



**Withdrawal from the TCM Program  
Request Form**

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

This form is for Local Governmental Agencies (LGAs) to formally withdraw from the Targeted Case Management (TCM) Program. LGAs must submit a closeout Cost Report with their withdrawal requests. Once this form is complete, sign in **blue** ink and return it to the address provided above before July 1 of each year.

**Note:** Do not complete this form if your LGA is continuing TCM participation.

---

**LGA Information**

Fiscal Year Participation Withdrawal:

LGA Name:

LGA County Code:

LGA National Provider Identifier Number  
(NPI):

LGA Dun & Bradstreet Universal Numbering  
System Number (DUNS):

LGA Coordinator Name:

LGA Coordinator E-mail:

LGA Coordinator Phone #:

Last Fiscal Year Participation:

**Reason and Withdrawal Date Information**

Reason for Withdrawing from the TCM Program:

Expected Withdrawal Date:

Withdrawal Request Date:

**Currently Approved Target Populations**

**Current Target Population Participation (Approved in the existing TCM service State Plan Amendments (SPA))**

(14) Children Under the Age of 21	Yes	No
(15) Medically Fragile Individuals	Yes	No
(16) Individuals at Risk of Institutionalization	Yes	No
(17) Individuals in Jeopardy of Negative Medical or Psycho-Social Outcomes	Yes	No
(18) Individuals with a Communicable Disease	Yes	No

**Policy Provider Agreement (PPA) Information**

Does your LGA have a current executed PPA?	Yes	No
--	-----	----

Authorized Signer (Sign): \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Signer (Print): \_\_\_\_\_

Date: \_\_\_\_\_