



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

**AB 85 Unduplicated Patient County/Enrollment Target Protocol  
County Certification Form**

I hereby certify, under penalty of perjury, that the amounts reported in the unduplicated patient count/enrollment target protocol on behalf of the County of \_\_\_\_\_, County

are, to the best of my knowledge, true and accurate and are the County's good faith interpretation of applicable rules, and are subject to any disclosures made by the County at the time of submission of such data to the State.

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

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

County Name \_\_\_\_\_

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

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

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

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

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

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

Submit completed form to:  
DEPARTMENT OF HEALTH CARE SERVICES  
REALIGNMENT UNIT  
P.O. BOX 997436, MS 4519  
SACRAMENTO, CA 997413  
EMAIL: [AB85@dhcs.ca.gov](mailto:AB85@dhcs.ca.gov)