



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



CBO Employment Verification Form (EVF)

INSTRUCTIONS: A completed and signed EVF must be submitted for each community based organization at which the Applicant/Grantee provides direct patient care.

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 facility where the Applicant/Grantee provides direct patient care and <u>NOT</u> the headquarters)</small>	Street:		
	City:	State:	
	Zip/Postal Code:	County:	
Employer is a Non-Profit Community Based Organization (CBO) as defined by IRS Code Section 501(c)(3):			
Applicant/Grantee's Profession:			

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