

Form 6B: Request for Waiver of Board Member Requirements

OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

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

Note: This form is applicable if you are proposing to serve only special populations (i.e., HCH, MHC, and/or PHPC)

Request for Waiver

Name of Organization	Will pre-populate in EHB
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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
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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
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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)
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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)	
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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)	
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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)	
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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 14N-39, Rockville, Maryland, 20857.