

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



ELIGIBILITY TO RECEIVE NALOXONE

Dear Applicant,	
•	d funds from opioid settlements to provide naloxone nhoused individuals. Please certify your eligibility to rce.
☐ I certify that supplied by the Naloxone Distribution Proje	provides services, including naloxone ect, to unhoused individuals.
Electronic Signature	Date