

**Virginia Department of Health (VDH)
Office of Health Equity (OHE)
CONTRACT VARIANCE/HARDSHIP REQUEST FORM**

Program:	(Check one)
Virginia State Loan repayment Program (VA- SLRP)	<input type="checkbox"/>
Virginia Behavior Health Loan repayment Program (VA- BHLRP)	<input type="checkbox"/>
Virginia Nursing Programs	<input type="checkbox"/>

Please complete all fields. **Today's Date:**

Name of Recipient:	<i>First, Middle, Last, and Maiden</i>		
Name of Power of Attorney/ Estate (in cases of death or permanent disability):	<i>First, Middle, Last, and Relationship to recipient</i>		
Home Address:	<i>Street</i>	<i>City</i>	<i>Zip</i>
Home Phone:		Cell Phone:	
Email :			
Date of the circumstance that is preventing the recipient/participant from meeting the requirements of his/her contract:			
<i>Please list any attached documents (ex. medical note, etc.) that support the request: Please check one of the following:</i>			
A) Death or Permanent Disability:			
Death of recipient	<input type="checkbox"/>		
Permanent Disability of recipient	<input type="checkbox"/>		
B) Absence from Service Obligation or Practice Site:			
Illness/Medical Leave/Temporary Disability	<input type="checkbox"/>		
Maternity/Paternity/Adoption Leave	<input type="checkbox"/>		
Death or Life Threatening Illness of a primary family member/Endangerment situations	<input type="checkbox"/>		
Economic Hardship including Unemployment, Bankruptcy, Foreclosure or Divorce	<input type="checkbox"/>		
C) Military Absence:			
Called to Active duty/Reserves	<input type="checkbox"/>		
Recipient's spouse called to Active duty/Reserves	<input type="checkbox"/>		
D) Any other purpose:			
	<input type="checkbox"/>		

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Please provide a brief description of your Variance or Hardship Request:

Participant's Printed Name:

Participant's Signature: _____ **Date:** _____

All requests will be reviewed by the VDH-OHE and sent to the Commissioner for approval if required. Please fax or mail Variance/Hardship Request Form to:

**Virginia Incentive Programs
Virginia Department of Health, Office of Health Equity
109 Governor Street, Suite 714
Richmond, VA 23219
Phone: 804.864.7431 Email: incentiveprograms@vdh.virginia.gov**