State of California—Health and Human Services Agency

Department of Health Care Services

JENNIFER KENT
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

Targeted Case Management (TCM) Local Governmental Agency (LGA) Signature Authority Request

Submit Forms To: Department of Health Care Services
Safety Net Financing Division
Targeted Case Management
P.O Box 997436, MS 4603
Sacramento, CA 95899-7436

The LGA Signature Authority Request Form provides the names of any and all individuals authorized to review, approve and sign on behalf of the county LGA when submitting TCM invoices. Once this form is complete, sign in blue ink and return it to the address provided above.
Note: One of the signors must be the MAA/TCM Coordinator

Effective Date (MM/DD/YYYY)

LGA:

Primary TCM Signor:

E-mail: Phone:

Address (1):

Address (2):

City: Zip Code:

Signature of Primary TCM Signature Authority Date

Alternate (Alt) TCM Signor:

Alt E-mail: Alt Phone:

Alt Address (1):

Alt Address (2):

Alt City: Alt Zip Code:

Signature of Alternate TCM Signature Authority Date

DHCS USE ONLY:

Completed By: _____ Date: _____