

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 type="text"/>		
LGA:	<input type="text"/>		
Primary TCM Signor:	<input type="text"/>		
E-mail:	<input type="text"/>	Phone:	<input type="text"/>
Address (1):	<input type="text"/>		
Address (2):	<input type="text"/>		
City:	<input type="text"/>	Zip Code:	<input type="text"/>

Signature of Primary TCM Signature Authority,	Job Title,	Date
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Alternate (Alt) TCM Signor:	<input type="text"/>		
Alt E-mail:	<input type="text"/>	Alt Phone:	<input type="text"/>
Alt Address (1):	<input type="text"/>		
Alt Address (2):	<input type="text"/>		
Alt City:	<input type="text"/>	Alt Zip Code:	<input type="text"/>

Signature of Alternate TCM Signature Authority,	Job Title,	Date
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DHCS USE ONLY:

Completed By: _____ Date: _____