Child Health and Disability Prevention (CHDP) Program REPORT OF DISTRIBUTION

Purpose of form and instruction for use:

- The purpose of the report form is to confirm distribution of CHDP policy information to providers
 participating in the CHDP program by the Local Health Department CHDP Program. Submission
 of the report form provides documentation of the date of distribution of Provider Information
 Notices.
- Please ensure that the CHDP Provider Information Notice is distributed to participating CHDP providers within 30 days of the date of release by the Children's Medical Services (CMS) Branch.
- This form is to be completed after you have distributed the CHDP Provider Information Notice.
- A copy of this form is to be retained by the Local Health Department CHDP Program. Please do not submit a copy to the CMS Branch.

PLEASE NOTE THAT NO CHANGE IS TO BE MADE IN THE PROVIDER INFORMATION NOTICE OR ATTACHMENT.

THANK YOU.

Report of Distribution of:	
CHDP Program Letter number and Pro	vider Information Notice number
THIS PROVIDER INFORMATION NOTICE WAS SENT	TO PROVIDERS IN
	on
CHDP County/City Program	Date
Name of Program Representative (Print)	Title
Signature of Sonder	Data

Please note: To update local program contact information (e.g., address, telephone, email address, director or deputy director name), please follow the instructions on page one of the *Children's Medical Services Directory*. The directory can be found under "Forms and Publications" at www.dhcs.ca.gov/chdp. To open the directory, enter the case-sensitive password: CMS#directory.