2020 West El Camino Avenue, Suite 1222
Sacramento, CA 95833
hcai.ca.gov

Employment Verification Form (EVF) – STLRP

Part 1

INSTRUCTIONS: Submit this completed, signed EVF (Parts 1 & 2) for each practice site where Applicant/Awardee provides Direct Patient Care (DPC). All fields are mandatory and must match your online application. Incomplete or inconsistent forms/information will be rejected as ineligible. **This STLRP EVF may ONLY be used for FY 26/27**.

PLEASE ENTER ALL INFORMATION CLEARLY. ALL SECTIONS OF THIS FORM ARE REQUIRED AND ALL INFORMATION MUST MATCH THAT SUBMITTED WITH ONLINE APPLICATION.

<table>
<tr><td colspan="3">Applicant/Awardee's First and Last Name:</td></tr>
<tr><td colspan="2">Applicant/Awardee's Start Date:</td><td>Employer Phone #:</td></tr>
<tr><td colspan="3">Employer/Practice Site Name:</td></tr>
<tr><td rowspan="3">Employer/Practice Site Address:
(Address of the practice site where the Applicant/Awardee provides direct patient/client care and <u>NOT</u> the headquarters)</td><td colspan="2">Street:</td></tr>
<tr><td>City:</td><td>State:</td></tr>
<tr><td>Zip/Postal Code:</td><td>County:</td></tr>
<tr><td colspan="3">Applicant/Awardee's Profession:</td></tr>
<tr><td colspan="3">Is the Applicant/Awardee providing 32+ hours per week of Direct Patient Care (DPC)? YES NO* *If NO, how many? ________</td></tr>
<tr><td colspan="3">Is the Applicant/Awardee practicing Obstetrics/Gynecology? YES NO</td></tr>
<tr><td colspan="3">Is the Applicant/Awardee providing abortion-related care and/or reproductive health care services? YES NO</td></tr>
<tr><td colspan="3">What are the Applicant/Awardee's total hours serving adults ages 65 or older per week: __________</td></tr>
<tr><td colspan="3">If Applicant/Awardee speaks any language (other than English) fluently or well enough to be able to provide direct care services to clients without additional translation services, please list those other languages here: ____________________________</td></tr>
<tr><td colspan="3">Use the text box below to briefly describe Applicant/Awardee's primary day-to-day duties and/or job functions:
* Reference to "See Resume/Job Description" will cause your application to be rejected*</td></tr>
</table>

NOTE: APPLICANT/AWARDEE (Named above) CANNOT SIGN THIS EVF

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

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Employment Verification Form (EVF) – STLRP

Part 2

INSTRUCTIONS: The Applicant/Awardee must work with their employer and identify a Practice Setting below that applies to the facility at which the Applicant/Awardee provides Direct Patient Care. The Practice Setting is determined by the employer, and **not** by HCAI. If neither “Option A” or “Option B” apply, the employer/practice site will **not** be eligible for STLRP. HCAI staff are unable to speak to any sites Practice Setting. **This STLRP EVF may ONLY be used for FY 26/27**.

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 operated by a public hospital or health system.

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.