



Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
	Tulare	2024-25
<p>I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the HPCFC Program Manual. I further agree that this HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above.</p>		

Gabriel Diaz-Carrera	<i>G. Diaz</i>	Sep 12, 2024
----------------------	----------------	--------------

HPCFC/County Authorized Representative	Signature	Date
--	-----------	------

Larry Micari	<i>Larry Micari</i>	12/17/2024
--------------	---------------------	------------

Local Governing Body Chairperson Name,	Signature	Date
--	-----------	------

Approve As To Form:
County Counsel

By: Charles W. Felix
Deputy

Date: 12/06/2024

Matter No: 20241734