# **Volunteer and Retired Providers Program Site Application**

The following documentation is necessary to ensure that your site meets all requirements of the law in order to be eligible for malpractice and license renewal support for your volunteers. Please return this completed form to:

## Washington Healthcare Access Alliance, VRP Program

#### PO Box 14506

### Seattle, Washington 98114

email: vrp@wahealthcareaccessalliance.org, fax: (206) 260-8859

Clinic Name						
Ado	dress					
City		State		Zip Code		
Email		Phone				
1.	☐ The community clinic is a public entity or a private tax exempt corporation. Please provide documentation to show tax-exempt status. Documentation may include current policies or procedures, or statements from the Internal Revenue Service showing tax-exempt status.					
	Or The community elimin is a few profit componential		ana af tha	fellessien eriteries		
	<ul> <li>The community clinic is a for-profit corporation meeting <b>one</b> of the following criteria:</li> <li>The clinic holds itself out to the public as having established hours on a regular basis for providing free health care services to members of the public, meaning that care is provided without compensation or expectation of compensation during these established hours.</li> <li>Documentation may include current policies or procedures, examples of advertisements or fliers announcing hours, and should be accompanied by a description of where established hours are posted.</li> </ul>					
	Medicaid patients with a posted sliding fee	nic maintains and holds itself out to the public as providing health care services to and patients with a posted sliding fee schedule. Sites need to assure that patients below of the Federal Poverty Level (FPL) pay a very nominal fee (or no fee) and that patients on 100-200% of the FPL are discounted.				
	<ul> <li>Documentation may include current policies or procedures, an example of the sliding fee schedule, and should be accompanied by a brief description of where the sliding fee schedule is posted and/or how many patients apply for discounted health care.</li> </ul>					
	☐ The clinic is participating (through a written provide access to health care services for without compensation or expectation of co care through that community-based progra community-based program is conditioned without expectation of compensation.	uninsured ompensatic am, and th upon his/h	patients, to on to individ e health ca er agreeme	o the extent that care is provided luals who have been referred for re provider's participation in the ent to provide health services		
	<ul> <li>Documentation may include current p and must include a copy of the writter</li> </ul>		•			

2.	Please describe how health care services are offered to low-income patients regardless of their ability to pay. A sliding fee scale is an example of consideration of a patient's ability to pay.			
3.	How does the clinic assure continuity of care for patients? Please describe mechanisms in place at the clinic which assure continuity of care. Record systems are an example of mechanisms to assure continuity.			
4.	. Please describe the clinic's arrangements for after hour's coverage either to provide care or refer patients.			
5.	Please describe the clinic's referral system to assure the patient access to necessary care beyond the non-invasive care given by the volunteer retired provider.			
6.	<ol> <li>Please verify that the current provider(s) participating in this program does not receive compensation for services provided. Please provide the name of the provider(s).</li> </ol>			
Name of Individual Completing this form (please print)				
Title	Phone (enter 10 digit #)			
Email				

Signature	Date

## Please return this form to the address on page one.

Contact us at (267) 713-9422 or vrp@wahealthcareaccessalliance.org with any questions or ideas. Washington Healthcare Access Alliance is here to here to support and expand free and charitable healthcare in Washington.