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)
Medi-Cal Eligibility Data System
(MEDS) Account Request

Submit Forms: Sara Schmid
Safety Net Financing Division, MS 4603
P.O. Box 997436
Sacramento, CA 95899-7436

This form is to request MEDS access or deletion for Local Governmental Agency (LGA) staff for the Department of Health Care Services (DHCS), TCM Program. This form is to be completed by the LGA Coordinator when an activation or deletion is necessary. Please complete, sign in blue ink, and return to the address provided.

Note: Only three MEDS accounts *per* LGA are allowed at a time. Fill out a request form for **each** user.
If choosing Other under "Title", use the text box to list the classification.

LGA:

Add ☐ Delete ☐ Title

User Information:

First Name: Last Name: Middle Initial

Phone Number: E-mail:

Address:

LGA Coordinator (Print): _____ Phone: _____

LGA Coordinator (Sign): _____ Date: _____

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