Family Planning, Access, Care, and Treatment (Family PACT) Program
Site Certifier for Multiple Sites Declaration Form

(See instructions for completing on page 6)

Step 1: Complete all Site Certifier Information fields

1. First Name (First and Middle Initial)	2. Last Name	3. NPI
4. Email Address	**5. Phone Number**	**6. License Number**

Step 2: Enter Service Site Location details up to 10 sites only

Service Site Location- Site 1 (Site Certifier's main location)

A. Service Site Legal Name		B. Site NPI	
C. Service Site Business Name		**D. Contact Phone Number**	
E. Service Site Address (Number, Street)	**City**	**State**	**ZIP Code**
F. Delegated Site Contact (DSC) Name (First, Last)	**G. DSC Email address**		

Service Site Location- Site 2

A. Service Site Legal Name		B. Site NPI	
C. Service Site Business Name		**D. Contact Phone Number**	
E. Service Site Address (Number, Street)	**City**	**State**	**ZIP Code**
F. Delegated Site Contact (DSC) Name (First, Last)	**G. DSC Email address**		

Service Site Location- Site 3

A. Service Site Legal Name		B. Site NPI	
C. Service Site Business Name		**D. Contact Phone Number**	
E. Service Site Address (Number, Street)	**City**	**State**	**ZIP Code**
F. Delegated Site Contact (DSC) Name (First, Last)	**G. DSC Email address**		

Service Site Location- Site 4

A. Service Site Legal Name		B. Site NPI	
C. Service Site Business Name		D. Contact Phone Number	
E. Service Site Address (Number, Street)	City	State	ZIP Code
F. Delegated Site Contact (DSC) Name (First, Last)	G. DSC Email address		

Service Site Location- Site 5

A. Service Site Legal Name		B. Site NPI	
C. Service Site Business Name		D. Contact Phone Number	
E. Service Site Address (Number, Street)	City	State	ZIP Code
F. Delegated Site Contact (DSC) Name (First, Last)	G. DSC Email address		

Service Site Location- Site 6

A. Service Site Legal Name		B. Site NPI	
C. Service Site Business Name		D. Contact Phone Number	
E. Service Site Address (Number, Street)	City	State	ZIP Code
F. Delegated Site Contact (DSC) Name (First, Last)	G. DSC Email address		

Service Site Location- Site 7

A. Service Site Legal Name		B. Site NPI	
C. Service Site Business Name		D. Contact Phone Number	
E. Service Site Address (Number, Street)	City	State	ZIP Code
F. Delegated Site Contact (DSC) Name (First, Last)	G. DSC Email address		

Service Site Location- Site 8			
A. Service Site Legal Name			B. Site NPI
C. Service Site Business Name			D. Contact Phone Number
E. Service Site Address (Number, Street)	City	State	ZIP Code
F. Delegated Site Contact (DSC) Name (First, Last)	G. DSC Email address		

Service Site Location- Site 9			
A. Service Site Legal Name			B. Site NPI
C. Service Site Business Name			D. Contact Phone Number
E. Service Site Address (Number, Street)	City	State	ZIP Code
F. Delegated Site Contact (DSC) Name (First, Last)	G. DSC Email address		

Service Site Location- Site 10			
A. Service Site Legal Name			B. Site NPI
C. Service Site Business Name			D. Contact Phone Number
E. Service Site Address (Number, Street)	City	State	ZIP Code
F. Delegated Site Contact (DSC) Name (First, Last)	G. DSC Email address		

Step 3: Oversight Plan

As a Site Certifier overseeing multiple Family PACT sites (up to 10), you must provide a written Oversight

Your plan should address the following key areas:

- Adherence to Family PACT Program Standards.
- Delegation of duties and responsibilities.
- Tracking staff training for Family PACT.
- Client eligibility determination and enrollment.
- Client chart review process.

Please note: No examples or templates will be provided. Attach additional pages if needed.

Step 4: Checklist of Documents to Have Available Upon Request

- ☐ Policies and Procedures outlining the Family PACT Services protocol.
- ☐ Staff Organizational Chart/List of all personnel involved in Family PACT eligibility determination, enrollment, service provision, billing, and program administration/oversight. (Include staff name, job title, and role related to Family PACT.)
- ☐ Staff Family PACT Training Plan

Step 5: Sign and date

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING SITE CERTIFIER FOR MULTIPLE SITES DECLARATION FORM INFORMATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I ALSO CERTIFY THAT AS THE LISTED SITE CERTIFIER, I WILL COMPLY WITH ALL REQUIREMENTS OF THE FAMILY PACT POLICIES, PROCEDURES, AND BILLING INSTRUCTION MANUAL.

Type your legal name above to certify your declaration, which will serve as your digital signature.	Date

Instructions for completing the Site Certifier for Multiple Sites Declaration Form

Step 1: Site Certifier Information:

1. Enter the site certifier's legal first name and middle initial.
2. Enter the site certifier's legal last name.
3. Enter the site certifier's National Provider Identifier (NPI).
4. Enter the site certifier's medical license number.
5. Enter the site certifier's email address.
6. Enter the site certifier's contact phone number.

Step 2: Service Site Location Information (must match Medi-Cal record):

Enter complete information for up to 10 sites only. Submissions with more than 10 sites will not be accepted.
Service Site Location 1 must be the site certifier's main location.

A. Enter the service site's legal name.
B. Enter the service site's NPI number.
C. Enter the service site's business name.
D. Enter the service site's contact phone number.
E. Enter the service site's address.
F. Enter the Delegated Site Contact's (DSC) legal name.
G. Enter the DSC's email address.

Step 3: Oversight Plan

Provide your written Oversight Plan explaining how you will manage program services across all sites.
Your plan must address:

- Adherence to Family PACT Program Standards.
- Delegation of duties and responsibilities.
- Tracking staff training for Family PACT.
- Client eligibility determination and enrollment.
- Client chart review process.

Please note: No examples or templates will be provided. Attach additional pages if needed.

Step 4: Checklist of Documents

Ensure all service locations have the required documents available upon request.
For more details, see the Family PACT Policies, Procedures, and Billing Instructions Manual, Provider Enrollment and Responsibilities section.

Step 5: Sign and Date

Enter the site certifier's name and date of signature.

Step 6: Provider Application and Validation for Enrollment (PAVE) Submission Instructions

Attach this completed Declaration Form to your application in PAVE by using the orange paperclip icon on the right side of the screen.

Questions?

Email providerservices@dhcs.ca.gov or call the Office of Family Planning at 916-650-0414, Monday through Friday, 8:00 a.m. – 5:00 p.m.