



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



EDMUND G. BROWN JR.
GOVERNOR

Targeted Case Management (TCM) System
Local Governmental Agency (LGA) Profile Request

Submit Forms To:

Department of Health Care Services
Safety Net Financing Division
Targeted Case Management Unit
P.O Box 997436, MS 4603
Sacramento, CA 95899 - 7436
or e-mail at DHCS-TCM@dhcs.ca.gov

Once this form is complete, please sign in blue ink and return it to the address provided above.

Effective Date
(MM/DD/YYYY)

[Empty text box for Effective Date]

Request Type:

Add
Change

LGA:

Primary TCM Signer:

E-mail:

Phone:

Address (1):

Address (2):

City:

Zip Code:

Signature of TCM Coordinator

Date

DHCS USE ONLY:

Completed By: _____

Date: _____