

Petition for VDH Services Form  
Rappahannock Rapdian Health District  
Effective Dates: July 11, 2019 to June 30, 2020

I, \_\_\_\_\_, am petitioning VDH to provide evaluation and design services based on (**select one**):

**Means test** (household income at or below 400% of the federal poverty guidelines)

Persons in  
Family/Household

1	\$49,960
2	\$67,640
3	\$85,320
4	\$103,000
5	\$120,680
6	\$138,360
7	\$156,040
8	\$173,720

**VDH Hardship Guidelines**

If you selected VDH Hardship Guidelines, please check all of the following guidelines that apply:

Replacement well.

Well abandonment.

Safe, Adequate, and Proper Evaluation.

Insufficient number of private sector service providers. (Rappahannock County Only)

Other: If other, please provide a detailed description of your hardship in obtaining private sector evaluation and design services along with any relevant documents that you believe supports your request. Please provide the names of private sector service providers you contacted, prior to submitting this petition. (Detailed description can be attached)

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\_\_\_\_\_  
Owners/Agents Signature

\_\_\_\_\_  
Date

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(Office Use Only) Petition for services  Approved  Denied

Reviewed by \_\_\_\_\_  
Date \_\_\_\_\_

