



Loan Assistance Program Application - Employer Form

Loan assistance program applications must include the practice site information below.

Name of applicant:

Practice Site Information

Practice site name

Address

City

County

State

9-digit ZIP code

[9-digit ZIP code lookup](#)

Practice Site - Contact

Contact first name	<input type="text"/>
Contact last name	<input type="text"/>
Contact phone	<input type="text"/>
Contact email	<input type="text"/>
Contact position	<input type="text"/>

Patients served at practice site:

	None	0-25%	26-50%	51-75%	76-100%
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BadgerCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's Health Insurance Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uninsured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does the practice site have a policy for accommodating those patients unable to pay full price for services?

Yes

No

If yes, please upload a copy of this policy.

To upload the policy, drag and drop the file to the box below or click on the box and select the file.

Average number of outpatient visits/year at practice site:

How many hours does/will the applicant work each week...

...total?

...directly with patients?

Prior to this applicant, about how many providers had this practice site employed who were participating in WI-ORH's loan assistance programs?

Prior to this applicant, was this practice site aware of WI-ORH's loan assistance programs?

Yes

No

Have you used any of WI-ORH's loan assistance programs as an incentive or recruiting tool for attracting staff to this practice site?

Yes

No

A letter from the applicant's practice site, detailing the community's commitment to his/her retention, is required as part of the loan assistance program application. This personalized letter should be a brief statement (maximum 500 words) regarding the financial and other support for retention (e.g., guaranteed salary, scope of practice, continuing education provisions, provision of vacation time, etc.) that has been or will be provided by the practice site, individuals, organizations, or local governments. Application reviewers will carefully consider this letter when making award decisions.

The letter should emphasize those things that the practice site has done or intends to do to better assure the applicant's retention. If there is an especially high need for this type of provider at the practice site, information related to this or to recruitment issues can be included in the letter. The letter must also confirm that the applicant's salary will not be offset by a loan assistance program

award, if the applicant is selected.

There are two options for submitting this letter:

1. Text, including the date and author's name and title, can be copied and pasted into the box below

OR

2. An electronic copy of the letter can be uploaded here.

To upload the letter, drag and drop the file to the box below or click on the box and select the file.

Thank you for completing this questionnaire. By clicking the "submit" button below, you are certifying that the information provided is true, to the best of your knowledge, and that you are the Clinic Manager or Supervisor of the loan assistance program applicant.