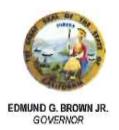


State of California—Health and Human Services Agency Department of Health Care Services



Medi-Cal County Inmate Program County Participation Form: Fiscal Year 2017-18

| Frest County Name | | nooses the option selected below in |
|--|--|---|
| 그 [1] [2] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1 | | pating in the Medi-Cal County Inmate Program 2018 for Fiscal Year 2017-18: |
| certify | Voluntarily participating in MCIP- By selecting this option, we are certifying our interest in voluntarily participating in the MCIP and intend on submitting a fully executed MCIP Agreement. | |
| ☐ Not In | Not Interested in participating in MCIP | |
| | y, to the best of my kn | ve is the option that said county will abide by nowledge, is true and accurate based on the Date: 1/3//7 of Public Health |
| County Name: _E | resno | |
| Primary Contact: David | Pomaville | Alternate: Evelyn Reimer |
| Phone: (559) | 600-3200 | Phone: (559) 600-7090 |
| Email: dpomav11 | le@co.fresno.ca.us | Email: ereimer@co.fresno.ca.us |
| Submit completed form | ı to: | |

Submit completed form to: DEPARTMENT OF HEALTH CARE SERVICES SAFETY NET FINANCING DIVISION/INMATE MEDI-CAL CLAIMING UNIT P.O. BOX 997436, MS 4504 SACRAMENTO, CA 95899-7436 EMAIL: DHCSIMCU@dhcs.ca.gov