



OMB No.: 0915-0285. Expiration Date: 1/31/2020

<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</p> <p>Form 6B: Request For Waiver Of Board Member Requirements</p>	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
<p>Note: This form is applicable if proposing to serve only special populations (i.e., HCH, MHC, and/or PHPC).</p>		
Request for Waiver		
Name of Organization	<i>Will pre-populate in EHB</i>	
1. New Waiver Request		
Are you requesting a new waiver of the 51% patient majority governance requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. For Applicants with Previous Waiver		
2a. Do you currently have a waiver of the 51% patient majority governance requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2b. Are you requesting the patient majority waiver to be continued? (This question is required if you answered yes to question 2a.)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Governing board is in full compliance)	
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 and/or question 2b.) (maximum 1,000 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 and/or question 2b.) (maximum 1,000 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 and/or question 2b.)

(maximum 1,000 characters)

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. 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 14-N39, Rockville, Maryland, 20857.

Instructions for Form 6B: Request for Waiver of Board Member Requirements

This form is only applicable if you are proposing to serve **only** special populations (i.e., HCH, MHC, and/or PHCP). If you currently receive or are applying to receive CHC funding, you are not eligible for a waiver and cannot enter information. Indian tribes or tribal, Indian, or urban Indian groups are not required to complete this form and cannot enter information.

If you are a satellite applicant that wishes to continue an existing waiver, or a new start applicant that wishes to request a waiver of the 51 percent patient majority board composition requirement, you must complete this form. Present a “good cause” justification describing the need for a waiver of the patient majority board composition requirement, including:

- The unique characteristics of the special population or service area that create an undue hardship in recruiting a patient majority.
- Attempts to recruit a majority of special population board members and why these attempts have not been successful.
- Strategies that will ensure patient participation and input in the direction and ongoing governance of the health center by addressing the following:
 - Collection and documentation of input from the special population(s).
 - Communication of special population(s) input directly to the health center governing board.
 - Incorporation of special population(s) input into key areas, including but not limited to: selecting health center services; setting hours of operation of health center sites; defining budget priorities; evaluating progress in meeting goals and patient satisfaction; and assessing the effectiveness of the sliding fee discount program.