



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



ARNOLD SCHWARZENEGGER  
Governor

**CERTIFICATION OF STATE MATCHING  
FUNDS FOR LEA SERVICES**

**ATTACHMENT 1  
LEA Medi-Cal Provider Participation Agreement**

<p>FOR STATE USE ONLY</p> <hr/> <p>Provider # / National Provider Identifier</p>
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This is to certify that Local Education Agency, \_\_\_\_\_, has \$ \_\_\_\_\_ available in non-federal matchable funds to draw upon, up to an equal amount of federal Medicaid funds, for the fiscal year beginning July 1, 2008 and ending June 30, 2009.

This also certifies that once the Local Educational Agency named above has received reimbursement from Medicaid in the amount set forth above, billings from this Local Educational Agency shall cease until such time as it is certified that additional matchable funds are available.

The undersigned hereby warrants that he/she has the requisite authority to enter into this agreement on behalf of named School District/LEA and thereby bind the above named School District/LEA to the terms and conditions of the same.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title