

CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM
FISCAL YEAR 2013-2014
CCS DIAGNOSTIC, TREATMENT, VENDORED THERAPY, AND DENTAL
CERTIFICATION OF COUNTY APPROPRIATION

County Name: _____

Fiscal Year 2013– 2014 CCS Allocation

County Funds Only

CCS Diagnostic and Treatment (includes Diagnostic, Treatment, and <u>Vendored Therapy</u>)	\$ _____
CCS Dental (CCS and CCS HF)	\$ _____
**Therapy (<u>DOES NOT include Vendored Therapy</u>)	\$ _____
Healthy Families and/or Targeted Low-Income Children's Program (TLICP) (includes Diagnostic, Treatment, and Vendored Therapy)	\$ _____
Total Allocation	\$ _____

** The State will match on a dollar-for-dollar basis the amount of county funds allocated by a county for funding the county's MTP, exclusive of vendored therapy, up to the level of the county's capped State MTP allocation for the fiscal year.

I hereby certify that the amount(s) of funds identified above have been appropriated as the County's share of the CCS Diagnostic, Treatment, Vendored Therapy, Dental, Therapy, Healthy Families, and Targeted Low-Income Children Program costs for the California Children Services Program in Fiscal Year 2013-2014.

Signature of County Auditor or Deputy Director	Date
Printed Name of Signer	Address
Title of Signer	City, State, Zip
Organization Name	Telephone Number

Please mail completed form with original signature to:
(Address will fit in a window envelope.)

Department of Health Care Services
Systems of Care/Program Operations Branch
ATTN: Margaret Gross – **MS 8104**
P.O. Box 997413
Sacramento, CA 95899-7413

Revised 6/10/13