## Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City: Humboldt/Eureka	Fiscal Year:	2020/2021		
I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9, Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of 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 agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.				
Signature of CHDP Director	lo − l − 2 Date Signed	.070		
Olgradule of Oriest Effection	Date orgined			
Signature of Director or Health Officer	Date Signed	Ю		
M. Blanchard Public Hearth Nursing Drech Signature and Title of Other - Optional	9.25.20 Date Signed	20		
I certify that this plan has been approved by the local governing boo	ly. 11/17/20	20		

Signature of Local Governing Body Chairperson, Estelle Fennell Date Signed

## Certification Statement - California Children's Services (CCS)

County/City:	Humboldt/Eureka	Fiscal Year:	2020/2021
Part 2, Chapter Institutions Cod by DHCS pursu Children's Medi Federal Financi regulations gov XIX of the Socia Maternal and C 701 et seq.). If	CCS Program will comply with all applicable provisions 3, Article 5, (commencing with Section 123800) and C e (commencing with Sections 14000-14200), and any a lant to this article and these Chapters. I further certify the cal Services (CMS) Plan and Fiscal Guidelines Manual al Participation. I further certify that this CCS Program erning and regulating recipients of funds granted to state al Security Act (42 U.S.C. Section 1396 et seq.) and recipied Health Services Block Grant pursuant to Title V of further agree that this CCS Program may be subject to gram violates any of the above laws, regulations and potential services.	hapters 7 and 8 applicable rules that this CCS Poly, including but will comply with tes for medical cipients of fundathe Social Secuall sanctions or	of the Welfare and or regulations promulgated rogram will comply with the not limited to, Section 9 the all federal laws and assistance pursuant to Title is allotted to states for the urity Act (42 U.S.C. Section other remedies applicable
Mwo	lfe	10/1/202	0
Signature of CC	S Administrator	Date Signed	and the second s
Ma	U 8N	10/22/01	NO
Signature of Dir	ector or Health Officer	Date Signed	
M. Blanc	hard Publicitain Hursing Dreche	9.24 Date Signed	5.2020
Signature and I	itle of Other – Optional	Date Signed	
I certify that this plan has been approved by the local governing body.			
Estill	externely	11/17/	2020
Signature of Lo	cal Governing Body Chairperson, Estelle Fennell	Date Signed	