HCAi Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov

# California State Loan Repayment Program (SLRP)
# Applicant Employment Verification Form (EVF)

**Instructions:** The Applicant must submit a completed and signed EVF for each practice site listed on their Grant Agreement. **Please enter all information clearly.**

**Applicant's First and Last Name:** _____

This authorization is to release information concerning my employment to establish fulfillment of my service obligation as required by the SLRP.

_____ _____ _____

Applicant Signature Date

| | |
|---|---|
| **Practice Site Information** Enter information for site where Applicant provides direct patient care. **Do not enter information for your organization's headquarters or central office.** | Practice Site Name: |
| | Street Address: |
| | City: State: |
| | Zip: County: |

Is the Applicant providing at least 32 hours of direct patient care each week? **(Direct patient care includes telecare, assessment, treatment, counseling, procedures, patient education and documentation related to patient care.)** ◯ Yes ◯ No

If no, how many direct patient care hours does the grantee provide? _____

Applicant's average number of total hours worked per week during the listed EVF Reporting Period.**(Include direct patient care and all other duties.)** _____

What percentage of the Applicant's patients are adults aged 65 years or older? _____

What percentage of the \Applicant's patients are adults aged 25 years or younger? _____

Is the Applicant providing abortion-related care and/or reproductive health care services? ◯ Yes ◯ No

**Instructions:** This section is to be completed and signed by the Applicant's direct supervisor.

I certify that I am knowledgeable about the Grantee's employment schedule. **I declare under penalty of perjury that these statements are true and correct to the best of knowledge.**

_____ _____

Signature of Direct Supervisor or Appropriate Designee Date

_____ _____

Signatory's First and Last Name Signatory's Email