



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



Employment Verification Form (EVF) Part A

INSTRUCTIONS: A completed and signed EVF (both Part A and B) must be submitted for each practice site at which the Applicant/Grantee provides direct patient care. This form is to be used for STLRP **ONLY**.

PLEASE ENTER ALL INFORMATION CLEARLY

Applicant/Grantee's First and Last Name:			
Applicant/Grantee's Start Date:		Employer Phone #:	
Employer Name:			
Employer Address: <small>(Address of the practice site where the Applicant/Grantee provides direct patient/client care and NOT the headquarters)</small>	Street:		
	City:	State:	
	Zip/Postal Code:	County:	
Applicant/Grantee's Profession:			
Is the Applicant/Grantee providing 32+ hours per week of direct patient/client care? YES No If no, how many: _____			
Is the Applicant/Grantee practicing Obstetrics/Gynecology? YES NO		Is the Applicant/Grantee Providing Outpatient Care? YES NO	
Is the Applicant/Grantee providing abortion-related care and/or reproductive health care services? YES NO			
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 Applicant/Grantee's 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 <small>(PLEASE PRINT)</small>	Supervisor Email



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



Employment Verification Form (EVF) Part B

INSTRUCTIONS: The Applicant/Grantee must work with their employer and identify a Practice Setting below that applies to the facility at which the Applicant/Grantee provides direct patient care. The practice setting is determined by the employer, and not HCAI. If neither “Option A” or “Option B” apply, the employer will not be eligible for STLRP.

OPTION A.

A community clinic that is a primary care clinic, operated by a tax-exempt nonprofit organization or an Indian Tribal Clinic as defined in subdivision (a) of Section 1204 and subdivision (c) of Section 1206 of the health and Safety Code.

A clinic owned or operated by a public hospital or health system.

Emergency room where care is provided to patients that are not admitted to the hospital.

A clinic owned and operated by a hospital that maintains the primary contract with a county government to fulfill the county’s roll pursuant to Section 17000 of the Welfare and Institutions Code.

AND

At least 50% of the patients seen in this clinic either are from Medi-Cal or uninsured.

OR

OPTION B.

The practice site is a physician owned and operated medical practice that provides primary care.

AND

At least 50% of the patients seen in this clinic are either uninsured, insured by Medi-Cal, or beneficiaries of another publicly funded program that serves patients who earn less than 250% of the federal poverty level.