



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



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

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

Grantee'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.	
_____ Grantee Signature	_____ Date
Practice Site Information Enter information for site where Grantee 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: _____
EVF Reporting Period: _____ through _____	
Is the Grantee 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 If no, how many direct patient care hours does the grantee provide? _____ No
Grantee's average number of total hours worked per week during the listed EVF Reporting Period. (Include direct patient care and all other duties.) _____	
Enter the Grantee's total number days missed during the EVF Reporting Period listed above. (Do not include regular days off.) _____	
What percentage of the Grantee's patients are adults aged 65 years or older? _____	
What percentage of the Grantee's patients are adults aged 25 years or younger? _____	
Is the Grantee providing abortion-related care and/or reproductive health care services? Yes No	
Instructions: This section is to be completed and signed by the Grantee's direct supervisor or an appropriate designee. 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