



**TEXAS DEPARTMENT OF AGRICULTURE
STATE OFFICE OF RURAL HEALTH**

**2012 Application
Rural Communities Health Care
Investment Program**

Application Deadline: May 4, 2012

Mail Application To:
Texas Department Agriculture
ATTN: Rural Health, RCHIP Coordinator
PO Box 12847
Austin, Texas 78711

RCHIP Coordinator Phone: 512-936-6722
Fax: 512-936-6776
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Rural Communities Health Care Investment Program Eligibility Requirements

The **Rural Communities Health Care Investment Program (RCHIP)** is a state-funded program for licensed clinical health professionals who practice full time in qualifying medically underserved communities in Texas. RCHIP provides reimbursement for student loans to clinicians if the clinicians agree to continue providing services in the qualifying community for 12 months following receipt of the award. Clinicians without a student loan balance may apply for a stipend payment if they agree to continue providing services in the qualifying community for 12 months following receipt of the award.

Awards are made on an annual basis, with this year's awards being announced June, 2012.

The number of awards is contingent upon the availability of funds.

Health professionals who participate in the program must practice in a qualifying medically underserved area (MUA) or health professional shortage area (HPSA) with a total county population under 50,000. Communities located in county designated by the Office of Management and Budget (OMB) as non-metropolitan will receive priority.

Applicants who receive the RCHIP award will be required to sign a contract stating their commitment to remain in clinical healthcare services in the same county for 12 months following receipt of the award. If the recipient fails to complete a year of service, he or she may be liable for repayment of the award in full, plus interest.

Applicants who have received RCHIP in the past are eligible to re-apply until they reach a maximum of \$24,000 or 4 years of support, beginning FY 2013.

Qualifying Communities

A medically underserved community for the purposes of this program refers to a community that is located in a Texas county with a population of 50,000 or less or a Texas county designated rural by the Health Resources and Services Administration (HRSA) and has been designated under state or federal law as a Health Professional Shortage Area (HPSA), or a Medically Underserved Area (MUA). A list of eligible counties has been attached to this application (See Appendix).

Registration and Application Submission

The Texas State Office of Rural Health accepts application forms for the RCHIP program. The front of this application form shows the mailing address, phone number, e-mail address, and the deadlines for this program. These materials must be postmarked no later than the deadline date shown. Faxed applications will not be accepted.

Scoring

The number of awards will be based on availability of funding and the number of applicants. The department will strive to ensure that all eligible applications are awarded. However, if the number of applications exceeds funding levels, then a scoring process will prioritize applications. Applications will be prioritized based upon: county designation of non-metropolitan (i.e. rural) by the Health Resource Services Administration (HRSA), clinician's acceptance of indigent clients (e.g. sliding scale, Medicare, Medicaid), applicant attended a Texas training program (e.g. Texas university or technical college) and whether applicant is new to the program. Loan repayment applicants will be given priority over stipend applicants.

Incomplete applications will not be awarded.

Late applications will not be awarded.

Please refer to the attachments for lists of eligible counties.

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General Instructions

Please read the eligibility information, table of contents, general instructions and instructions in subsequent pages carefully. Please complete the application thoroughly. Incomplete applications will not be awarded. Applicants are solely responsible for ensuring the application is completed properly and submitted on time. Applicants are solely responsible for ensuring the required attachments are included in the application. Applications postmarked after May 4, 2012 will not be awarded.

CHECKLIST OF REQUIRED ATTACHMENTS

- Proof of graduation from accredited health care training program (copy of diploma OR copy of final transcript)
- Copy of Texas Drivers License showing current address
- Copy of Professional License
- Copy of most recent student loan statement(s), showing most current balance(s)
- For self-employed clinicians - Proof of self-employment (business tax return or articles of incorporation)

Reminder: You will need a notary for your signature on Part B, Section I. You will need your employer to complete and sign Part B, Section II. Please remember to review the application and sign where required prior to submitting the application.

Applicants who are applying based on the county's HPSA status must practice in the appropriate field for the designation. For example, counties may be designated HPSA for primary care, dental or mental health services. A mental health provider may not apply based on a dental HPSA and a dental provider may not apply based on mental health HPSA status. All practice fields will be accepted for counties designated as MUA.

More information about HPSA and MUA status can be found in the attachments of this application. Additionally, you may read about these designations online at: <http://bhpr.hrsa.gov/shortage/>

INSTRUCTIONS RELATING TO THE APPLICATION FORM

This application is a form-fill, intended to be completed in Adobe. You must have a minimum of Adobe 8.0 to complete the form. Please download and save this form to your computer. Complete the application on the computer, print it out and sign it, and mail the completed form to the Texas Department of Agriculture, State Office of Rural Health, by May 4, 2012.

Faxed applications and emailed applications will not be accepted.

If you cannot complete this form on your computer, you may print it out and complete it legibly in blue or black ink.

APPLICANT INFORMATION – PART A

1. Applicant's Name: _____

(First, Middle initial, Last)

2. Social Security Number: _____

3. Mailing Address: _____

City, State, Zip: _____ County of Residence:

4. Home Phone: _____ Work Phone: _____

Email Address: _____

5. Health Care Profession: _____

6. Texas License Number: _____ Issue Date: _____

7. Have you ever been subject to professional disciplinary action? Yes No

7 a. If yes, please attach a separate document describing the incident, including the infraction, the date(s) and the terms of the disciplinary action.

9. Name of Facility where employed: _____

Mailing Address: _____

City, State, Zip: _____ County: _____

10. Date of Hire: _____

11. Did you receive any educational scholarships or loans with a service obligation? (e.g. ORSRP, National Health Service Corps, any others) Yes No

12. Name of School Attended: _____

13. Program Start/End Dates: From: _____ To: _____ 14. Graduation Date: _____

15. Are you eligible for any other state loan forgiveness, loan repayment or stipend program? Yes No

16. Have you previously received financial assistance under the RCHIP program? Yes No

EMPLOYMENT VERIFICATION – PART B
Section I. (To be completed by the Applicant)

1. Applicant's Name: _____

2. Applicant's Social Security Number: _____

3. Company/Agency Name: _____

4. Name of Personnel/Human Resources Administrator: _____

5. Administrator's Mailing Address: _____

6. City, State, Zip: _____

7. Administrator's Phone Number: _____ Fax Number: _____

Applicant's Signature Date

By my signature, I authorize the employer named above to release information about my employment to the Texas Department of Agriculture. A photocopy or fax of this form will serve as an original.

The above information (Part A and Part B, Sec 1) is accurate and complete to the best of my knowledge and belief.

Applicant's Printed name

Applicant's Signature Date

NOTARY PUBLIC:

Notary's Signature

EMPLOYMENT VERIFICATION - PART B
SECTION II. (To be completed by the Employer)

The above-named individual is applying to the Texas Department of Agriculture for the Rural Communities Health Care Investment Program (RCHIP). Please supply the requested information about the employee in the space below. It is the applicant's responsibility to ensure that the employer completes this section and to include it in the application packet.

1. Company/Agency Name: _____

Employer's Address: _____

City, State, Zip: _____

2. This employer has employed the Health Professional named above in Section I:

From: _____ To: _____

3. Has the Health Professional named above in Section I given notice of intent to resign this position? Yes No

4. Physical Address of Facility in which this person is/was Employed : _____

City, State, Zip: _____

5. Average hours worked per week: _____ 6. Is this considered full-time: Yes No

6. The Health Professional names in Section 1 provides services to the following (check all that apply):

- Patients paying by Medicare
- Patients paying by State Children's Health Insurance Program (SCHIP)
- Patients paying by Medicaid
- Patients paying on a sliding scale/indigent health program
- Patients paying through contracts with Child Protective Services/CPS-contracted Medicaid/STAR Health

7. County in which facility is located: _____

7a. If employee practices in more than one county, please estimate the percentage of time employee will spend working in each county over the next 12 months.

8. If selected to receive the RCHIP award, the Health Professional named above in Section I will be asked to sign a contract committing to work in this county as a health professional for one year after receiving the RCHIP award. Is there any foreseeable conflict with this commitment and your health facility?

Yes No

8a. If "yes," please explain:

I certify with my signature that the above information (Part B, Section II) is accurate and complete to the best of my knowledge and belief.

Name and Title of Personnel Administrator

Signature

Date

EDUCATIONAL LOAN AND LENDER INFORMATION – PART C

General Instructions

Complete this form and return it, with the rest of the application, to the Texas Department of Agriculture, State Office of Rural Health. Complete the form and attach a copy (or copies) of your most recent student loan billing statement(s).

Your loan accounts must be up to date (i.e. not in default) in order to be considered for an award.

If you are submitting two or more loan statements, please specify which loan(s) you would prefer the award be directed to. If you do not, your award will be directed to the loan with the highest outstanding debt. No changes will be made once your application and award have been processed.

EDUCATIONAL LOAN AND LENDER INFORMATION - Part C

This section must be completed by the applicant.

Outstanding Educational Loans

	1. Type of Loan	2. Lender Address	3. Loan Number	4. Original Loan Amount	5. Current Balance	6. Monthly Due Date
1						
2						
3						
4						
5						
6						

Total

Are you in default on any of these loans?

No

Yes

Please list in the same order as above

1. Payments are made out to:

2. Payments are made out to:

3. Payments are made out to:

4. Payments are made out to:

5. Payments are made out to:

6. Payments are made out to:

***A COPY OF YOUR LATEST BILLING STATEMENT FOR EACH LOAN MUST BE ATTACHED, OR YOUR APPLICATION WILL NOT BE PROCESSED.**

Printed Name of Applicant

Date

Applicant's Signature

Statement of Commitment

I intend to practice in the community named in this application for a minimum of one year. If I receive funds through the Rural Communities Health Care Investment Program, I will sign a contract stating my intent to practice in this community for 12 months following the award. I understand that failure to meet this service obligation will require repayment of the amount received and the imposition of financial penalties. By my signature, I acknowledge that I understand these requirements and that this application is completed truthfully to the best of my knowledge.

Signature of Applicant

Date

Printed Name

ELIGIBLE COUNTIES FOR LICENSED MENTAL HEALTH CLINICIANS

Anderson	Eastland	Kent	Rains	Atascosa County
Andrews	Edwards	Kerr	Reagan	Austin County
Aransas	Erath	Kimble	Real	Bandera County
Armstrong	Falls	King	Red River	Burleson County
Bailey	Fannin	Kinney	Reeves	Caldwell County
Baylor	Fayette	Kleberg	Roberts	Callahan County
Bee	Fisher	Knox	Runnels	Chambers County
Blanco	Floyd	Lamb	Sabine	Crosby County
Borden	Foard	Lee	San Augustine	Jones County
Bosque	Freestone	Leon	San Saba	Lampasas County
Brewster	Frio	Limestone	Schleicher	Medina County
Briscoe	Gaines	Lipscomb	Scurry	Robertson County
Brooks	Garza	Live Oak	Shackelford	San Jacinto County
Brown	Gillespie	Llano	Shelby	San Patricio County
Burnet	Glasscock	Loving	Sherman	Waller County
Camp	Gonzales	Lynn	Somervell	Wilson County
Carson	Gray	McCulloch	Starr	
Cass	Grimes	McMullen	Stephens	
Castro	Hale	Madison	Stonewall	
Cherokee	Hall	Marion	Sutton	
Childress	Hamilton	Martin	Swisher	
Cochran	Hansford	Mason	Terrell	
Coke	Hardeman	Matagorda	Terry	
Coleman	Hartley	Maverick	Throckmorton	
Collingsworth	Haskell	Menard	Trinity	
Comanche	Hemphill	Milam	Tyler	
Concho	Henderson	Mills	Upton	
Cooke	Hill	Mitchell	Uvalde	
Cottle	Hockley	Montague	Val Verde	
Crane	Hood	Moore	Van Zandt	
Crockett	Houston	Motley	Ward	
Culberson	Howard	Navarro	Washington	
Dallam	Hudspeth	Newton	Wheeler	
Dawson	Hutchinson	Nolan	Wilbarger	
Deaf Smith	Jack	Ochiltree	Willacy	
Dickens	Jasper	Oldham	Winkler	
Dimmit	Jeff Davis	Palo Pinto	Wood	
Donley	Jim Hogg	Panola	Yoakum	
Duval	Jim Wells	Parmer	Young	
	Karnes	Pecos	Zapata	
	Kenedy	Presidio	Zavala	

Source: Health Services and Resources Administration,
US Census Bureau

ELIGIBLE COUNTIES FOR LICENSED DENTAL HEALTH CLINICIANS

Angelina	Knox	
Aransas	Lamb	Atascosa County
Armstrong	La Salle	Burleson County
Bee	Loving	Caldwell County
Borden	Maverick	Crosby County
Briscoe	Mitchell	Goliad County
Brooks	Motley	Jones County
Carson	Oldham	Medina County
Castro	Pecos	Robertson County
Cochran	Presidio	San Jacinto County
Coke	Real	Upshur County
Coleman	Reeves	
Comanche	Roberts	
Culberson	Schleicher	
Dawson	Shackelford	
Delta	Shelby	
DeWitt	Sherman	
Dickens	Starr	
Dimmit	Stephens	
Donley	Sterling	
Duval	Stonewall	
Eastland	Terrell	
Edwards	Terry	
Fannin	Throckmorton	
Frio	Trinity	
Gaines	Val Verde	
Glasscock	Ward	
Hale	Willacy	
Hall	Yoakum	
Hansford	Zapata	
Haskell	Zavala	
Hockley		
Hudspeth		
Jeff Davis		
Jim Hogg		
Jim Wells		
Kent		
King		
Kinney		

Source: Health Services and Resources Administration,
US Census Bureau

ELIGIBLE COUNTIES FOR ALL OTHER LICENSED CLINICIANS

Anderson	Fisher	Limestone	Somervell	Archer County
Angelina	Floyd	Lipscomb	Starr	Atascosa County
Aransas	Foard	Live Oak	Stephens	Austin County
Armstrong	Franklin	Llano	Sterling	Bandera County
Baylor	Freestone	Loving	Stonewall	Burleson County
Bee	Frio	Lynn	Sutton	Caldwell County
Blanco	Gaines	McCulloch	Swisher	Callahan County
Borden	Garza	McMullen	Terrell	Chambers County
Bosque	Glasscock	Madison	Terry	Crosby County
Brewster	Gonzales	Marion	Throckmorton	Goliad County
Briscoe	Gray	Martin	Trinity	Jones County
Brooks	Grimes	Mason	Tyler	Lampasas County
Brown	Hale	Matagorda	Upton	Medina County
Burnet	Hall	Maverick	Uvalde	Robertson County
Calhoun	Hamilton	Menard	Val Verde	San Jacinto County
Camp	Hansford	Milam	Van Zandt	San Patricio County
Carson	Hardeman	Mills	Walker	Upshur County
Cass	Harrison	Mitchell	Ward	Waller County
Castro	Hartley	Montague	Washington	Wilson County
Cherokee	Haskell	Moore	Wharton	
Childress	Hemphill	Morris	Wilbarger	
Clay	Hill	Motley	Willacy	
Cochran	Hockley	Nacogdoches	Winkler	
Coke	Hopkins	Navarro	Wood	
Coleman	Houston	Newton	Yoakum	
Collingsworth	Howard	Nolan	Young	
Colorado	Hudspeth	Ochiltree	Zapata	
Comanche	Hutchinson	Oldham	Zavala	
Concho	Irion	Palo Pinto		
Cooke	Jack	Panola		
Cottle	Jackson	Parmer		
Crane	Jasper	Pecos		
Crockett	Jeff Davis	Polk		
Culberson	Jim Hogg	Presidio		
Dallam	Jim Wells	Rains		
Dawson	Karnes	Reagan		
Deaf Smith	Kenedy	Real		
Delta	Kent	Red River		
DeWitt	Kerr	Reeves		
Dickens	Kimble	Refugio		
Dimmit	King	Roberts		
Donley	Kinney	Runnels		
Duval	Kleberg	Sabine		
Eastland	Knox	San Augustine		
Edwards	Lamar	San Saba		
Erath	Lamb	Schleicher		
Falls	La Salle	Scurry		
Fannin	Lavaca	Shackelford		
Fayette	Lee	Shelby		
	Leon	Sherman		

Source: Health Services and Resources Administration,
US Census Bureau