

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 4/5/19

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Child Support Services

Dept. Contact: Ginger Harms

Phone: 530-842-7238

Department Head Signature: [Signature]

Ron Ladage, Director

4-5-19

CONTRACTOR:

Name: Barton Memorial Hospital

Address: 2170 South Ave

So. Lake Tahoe, CA 96150

Phone: 530-543-5701

Org Code: 4000000

CONTRACTING DEPARTMENT: Child Support Services

Service Requested: Review & Approval of new agreement - EDITS BY BARTON

Contract Term: 2/1/19 - 1/31/22 Contract Value: \$5,000.00

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: _____ Disapproved: X Date: 4/10/19 By: [Signature]

Approved: X Disapproved: _____ Date: 10/7/19 By: [Signature]

Pursuant to FC§7571, hospitals are required to provide unmarried mothers, and shall attempt to provide to the man identified as the natural father, a voluntary declaration of paternity along with other written materials. The local child support agency is then required to pay \$10 to the birthing hospital for the completed declaration.

Spoke to Ginger re. unanswered inquiries from Barton

~~EL DORADO COUNTY COUNSEL
2019 APR - 8 PMD:13~~

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

RECEIVED
OCT 04 2019
BY: _____

PLEASE CALL x7238 FOR PICK-UP...THANKS!