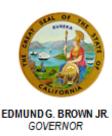


State of California—Health and Human Services Agency Department of Health Care Services



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)	Request	Type: Add Change
LGA:		
Primary TCM Signer:		
E-mail:	F	Phone:
Address (1):		
Address (2):		
City:	Z	Zip Code:

Signature of TCM Coordinator

DHCS USE ONLY:

Completed By: _____

DHCS 9130 (5/15)

Date

Date: _____