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



GAVIN NEWSOM
GOVERNOR

**Targeted Case Management (TCM) System
Local Governmental Agency (LGA) Profile Request**

Submit Forms To:

Department of Health Care Services
Local Governmental 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:

Phone:

Address (1):

Address (2):

City:

Zip Code:

Signature of TCM Coordinator

Date

DHCS USE ONLY:

Completed By: _____

Date: _____