



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



EDMUND G. BROWN JR.
GOVERNOR

Targeted Case Management (TCM)
Local Governmental Agency (LGA)
Signature Authority 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

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

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

Effective Date
(MM/DD/YYYY)

[Empty rectangular box for Effective Date]

LGA:

Primary TCM Signor:

E-mail:

Phone:

Address (1):

Address (2):

City:

Zip Code:

Signature of Primary TCM Signature Authority,

Job Title,

Date

Alternate (Alt) TCM Signor:

Alt E-mail:

Alt Phone:

Alt Address (1):

Alt Address (2):

Alt City:

Alt Zip Code:

Signature of Alternate TCM Signature Authority,

Job Title,

Date

DHCS USE ONLY:

Completed By: _____

Date: _____