

_____ (County Name)

COUNTY CERTIFICATION

Substance Use Disorder Prevention, Treatment, and Recovery Services Cost Report
 Year-End Claim for Reimbursement
 Fiscal Year 2012-13

***PART I: I HEREBY CERTIFY** under penalty of perjury that I am the official responsible for the administration of Department of Health Care Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1096 of the California Government Code; that the amount for which reimbursement is claimed herein is in accordance with Division 10.5, Part 2, Chapter 4 and Chapter 13 of the California Health and Safety Code; and that to the best of my knowledge and belief this claim is in all respects true, correct, and in accordance with law.*

DATE: _____ SIGNATURE: _____
 County Alcohol and Drug Program Administrator

EXECUTED AT _____, CALIFORNIA

***PART II: I CERTIFY** under penalty of perjury, that I am the duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts.*

DATE: _____ SIGNATURE: _____
 TITLE: _____
 County Auditor-Controller, City Finance Officer, etc.

EXECUTED AT _____, CALIFORNIA

FOR STATE USE ONLY

	CLAIM FOR REIMBURSEMENT	ADVANCES PAID TO DATE	ADJUSTMENTS	NET REIMBURSEMENT
Parolee Services				
Drug Medi-Cal (Federal)				
Block Grant – FFY 2012				
Block Grant – FFY 2013				
TOTAL FUNDING				

DATE: _____ SIGNATURE: _____
 DEPARTMENT OF HEALTH CARE SERVICES