



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



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

The LGA Signature Authority Request form provides the names of any and all county officials with authority to bind the LGA 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)

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: _____