STATEMENT OF
COMMITMENT TO REINVEST

Local Educational Agency _______________________________________
Hereby certifies that:

1. A local collaborative has been formed;

2. The local collaborative will include among its responsibilities the decision
making process regarding the reinvestment of funds made available
through participation in the LEA Medi-Cal Billing Option; and

3. The reinvestment of funds will remain within the school-linked support
services identified in provision (7) of the Provider Participation Agreement.

Signatures of the local collaborative partners below indicate an understanding of
and commitment to the above statement.

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<th>LEA COLLABORATIVE PARTNERS</th>
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08/08
LEA Medi-Cal Provider Participation Agreement

Name: ___________________________  Name: ___________________________
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Title ___________________________  Title ___________________________
Organization: ____________________ Organization: _______________________
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