



2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov



Employment Verification Form (EVF)

INSTRUCTIONS: A completed and signed EVF must be submitted for each practice site Applicant/Grantees provide direct patient/client care at and should pertain to the individual provider at the practice site. **All questions/sections are required and must be completed.**

PLEASE ENTER ALL INFORMATION CLEARLY

Applicant/Grantee's First and Last Name:			
Applicant/Grantee's Start Date:		Employer Phone #:	
Employer Name:			
Employer Address: (Address of the facility where the Applicant/Grantee works at and not the headquarters)	Street:		
	City:	State:	
	Zip/Postal Code:	County:	
Applicant/Grantee's Profession:		Applicant/Grantee's Job Title:	
By checking this box, Applicant/Grantee certifies that they are providing 32+ hours per week in direct patient/client care at the employer identified above.			
By checking this box, Applicant/Grantee is currently providing under 32 hours of direct patient/client care and is providing _____ direct client/patient care hours at this facility. Applicant/Grantee understands they will provide a separate EVF to HCAI for each employer used to meet the total 32 hour direct patient/client care requirement. Failure to meet this requirement will deem their application ineligible or cause a breach of their current contract.			
(Direct patient/client care includes telecare, assessment, treatment, counseling, procedures, self-care, patient education and documentation relating to patient encounter. Direct patient/client care includes both face-to-face and telehealth based preventative care and first line supervision. First line supervision means you directly supervise the staff who are providing direct patient/client care services to patients.)			
What are the Applicant/Grantee's total hours serving adults ages 65 or older per week:			_____
If called upon, the Applicant/Grantee uses the following language(s) in addition to English while in the work environment or within the community they serve.			
Briefly list your primary day-to-day duties and/or job functions. Reference to "See Resume/Job Description" will cause your application to be rejected.			

TO BE COMPLETED AND SIGNED BY THE DIRECT SUPERVISOR OR APPROPRIATE DESIGNEE
I DECLARE UNDER PENALTY OF PERJURY THAT THESE STATEMENTS ARE TRUE AND CORRECT.

Supervisor Signature

Date

Supervisor Name
(PLEASE PRINT)

Supervisor Email