

Targeted Case Management Local Governmental Agency Signature Authority Request

Submit Forms To: DHCS-TCM@dhcs.ca.gov

The LGA Signature Authority Request form provides the names of any and all county officials with authority to bind the LGA and authorized to review, approve, and sign on behalf of the LGA when submitting TCM invoices. Once this form is complete, return it to the e-mail address provided above.

Note: One of the signors must be the MAA/TCM Coordinator

Effective Date (MM/DD/YYYY)	<input style="width: 100%;" type="text"/>		
LGA:	<input style="width: 100%;" type="text"/>		
Primary TCM Signor:	<input style="width: 100%;" type="text"/>		
E-mail:	<input style="width: 50%;" type="text"/>	Phone:	<input style="width: 50%;" type="text"/>
Address (1):	<input style="width: 100%;" type="text"/>		
Address (2):	<input style="width: 100%;" type="text"/>		
City:	<input style="width: 50%;" type="text"/>	Zip Code:	<input style="width: 50%;" type="text"/>

Signature of Primary TCM Signature Authority, Job Title, Date

Alternate (Alt) TCM Signor:	<input style="width: 100%;" type="text"/>		
Alt E-mail:	<input style="width: 50%;" type="text"/>	Alt Phone:	<input style="width: 50%;" type="text"/>
Alt Address (1):	<input style="width: 100%;" type="text"/>		
Alt Address (2):	<input style="width: 100%;" type="text"/>		
Alt City:	<input style="width: 50%;" type="text"/>	Alt Zip Code:	<input style="width: 50%;" type="text"/>

Signature of Alternate TCM Signature Authority, Job Title, Date

DHCS USE ONLY:

Completed By: _____ Date: _____