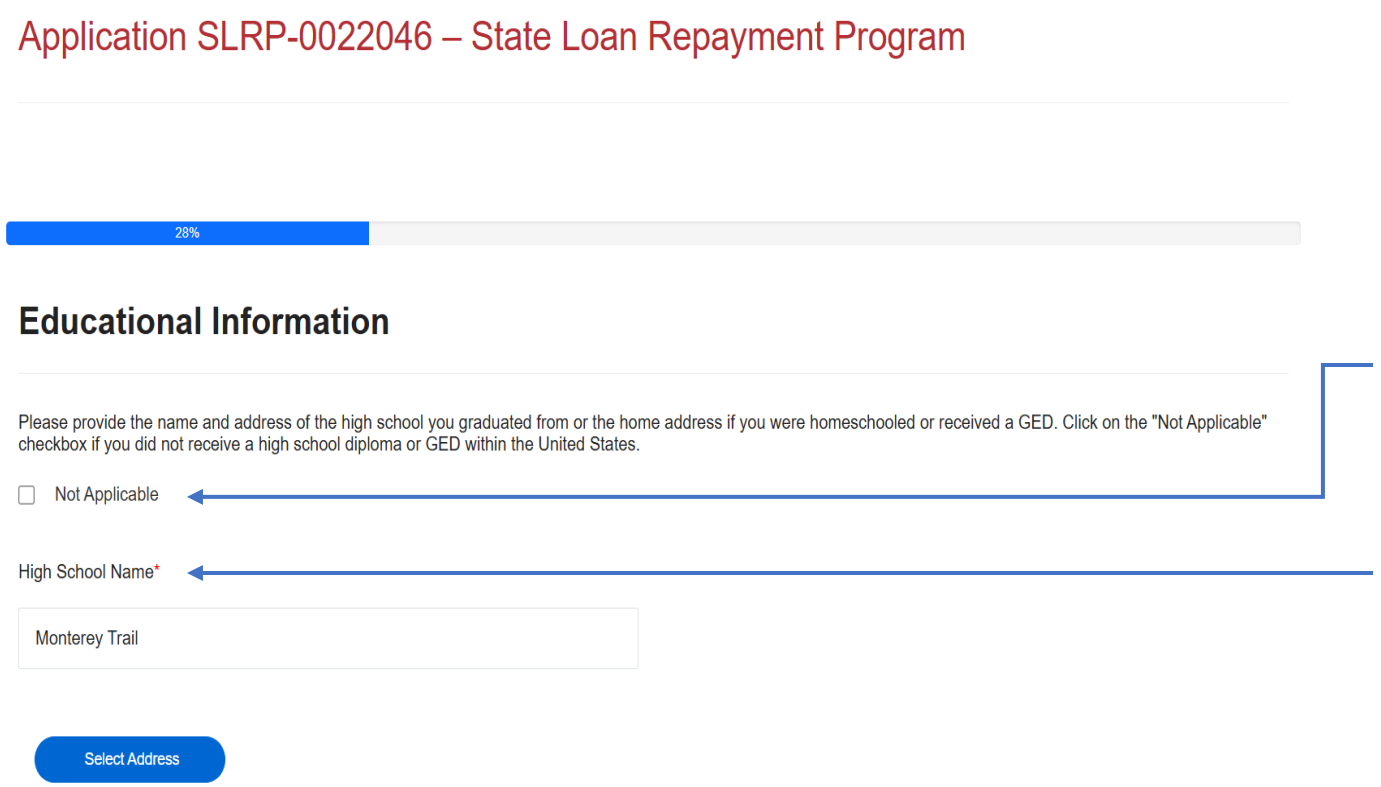
Note: This should be a person who does not live with you (preferably relatives) that will know how to reach you should we need to contact you. Providing duplicate contacts will reduce your chances of being approved.

Contact Information (continued)



- Click on the “Select Address” button to populate the Address Fields.
- Follow the previous “Select Address” steps to add the address.

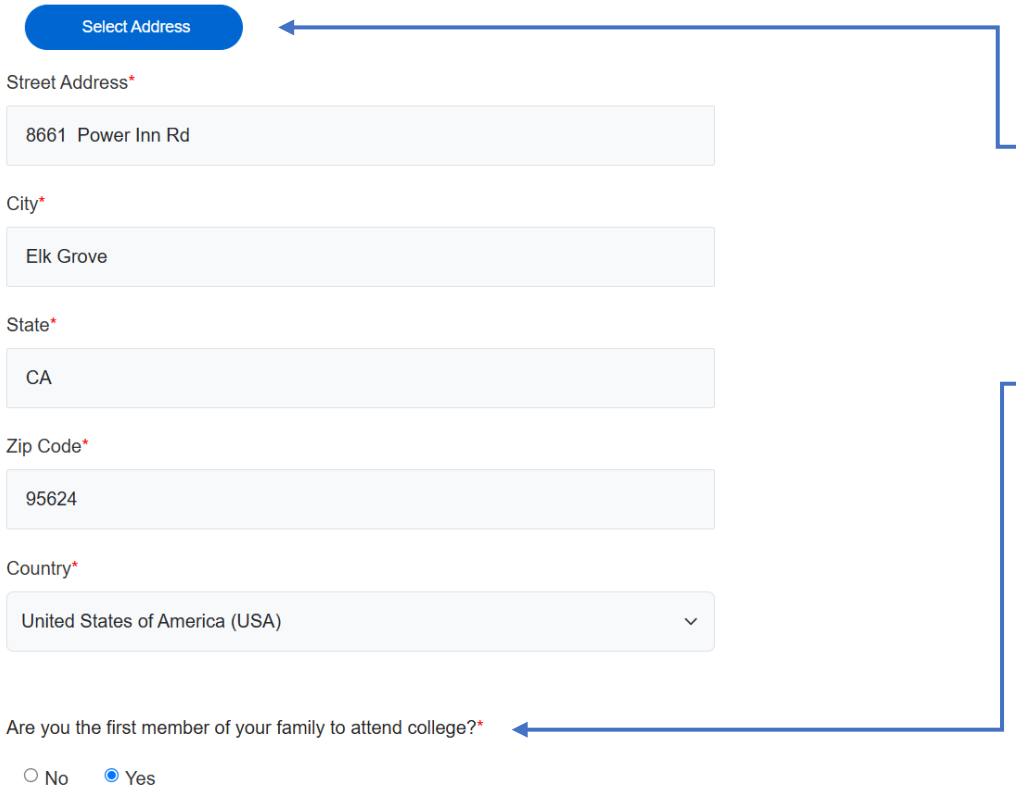
Educational Information



Provide the following information:

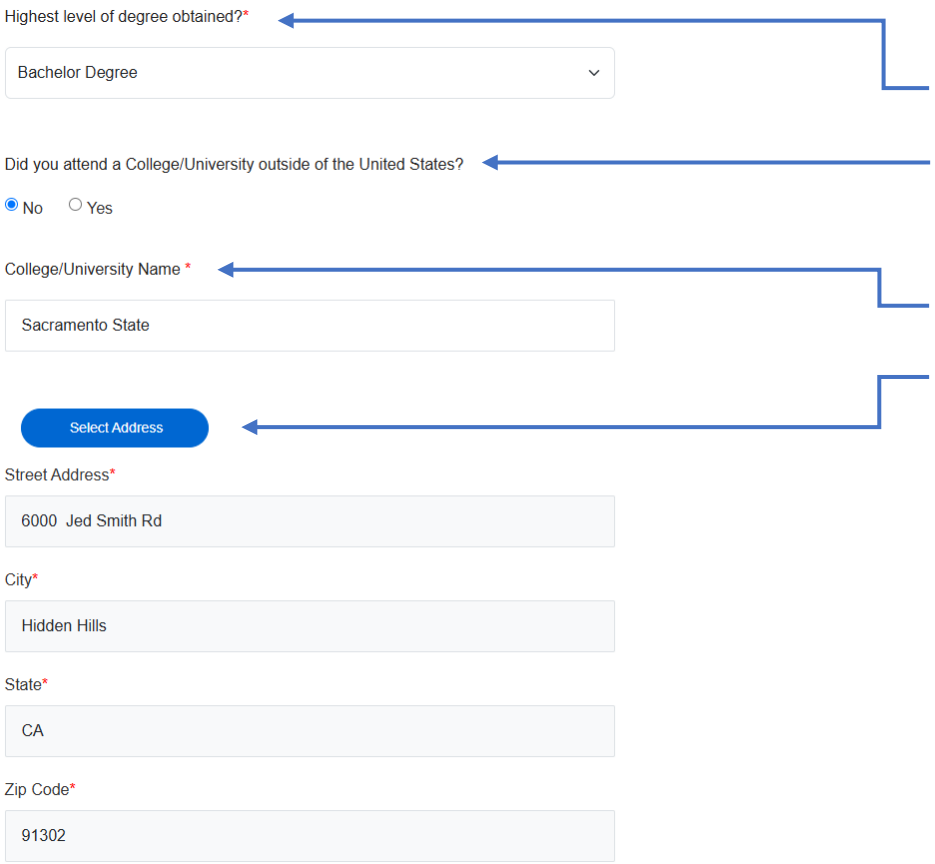
- Select the "Not Applicable" checkbox if you did not receive a high school diploma or GED within the United States.
- Provide the name of the high school you graduated from.

Educational Information (continued)



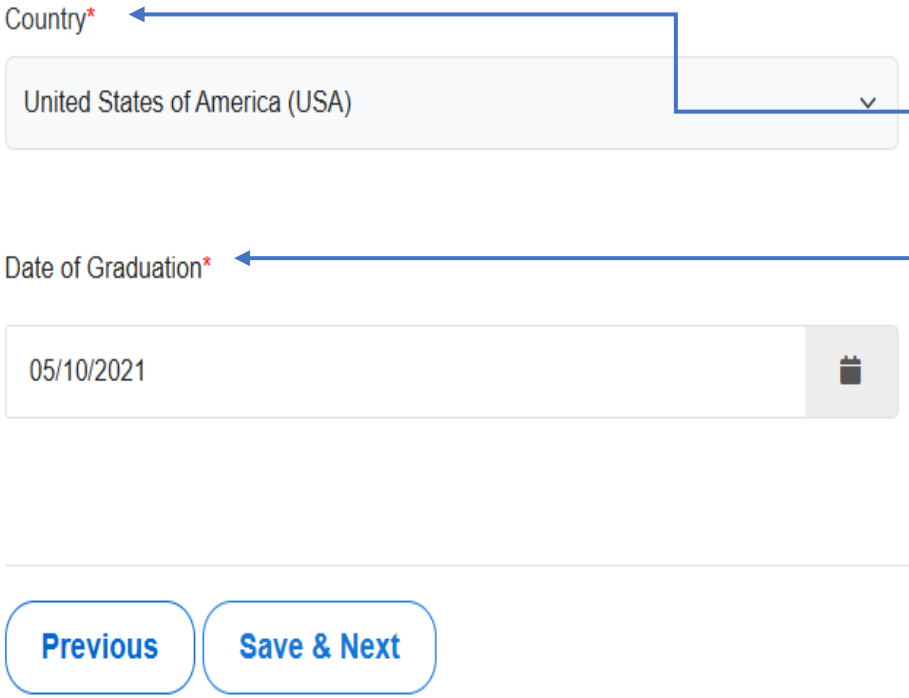
- Provide the address of the high school you graduated from or the home address if you were homeschooled or received a GED.
- Are you the first member of your family to attend college?

Educational Information (continued)



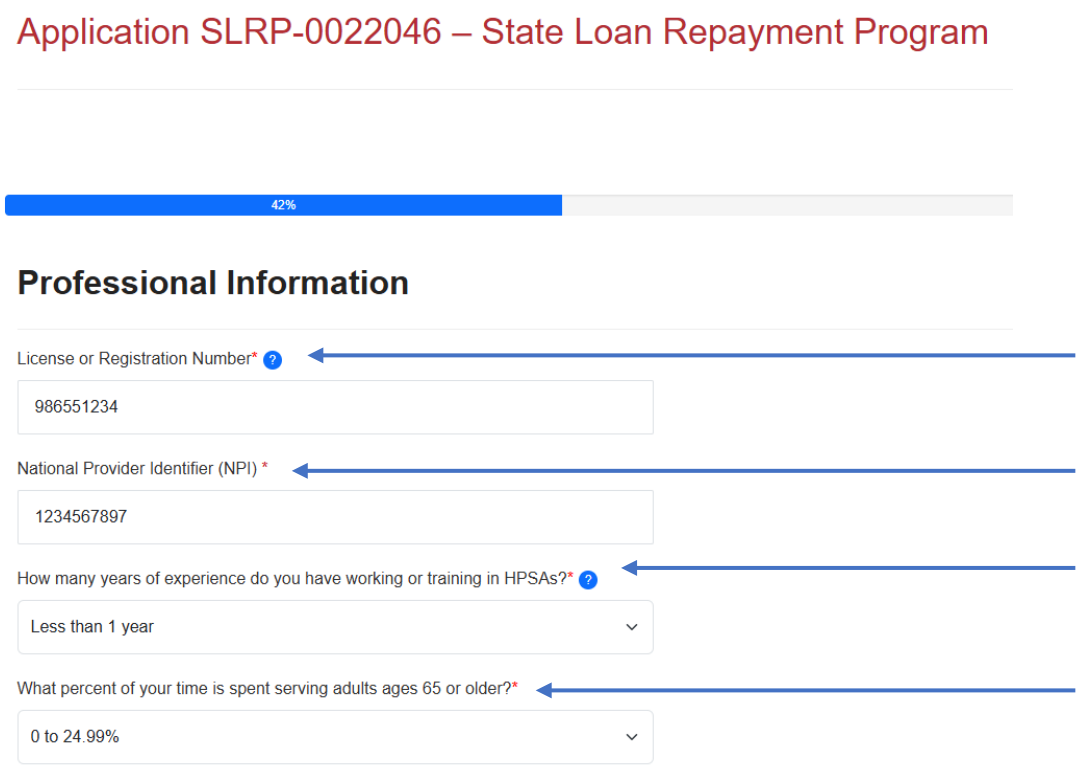
- Enter your highest level of degree obtained.
- Did you attend College/University outside of the United States?
- Enter the name of your college/university.
- Click “Select Address” to populate your college/university address.

Educational Information (continued)



- Select the country.
- Enter your date of graduation.

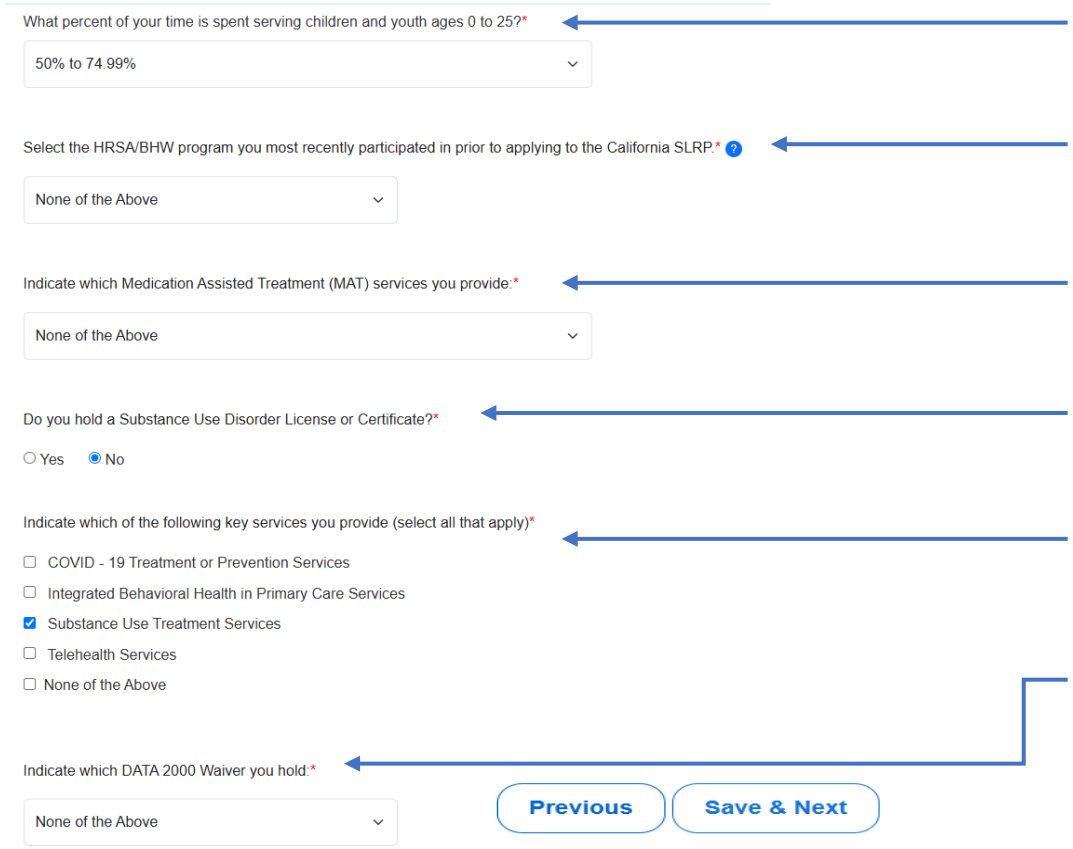
Professional Information



Provide the following information:

- Enter your professional license or registration number.
- Enter your National Provider Identifier (NPI) number.
- Select the experience you have working or training in HPSAs.
- Select what percent of your time is spent serving adults ages 65 or older.

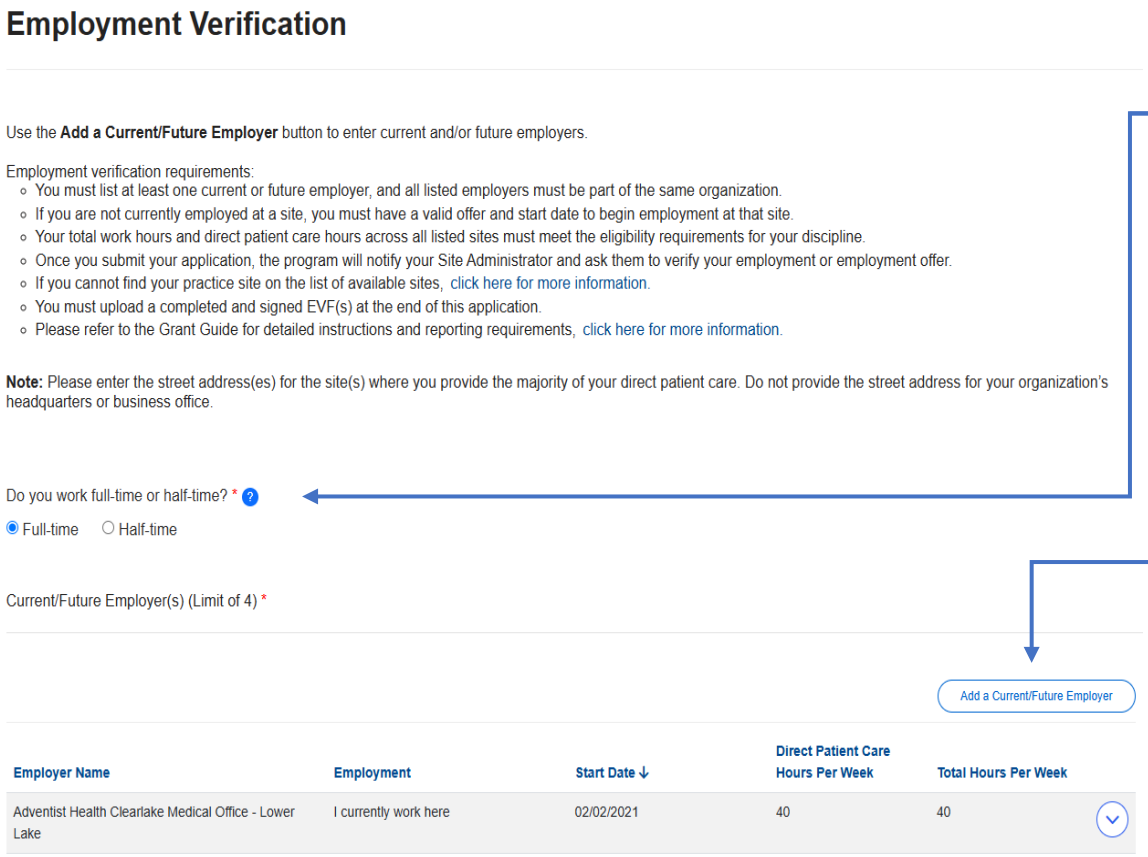
Professional Information (continued)



Provide the following information:

- What percent of your time is spent serving children and youth ages 0 to 25?
- Select the HRSA/BHW program you most recently participated in prior to applying to the California SLRP.
- Indicate which Medication Assisted Treatment (MAT) services you provide.
- Do you hold a Substance Use Disorder License or Certificate?
- Indicate which of the following key services you provide (select all that apply).
- Indicate which DATA 2000 Waiver you hold.

Employment Verification



Provide the following information:

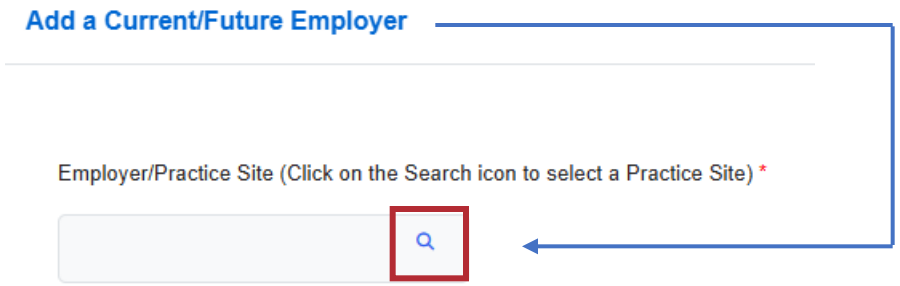
- Do you work Full-time or Half-time?
- Select the “Add a Current/Future Employe” button to add your practice site to the application.

Note: The SLRP grant guide provides more details regarding full-time and part-time employment.

Employment Verification (continued)

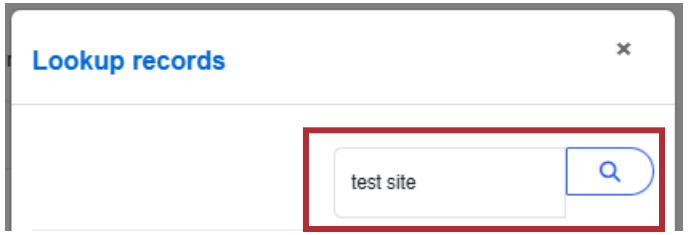
Under the “Add a Current/Future Employer” screen:

- Select the address box

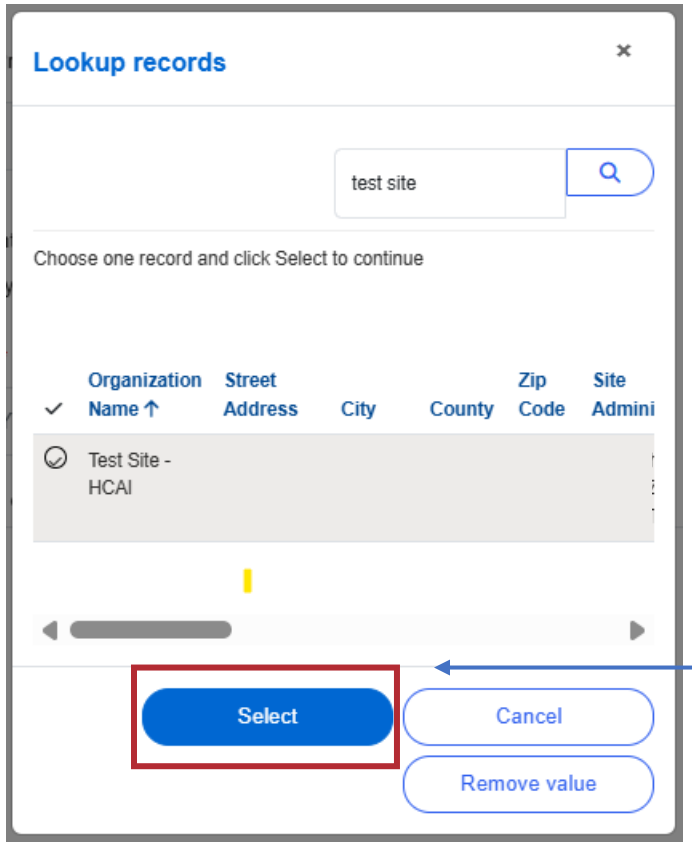


- In the Lookup records box, type the name of your practice site and select the search icon.

Note: Ensure you are specific about the practice site name when entering it.



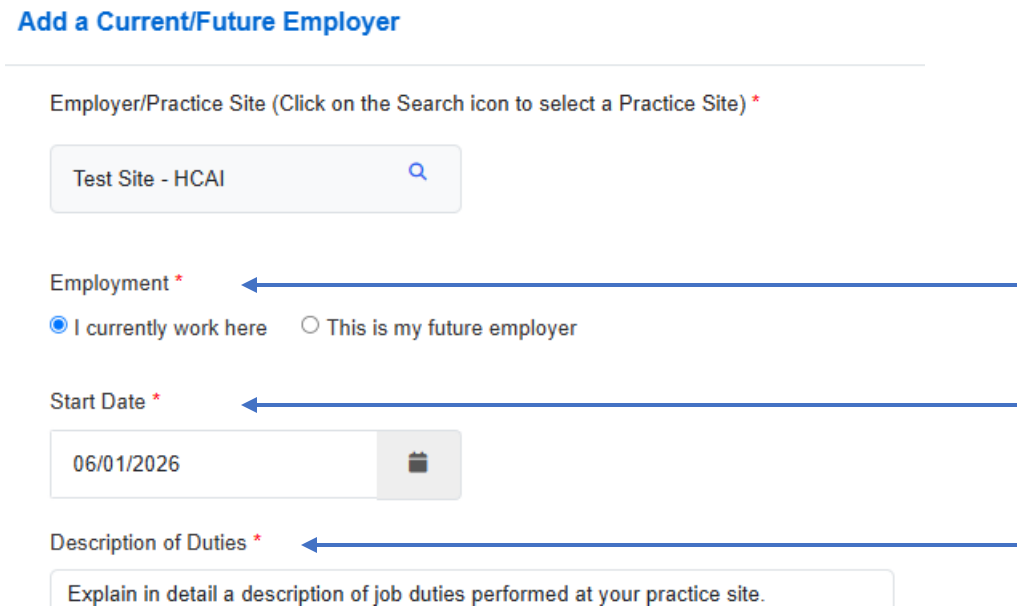
Employment Verification (continued)



- After looking up your practice site, select the site name listed and press the “Select” button.

Important: If you’re site does not populate, it may not currently be on our list of approved practice sites. Before selecting your site, it must be pre-approved by the SLRP. Please have your site administrator contact us at SLRP@hcai.ca.gov to assist with adding your practice site to our system.

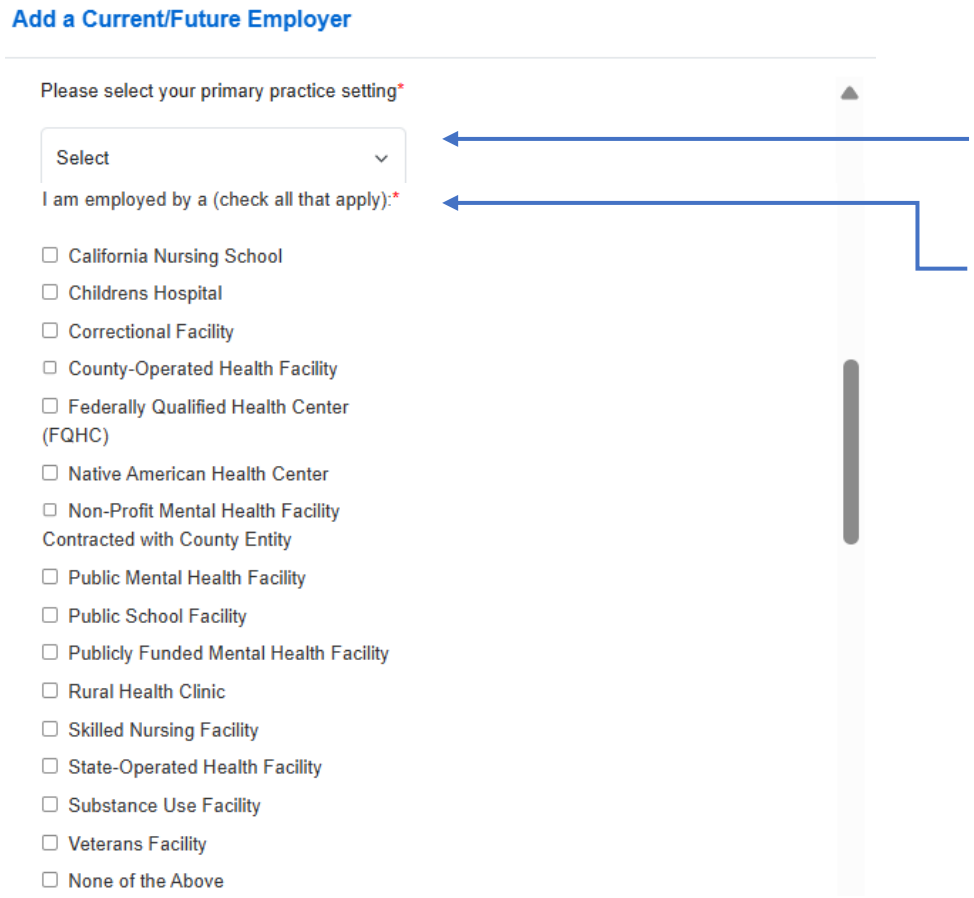
Employment Verification (continued)



After selecting your practice site, enter the following information:

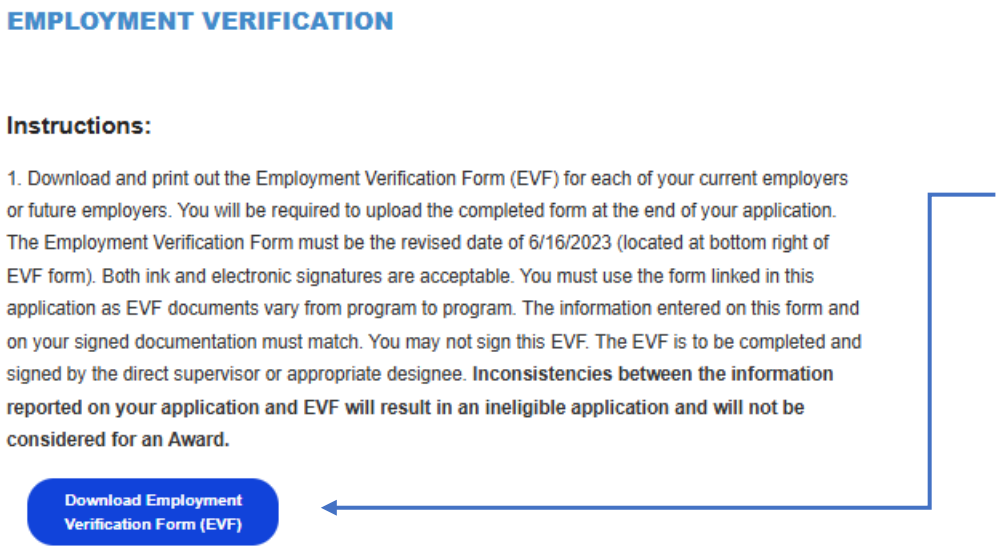
- Employment: Select if this is a current employer or a future employer.
- Start Date: Select the date you started with this site or plan to start with this site.
- Description of Duties: Describe in detail your normal duties and functions in your job.

Employment Verification (continued)



- Select your primary practice setting from the dropdown list.
- Select any and all options that apply to your practice site.

Employment Verification (continued)

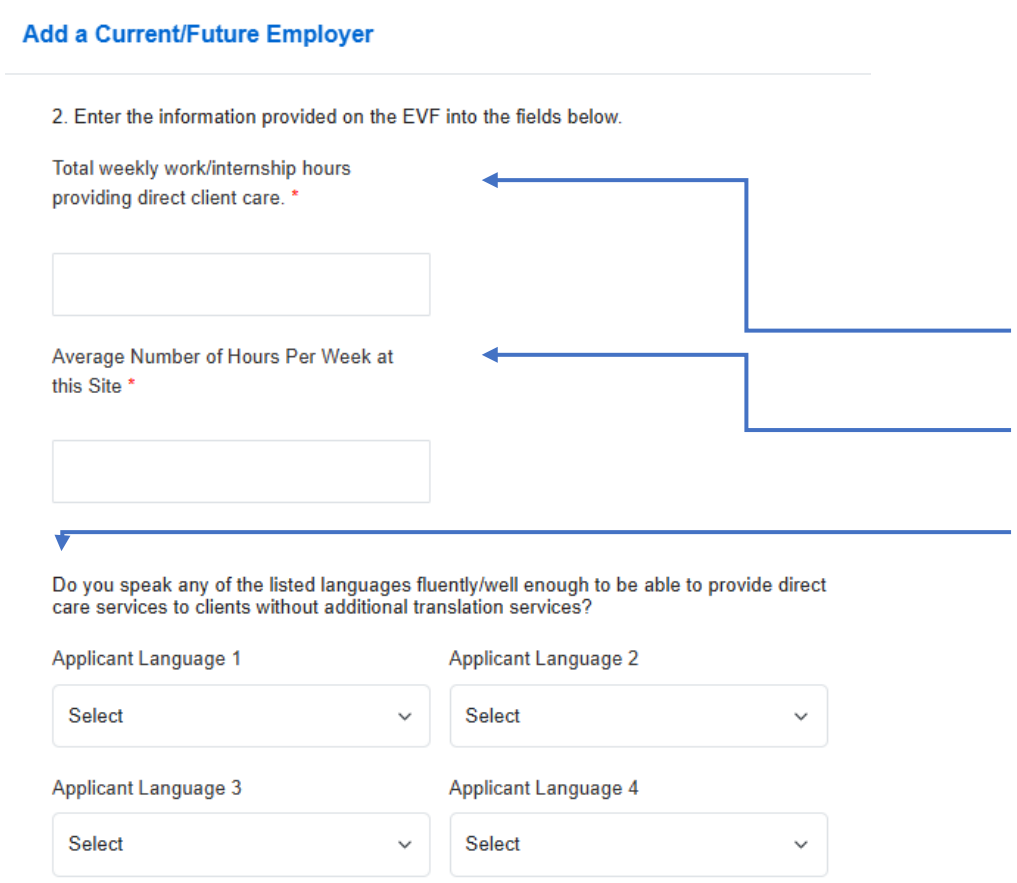


Continue to scroll down and complete the following information.

Employment Verification Form (EVF):

- Download the EVF by selecting the button. This form will need to be completed in its' entirety and signed by both you and your site administrator.
- This form will be uploaded at the end of the application.
- **Note:** Failure to complete this form in its' entirety may result in your application being disqualified.

Employment Verification (continued)



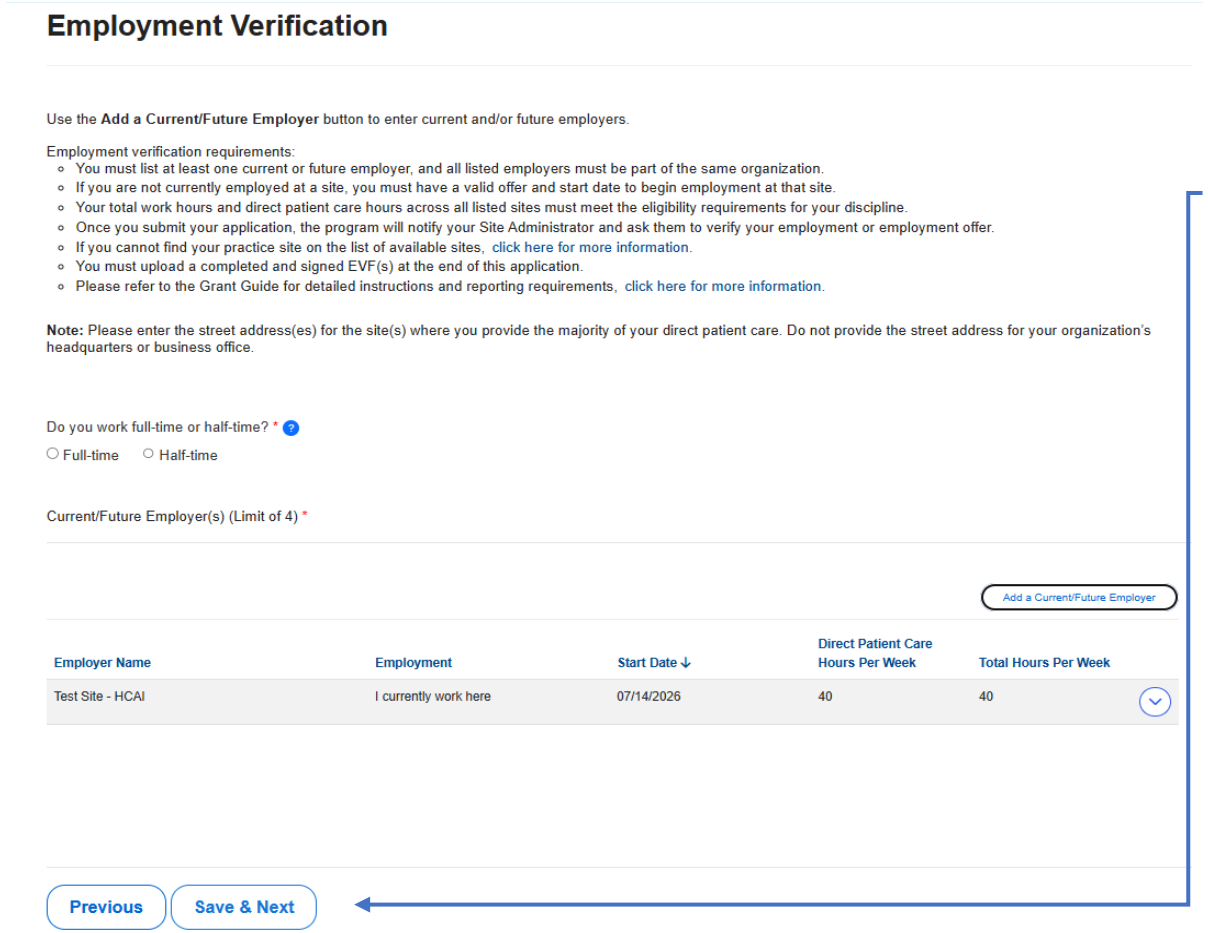
Continue to scroll down and complete the following information.

Using the information provided on the EVF, enter that information into the fields:

- Total weekly hours providing direct patient care.
- The total average number of hours worked at this site.
- Select any languages that you speak other than English (up to 4).

After completing all required information, press the “Save” button.

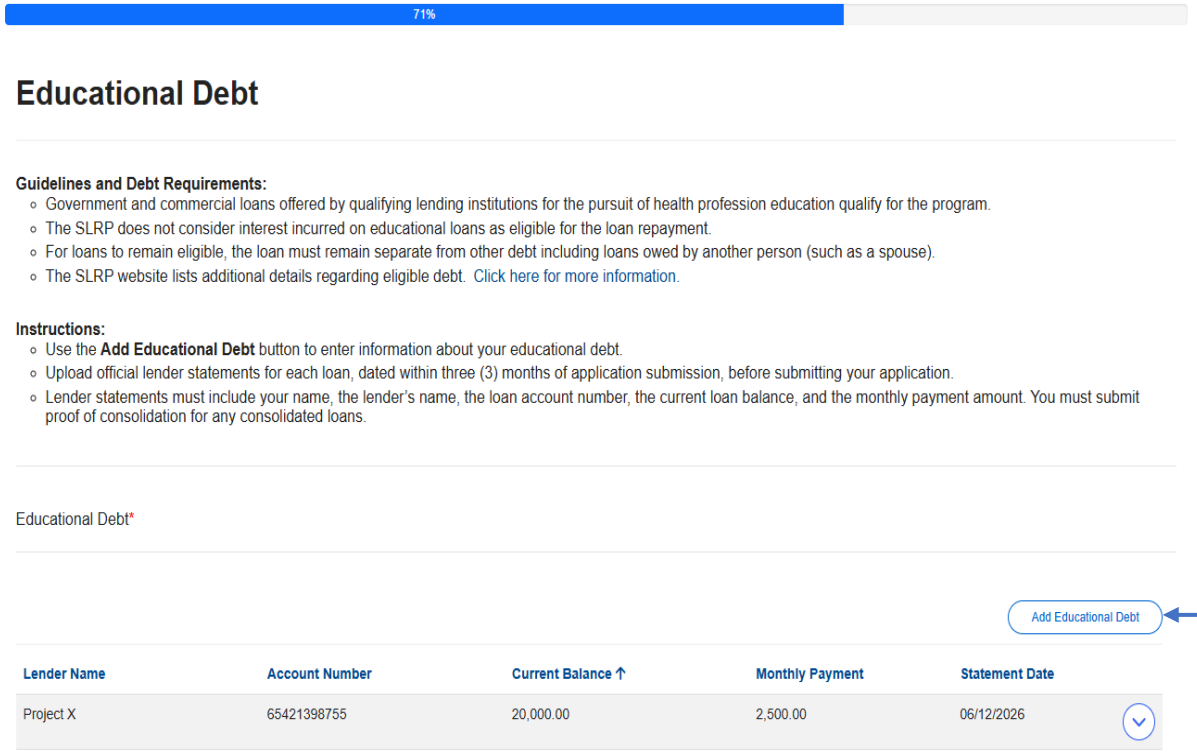
Employment Verification (continued)



After adding your practice site, you have the option to add another practice site (if applicable).

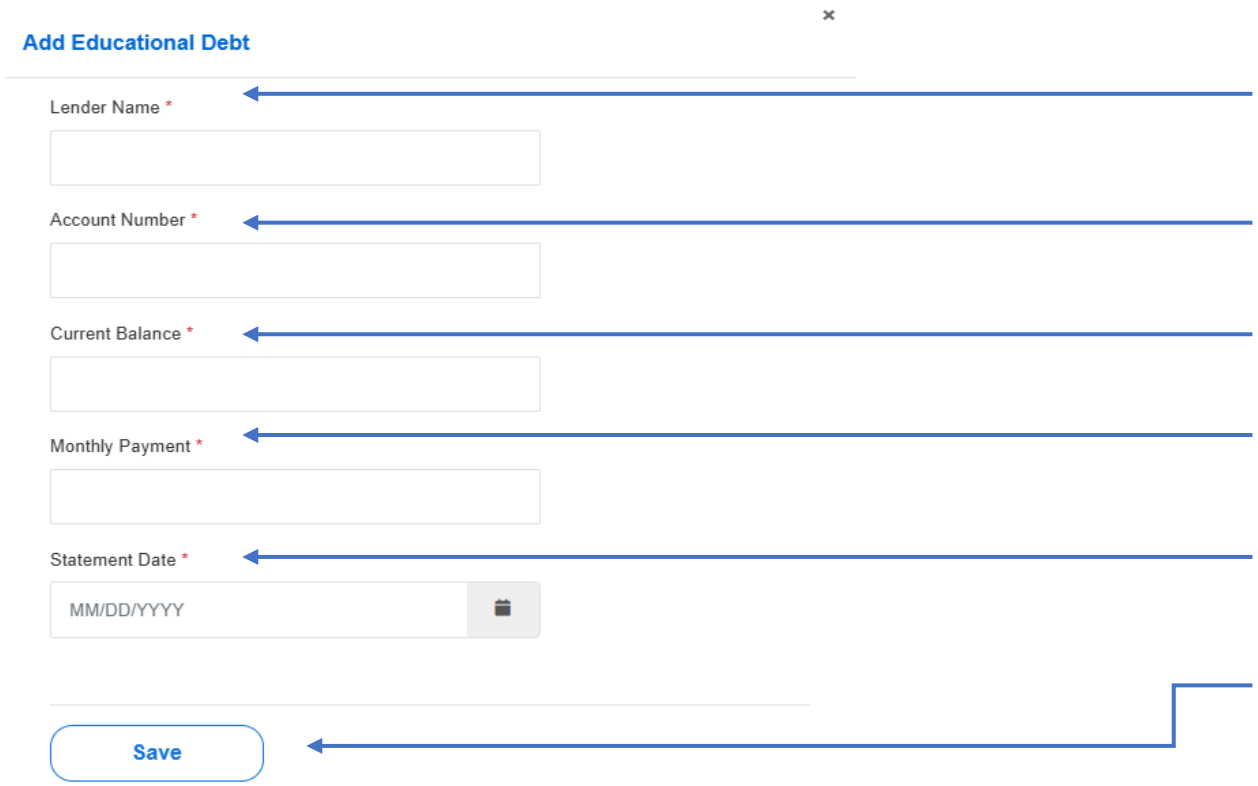
Once all applicable practice sites have been entered, press the “Save & Next” button.

Educational Debt



Use the “Add Educational Debt” button to enter information about your educational debt.

Educational Debt (continued)



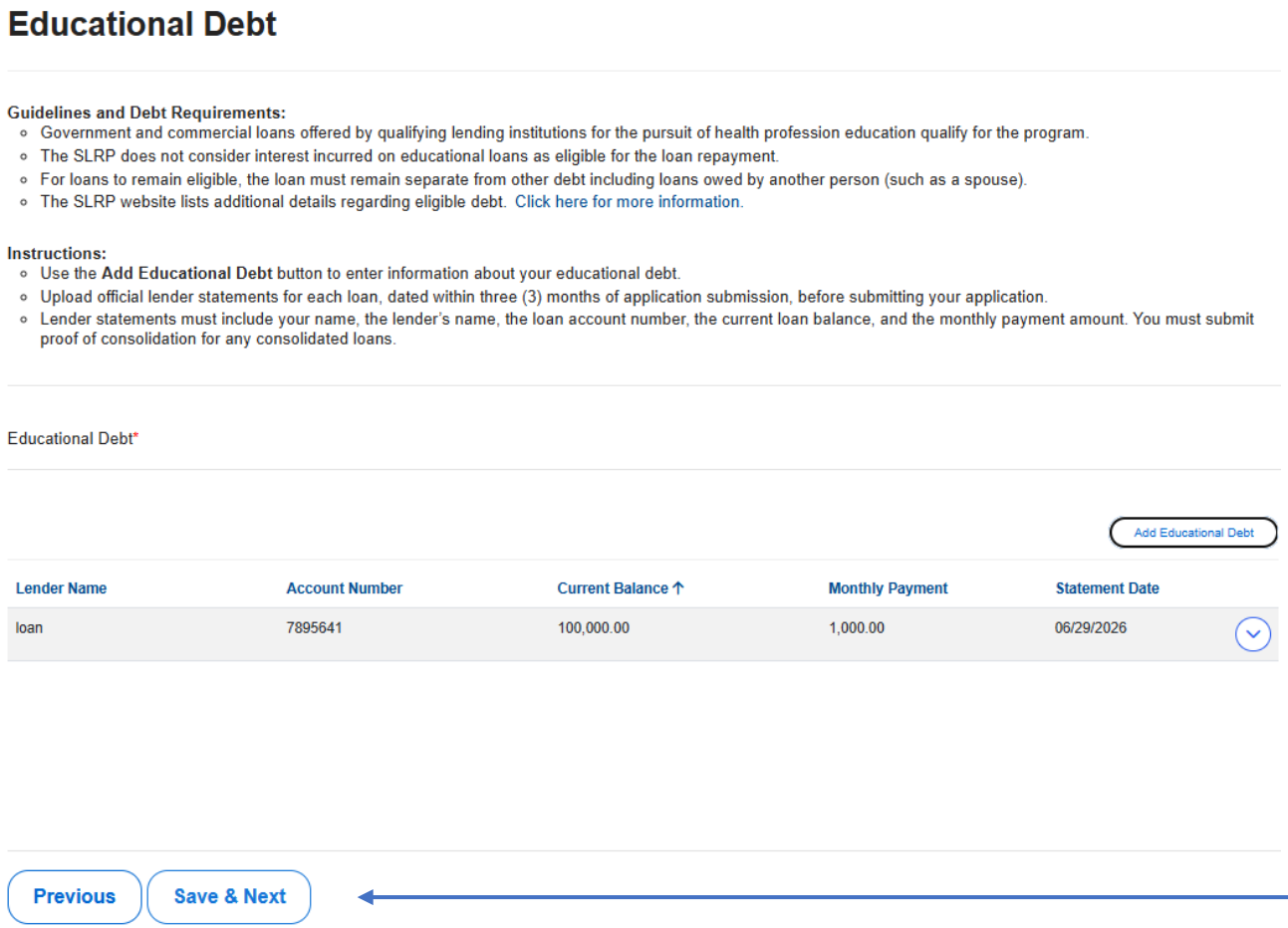
Complete the following information:

- Lender Name: Name of your lending institution.
- Account Number: Enter the full account number of your loan.
- Current Balance: Balance as of most recent statement date.
- Monthly Payment: Monthly payment as of most recent statement date.
- Statement Date: The date of your most recent statement submitted on your application.

After entering all required information, press the “Save” button.

Note: Statements must be no later than 90 days old.

Educational Debt (continued)



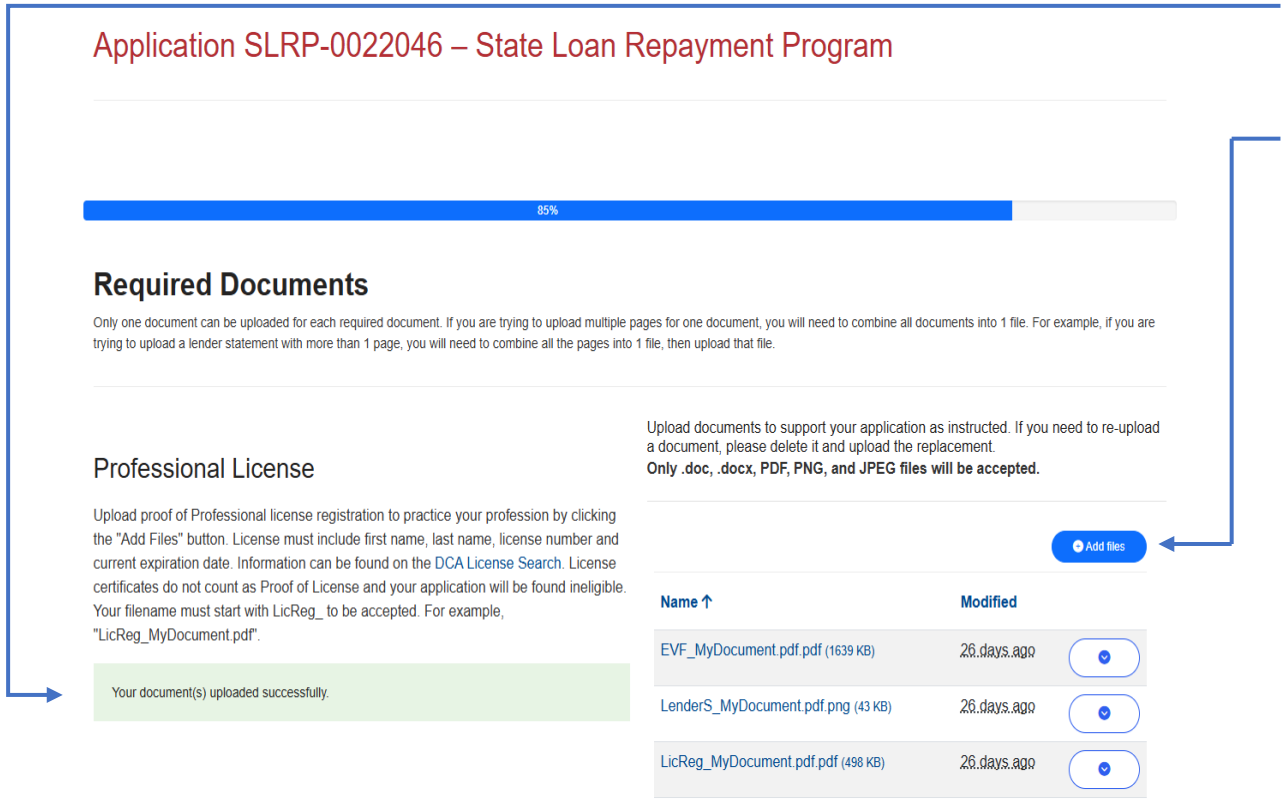
After submitting your lender statement, you can add additional qualified, lender statements (as needed).

Note:

- Lenders that have multiple sub accounts, can be entered as a single total dollar amount for that loan.
- Loans with different account numbers, should be entered separately, even if from the same lender.
- Each lender should be listed separately.

After entering all required information, press the “Save & Next” button.

Required Documents



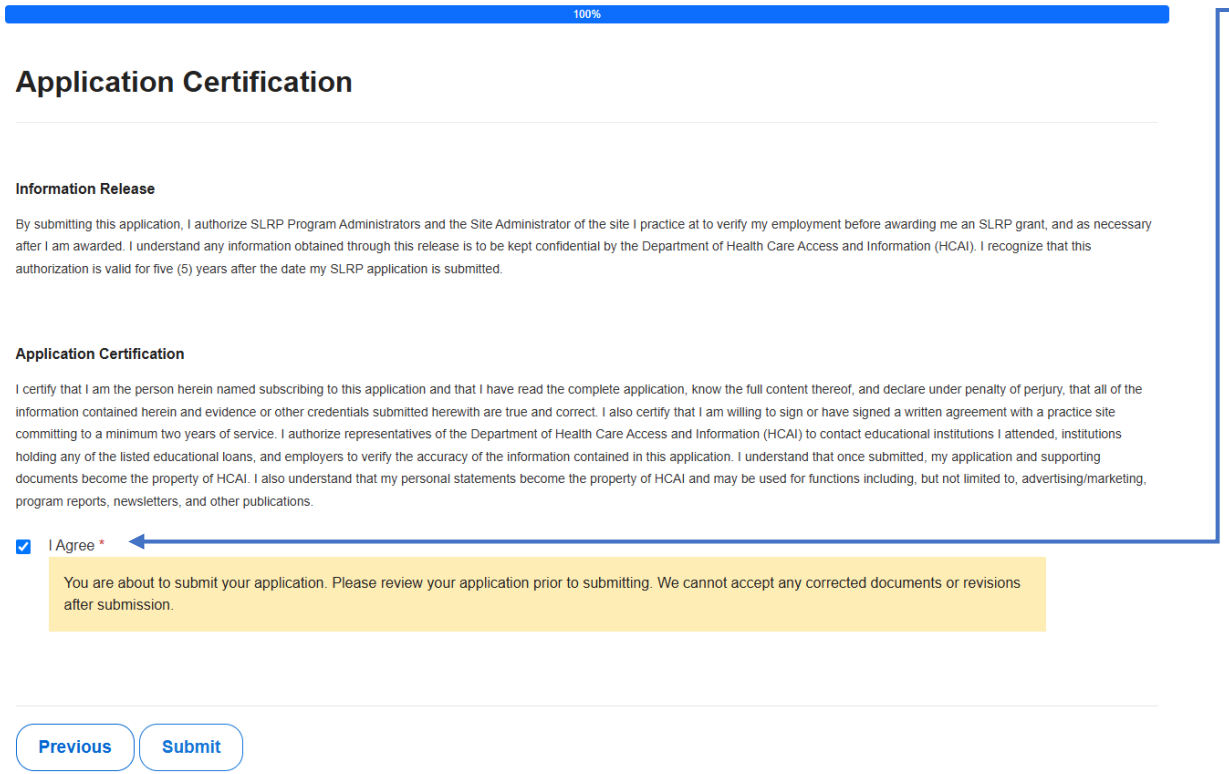
- Upload the required documents by clicking here.
- If you see a green tab, your documents have been successfully uploaded.

Note: Lender statements must include your name, the lender's name, the loan account number, the current loan balance, and the monthly payment amount.

Important: you must include the *required* prefix name for each uploaded document:

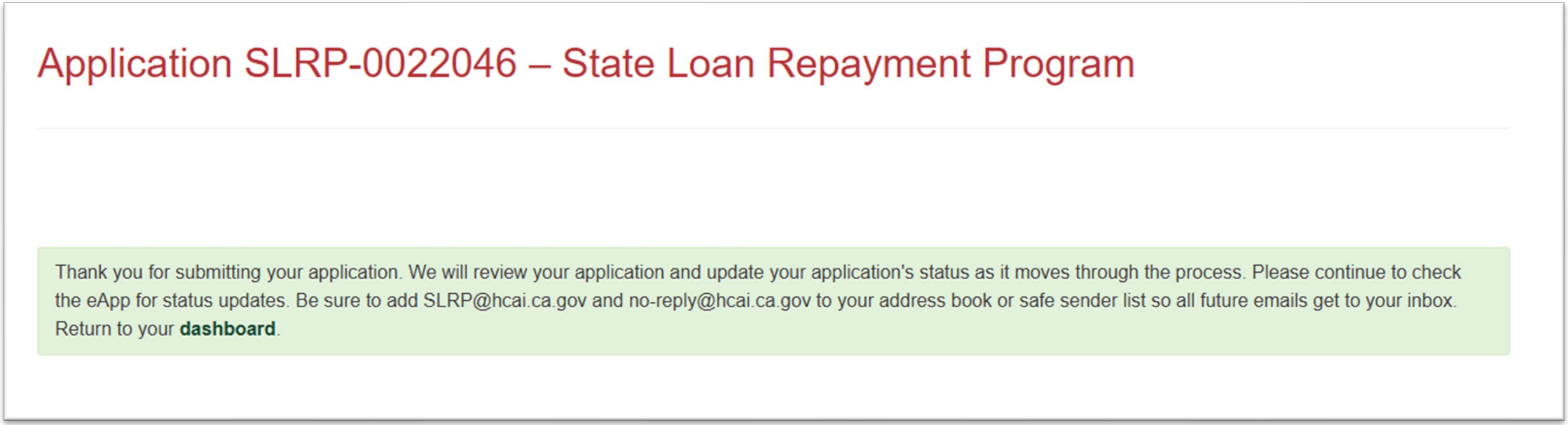
- EVF_
- LenderS_
- LicReg_

Application Certification



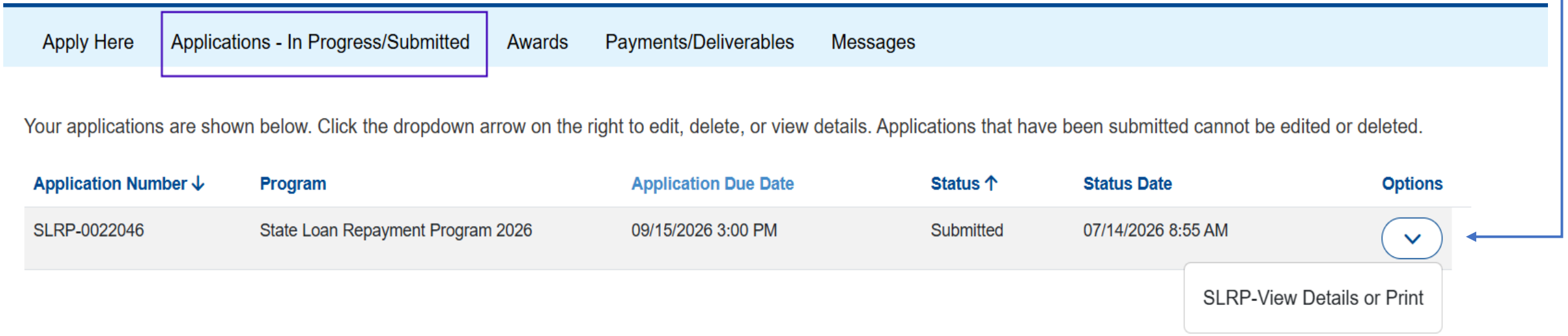
- You have reached the last page. When you are fully satisfied that your application has been filled out correctly, please read all terms of submitting the application and check the “I Agree” box.
- **Note:** When you click the “Submit” button you are done. You will not be allowed to make any further edits.

Submission Complete



Viewing & Printing Your Application

Once you submit your application you can view and print your application by selecting the Options dropdown on the “Application-In Progress/Submitted” page.



For further questions, please email:

SLRP@HCAI.ca.gov