

Signature Authority Request**School-Based Medi-Cal Administrative Activities (SMAA) Program
Local Educational Consortia (LEC)**

The SMAA LEC Signature Authority Request Form provides the names of the primary signatory and alternate signatory authorized to review, approve, and sign on behalf of the regional LEC when submitting SMAA invoices. Once this form is completed, the primary signatory or alternate signatory must sign all invoices electronically and return them to the address provided above or upload it to Secure File Transfer Portal (SFTP).

Note: The primary signatory must be the LEC Coordinator.

Please submit the LEC Signature Authority Request form to the SMAA mailbox at SMAA@dhcs.ca.gov.

LEC Name: _____ Date: _____

Primary SMAA Signatory Name: _____

Email: _____ Phone: _____

Address (1): _____

Address (2): _____

City: _____ Zip Code: _____

Signature of Primary SMAA Signatory _____ Date _____

Alternate SMAA Signatory Name: _____

Email: _____ Phone: _____

Signature of Alternate SMAA Signatory _____ Date _____

DHCS Use Only

Reviewed By: _____ Date: _____