

# CONTRACT ROUTING SHEET

Date Prepared: 5-10-11

Need Date: asap

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department

Head Signature: 

**CONTRACTOR:**

Name: Barton Healthcare Systems, Inc.

Address: 2170 South Ave., South Lake Tahoe, CA 96150 (Mail P.O. Box 9578 SLT, CA 96158)

Phone: 530 541 3420

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Eligibility Worker assigned to Hospital to process Medi-Cal/CMSP and food stamp applications for eligible clients

Contract Term: 7-1-11 to 6-30-14 Contract Value: \$236,295 paid to County

Compliance with Human Resources requirements? Yes: 3-2-11 No: \_\_\_\_\_

Compliance verified by: Mike Strella

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

Approved:  Disapproved: \_\_\_\_\_ Date: 5-11-11 By: 

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
MAY 11 1:31 PM '11

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved:  Disapproved: \_\_\_\_\_ Date: 5/12/11 By: 

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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MAY 12 AM 11:18

Please call Shirley Hodgson at x7268 to pick up. Thanks.

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract)

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_