



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

**Los Angeles County FY 2013-14 Final Reconciliation Certification Form  
AB 85 (as amended by SB 98)**

I hereby certify, under penalty of perjury, that the amounts reported in Los Angeles County (LAC) FY 2013-14 Final Reconciliation Realignment Summary Sheet and all supporting documentation for the period of 07/2013 through 06/2014 are, to the best of my knowledge, true and accurate based on county data at the time of submission. To the extent that the cost and revenue data and documentation include estimates, the estimates are based on the best available data determined based on the County's good faith interpretation of applicable rules, and are subject to any disclosures made by the County at the time of original submission of such data to the State.

County Official Name:

County Official Title:

County Official:

Signature

Date:

Primary Contact:

Alternate Contact:

Phone:

Phone:

Email:

Email:

Submit completed form to:

DEPARTMENT OF HEALTH CARE SERVICES  
REALIGNMENT UNIT  
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