California Department of Health Services
SANDRA SHEWRY
Director

State of California—Health and Human Services Agency

Department of Health Services

ARNOLD SCHWARZENEGGER
Governor

Targeted Case Management (TCM) System
LGA Profile & Signature Authority Request

Change Effective: _____

LGA Name: _____ LGA Code: _____

Primary Contact and Signature Authority

Primary MAA/TCM Signor: _____ Phone: _____

Coordinator's E-mail: _____

Address (1): _____

Address (2): _____

City: _____ Zip Code: _____

_____

Signature of Primary MAA/TCM Signature Authority Date

Alternate Contact and Signature Authority

Alternate MAA/TCM Coordinator: _____ Phone: _____

Coordinator's E-mail: _____

Address (1): _____

Address (2): _____

City: _____ Zip Code: _____

_____

Signature of Alternate MAA/TCM Alternate Signature Authority Date

DHS Use Only:	
Completed by	Date

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