

CONTRACT ROUTING SHEET

Date Prepared: 7/26/12

Need Date: 8/9/12

PROCESSING DEPARTMENT:

Department: Health & Human Services-
CS

Dept. Contact: Amy Higdon

Phone #: 4836

Department Head Signature: *[Signature]*

Daniel Nielson, Director

CONTRACTOR:

Name: Department of Health Care
Services

Address: 1500 Capitol Ave, MS 2109
Sacramento, CA 95814

Phone: _____

12 AUG 1 12 PM 3:42
HUMAN RESOURCES DEPT.
RECEIVED

CONTRACTING DEPARTMENT: Health and Human Services - CS

Service Requested: Targeted Case Management activities

Contract Term: 7/1/07-06/30/13 Contract Value: _____

Compliance with Human Resources requirements? Yes: _____ No: N/A

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 8-13-12 By: *[Signature]*

Approved: _____ Disapproved: _____ Date: _____ By: _____

2012 JUL 30 AM 10:07
EL DORADO COUNTY COUNSEL

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

Approved: Disapproved: _____ Date: 8-14-12 By: *[Signature]*

Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signature]
Public Safety, State of CA

**RISK MANAGER
EL DORADO COUNTY**

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

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____