



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

**AB 85/SB 98 FY 2013-14 Final Data Submission  
County Certification Form**

I hereby certify, under penalty of perjury, that the amounts reported in the data submission form and supporting documentation on behalf of the County of \_\_\_\_\_, for the period of \_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_ are, to the best of my knowledge, true and accurate.

County Official Name: \_\_\_\_\_

County Official Title: \_\_\_\_\_

County Official: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Primary Contact: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Submit completed form to:  
Department of Health Care Services  
Realignment Unit  
P.O. BOX 997436, MS 4519  
Sacramento, CA 95899-7436

Email: [AB85@dhcs.ca.gov](mailto:AB85@dhcs.ca.gov)