Certification Statement - California Children's Services (CCS)

County/City:	Mendocino	Fiscal Year:	2018-19		
Part 2, Chapter Institutions Cod by DHCS pursu Children's Medi Federal Financi regulations gove XIX of the Social Maternal and Cl 701 et seq.). If	CCS Program will comply with all applicable provision 3, Article 5, (commencing with Section 123800) and C ie (commencing with Sections 14000-14200), and any part to this article and these Chapters. I further certify it ical Services (CMS) Plan and Fiscal Guidelines Manual al Participation. I further certify that this CCS Program erning and regulating recipients of funds granted to state al Security Act (42 U.S.C. Section 1396 et seq.) and rehild Health Services Block Grant pursuant to Title V of further agree that this CCS Program may be subject to gram violates any of the above laws, regulations and potential services.	chapters 7 and 8 applicable rules that this CCS Prail, including but read will comply with a tes for medical cipients of funds the Social Secural sanctions or	of the Welfare and or regulations promulgated rogram will comply with the not limited to, Section 9 in all federal laws and assistance pursuant to Title is allotted to states for the rity Act (42 U.S.C. Section other remedies applicable		
	W Carrier 3	s-bn 2	910		
Signature of CC	S Administrator	Date Signed			
	1				
Bay	barastone	1/4/	2019		
Signature of Dir	rector or Health Officer	Date Signed			
Karla	Vanttagen	1-24-	19		
Signature and Title of Other - Optional Sex Deputy Clerk Date Signed					
of the Board					
I certify that this plan has been approved by the local governing body.					
	an allman in	, / ~	-/19		

Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City:	Mendocino	Fiscal Year:	2018-19	

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9, Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

July Currer	3:100 2019			
Signature of CHDP Director	Date Signed			
Babara Horre	1/4/0019			
Signature of Director or Health Officer	/ / Date Signed			
XarlaVauttagu -	1-24-19			
Signature and Title of Other - Optional Sy Deputy Clerk Date Signed				
Of the B	oard			
I certify that this plan has been approved by the local governing body.				
Sand Mayon	1/25/19			
Signature of Local Governing Body Chairperson	Date			