STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

September 26, 1990

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 90-86

SUBJECT: AUTHORIZED SIGNATURES -- DHS 2031 (FORMS ORDER)

The Department of Health Services (DHS), Warehouse requires an authorized signature on all Department of Health Services Warehouse Forms Order sheets, DHS 2031, before the Warehouse will release any forms to the counties.

Over the last six months, the DHS Warehouse has received numerous DHS 2031 forms orders that have unauthorized signatures.

Several years ago, counties were requested (ACWD Letters 85-50 & 89-10) to submit to the DHS Warehouse the name and telephone number of their forms coordinator and the name of the person(s) authorized to sign the DHS 2031. A file of the authorized signatures was established by the Warehouse; however, many counties have had personnel changes and consequently, authorized signature changes. It is standard procedure for the Warehouse to return the DHS 2031 back to the county or to the State DHS Medi-Cal Eligibility Branch, Forms Coordinator, Craig Yagi for signature and/or authorization. Both procedures are time consuming and delay county receipt of forms.

To insure the DHS Warehouse records are kept up-to-date, we request that each county send the attached form to the DHS Warehouse by October 15, 1990 stating the name and telephone number of the forms coordinator and the name of the person(s) authorized to sign on the DHS 2031. The letter should be updated if authorized signatures become invalid.

If you have any questions regarding the forms ordering process, please contact Craig Yagi of my staff at (916) 327-5320.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Attachment

cc: Norma Cline
DHS Warehouse
1037 N. Market Boulevard, Suite 9
Sacramento, CA 95834

DHS Warehouse
1037 N. Market Boulevard, Suite 9
Sacramento, CA 95834
Attention: Norma Cline

Date:

County:

The following county personnel are authorized to sign DHS 2031 (Forms Order):

Name (Print)	Signature	Phone #

The County Forms Coordinator is: _____
(print name)