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*Director*

State of California—Health and Human Services Agency  
Department of Health Care Services



ARNOLD SCHWARZENEGGER  
*Governor*

March 12, 2009

CHDP Program Letter: 09-05

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP)  
PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE  
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF AND  
REGIONAL OFFICE STAFF

SUBJECT: REPORT OF DISTRIBUTION FORM DHCS 4504

The purpose of this Child Health and Disability Prevention (CHDP) Program Letter is to inform local CHDP programs that it is no longer necessary to submit copies of the Report of Distribution Form, DHCS 4504 to the Children's Medical Services (CMS) Branch. Please continue to distribute CHDP Provider Information Notices to participating CHDP providers within 30 days of release by the CMS Branch. A copy of this form is to be retained by the Local CHDP Program.

The DHCS 4504 can be found at [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp).

If you have any questions, please contact your Regional Consultant staff.

**Original Signed by Harvey Fry for Luis R. Rico**

Luis R. Rico, Acting Chief  
Children's Medical Services Branch

Enclosure

## Child Health and Disability Prevention (CHDP) Program REPORT OF DISTRIBUTION

**Purpose of form and instruction for use:**

- The purpose of the report form is to confirm distribution of CHDP policy information to providers participating in the CHDP program by the Local Health Department CHDP Program. Submission of the report form provides documentation of the date of distribution of Provider Information Notices.
- Please ensure that the CHDP Provider Information Notice is distributed to participating CHDP providers within 30 days of the date of release by the Children’s Medical Services (CMS) Branch.
- This form is to be completed after you have distributed the CHDP Provider Information Notice.
- A copy of this form is to be retained by the Local Health Department CHDP Program. Please do not submit a copy to the CMS Branch.

**PLEASE NOTE THAT NO CHANGE IS TO BE MADE IN THE PROVIDER INFORMATION NOTICE OR ATTACHMENT.**

**THANK YOU.**

**Report of Distribution of:**

CHDP Program Letter number \_\_\_\_\_ and Provider Information Notice number \_\_\_\_\_

THIS PROVIDER INFORMATION NOTICE WAS SENT TO PROVIDERS IN

\_\_\_\_\_ on \_\_\_\_\_  
CHDP County/City Program Date

\_\_\_\_\_  
Name of Program Representative (Print) Title

\_\_\_\_\_  
Signature of Sender Date

**Please note:** To update local program contact information (e.g., address, telephone, email address, director or deputy director name), please follow the instructions on page one of the **Children’s Medical Services Directory**. The directory can be found under “Forms and Publications” at [www.dhcs.ca.gov/chdp](http://www.dhcs.ca.gov/chdp). To open the directory, enter the case-sensitive password: CMS#directory.