HRSA
Health Center Program

Form 6B: Request for Waiver of Board Member Requirements

OMB No.: 0915-0285. Expiration Date: 4/30/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 6B: REQUEST FOR WAIVER OF BOARD MEMBER REQUIREMENTS	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number

Note: This form is applicable if you are proposing to serve only special medically underserved populations (i.e., MSAW, HP, and/or RPH).

Request for Waiver	
Name of Organization	*Will pre-populate in EHBs*
1. New Waiver Request	
Are you requesting a new waiver of the 51% patient majority governance requirement?	[_] Yes [_] No
2. For Applicants with Previous Waiver	
2a. Do you currently have a waiver of the 51% patient majority governance requirement?	[_] Yes [_] No
2b. Are you requesting the patient majority waiver to be continued? (This question is required if you answered yes to question 2a.)	[_] Yes [_] No [_] Not Applicable
3. Demonstration of Good Cause for Waiver (Demonstrate good cause for the waiver request by addressing the following areas.)	
3a. Provide a description of the population to be served and the characteristics of the population/service area that would necessitate a waiver. (This question is required if you answered 'Yes' to question 1 or question 2b.) (maximum 3,000 characters)	
3b. Provide a description of the health center's attempts to meet the requirement to date and explain why these attempts have not been successful. (This question is required if you answered 'Yes' to question 1 or question 2b.) (maximum 3,000 characters)	

4. Alternative Mechanism Plan for Addressing Patient Representation	
Present a plan for complying with the intent of the statute via an alternative mechanism that ensures patient input and participation in the organization, as well as direction and ongoing governance of the health center. (This question is required if you answered 'Yes' to question 1 or question 2b.) (maximum 3,000 characters)	

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 4/30/2026. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Instructions

You can complete this form if you are proposing to serve **only** special medically underserved populations: Migratory and Seasonal Agricultural Workers (MSAW), Homeless Population (HP), and/or Residents of Public Housing (RPH), as indicated on the cover page. You cannot complete this form if you currently receive or are applying for CHC (Community Health Center) funding, since you are not eligible for a waiver of the patient majority board requirement. **Note:** Native American tribal and urban Indian organizations are not required to complete this form and cannot enter information.

If you are a Renewal of Designation applicant who would like to continue an existing waiver, you must complete this form. Provide a “good cause” justification and a plan for patient representation. Describe the following:

- The special medically underserved population(s) you will serve.
- The characteristics of the special medically underserved population(s) in the proposed service area that make it hard to recruit patient board members.
- Your attempts to recruit a majority of special medically underserved population board members within the last 3 years and why your attempts have not been successful.
- Your planned strategies to ensure patient participation and input in the direction and ongoing governance of the organization. Address the following:
  - Collection and documentation of input from the special medically underserved population(s).
  - Communication of special medically underserved population(s) input directly to the health center governing board.
  - How you will incorporate special medically underserved population’s input into key areas, such as:
    - Selecting health center services.
    - Setting hours of operation of health center sites.
    - Defining budget priorities.
    - Evaluating progress in meeting goals and patient satisfaction.
    - Assessing the effectiveness of the sliding fee discount program.