SIGNATURE AUTHORITY REQUEST

School-Based Medi-Cal Administrative Activities (SMAA) Unit Local Educational Consortia (LEC) Local Governmental Agency (LGA)

Submit Form To: Department of Health Care Services School-Based Medi-Cal Admin Activities Unit 1501 Capitol Ave, MS 2628 Sacramento, CA 95814

The SMAA LEC/LGA 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, or the county LGA, when submitting SMAA invoices. Once this form is completed, the primary signatory or alternate signatory must sign all invoices in **blue** ink or electronically sign 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/LGA Coordinator.

Signature of Primary SMAA Signatory Date Effective Date (MM/DD/YYY): LEC/LGA Name: Print Name of Primary SMAA Signatory: E-mail:_____ Phone_____ Address (1): Address (2): _____ City:____Zip Code: ____ Date Signature of Alternate SMAA Signatory Print Name of Alternate SMAA Signatory: Alt Phone: E-mail: DHCS USE ONLY: Reviewed By:_____Date: _____