DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Certification Statement	**County/City:**	**Fiscal Year:**
	Lake	2025-26

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the HCPCFC Program Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Anthony Arton, Health Services Director		2-6-26
HCPCFC/County Authorized Representative	Signature	Date
Brad Rasmussen, Board Chair		
Local Governing Body Chairperson Name,	Signature	Date