

School Health Demonstration Grant Applicant Cover Page

Please complete the following:

Local Educational Agency (LEA) Name:

LEA's County-District-School Code:

LEA's Mailing Address:

Primary Contact

Name:

Title:

Phone:

Email:

Secondary Contact

Name:

Title:

Phone:

Email:

Is the LEA primarily:

Urban

Suburban

Rural

Please provide the percentage of the LEA's Unduplicated Pupil Count:

Does the LEA currently have a Memorandum of Understanding with a Managed Care Plan (MCP)?

Yes

No

If yes, please specify MCP:

The RFA Applicant Information Sheet will be scored as follows:

- Question 1:
 - 5 points if response is “no”
 - 4 points if yes, and subtract a point for each program in which the applicant currently participates.
- Question 2:
 - 5 points if response is “no”
 - 4 points if yes, and subtract a point for each program in which the applicant previously participated.
- Question 3:
 - 2 points if response is “no”
 - 0 points if yes.

1. Is the LEA currently participating in School-Based Medi-Cal billing programs?
(5 points possible)

Yes

No

If yes, what programs?

The LEA Medi-Cal Billing Option Program School-Based Medi-
Cal Administrative Activities

Other programs

If “other programs” checked, please identify the programs:

2. If the answer to Question 1 is no, has the LEA previously participated in School-Based Medi-Cal billing programs? **(5 points possible)**

Yes

No

If yes, what programs did the LEA participate in?

The LEA Medi-Cal Billing Option Program. School-Based Medi-
Cal Administrative Activities

Other programs

If “other programs” checked, please identify the programs:

3. If the LEA is participating in School-Based Medi-Cal programs, do you feel you are drawing down the maximum reimbursement? **(2 points possible)**

Yes

No

I support this application for the School Health Demonstration Project Pilot Participants. I certify that that this information is true. By signing/typing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Form. Sign and date below.

E-Signature of LEA Superintendent or Designee:

Date: