Print Form

State Of California - Health & Human Services

Department Of Health Care Services

DAVID MAXWELL-JOLLY
Director

ARNOLD SCHWARZENEGGER
Governor

Targeted Case Management (TCM) System
LGA Signature Authority Request

Effective Date (MM/DD/YYYY):

LGA Code & Name:

*Primary MAA/TCM Signor:

Email: Phone: ( ) -

Address (1):

Address (2):

City: Zip Code: -

Signature of Primary MAA/TCM Signature Authority Date

*Alternate MAA/TCM Signor:

Email Phone: ( ) -

Address (1):

Address (2):

City: Zip Code: -

Signature of Alternate MAA/TCM Signature Authority Date

* One of the signors must be the MAA/TCM Coordinator

DHCS Use

Completed by Date

Safety Net Financing Division
1501 Capitol Ave, P.O. Box 997436, MS 4603
Sacramento, CA 95899-7436
Phone: (916) 552-9113 Fax: (916) 324-0738
www.DHCS.ca.gov