

**TARGETED CASE MANAGEMENT (TCM)
ANNUAL COST REPORT**

LGA _____

Target Population _____

Reporting Period: From _____

To _____

I certify under penalty of perjury the information provided in this cost report is true and correct, based on actual costs of providing targeted case management (TCM) services pursuant to Welfare and Institutions Code Section **14132.44 (f)** and California Code of Regulations Section **51535.7**. I also certify that the costs contained in this cost report have not previously been nor will subsequently be used for federal match in this or any other program. I have received notice that this information is to be used to establish a TCM rate that will be used as a basis to claim for federal funds and that knowing misrepresentation of the costs contained in this cost report may constitute violation of the Federal False Claims Act.

Print Name

Signature

Title

Date