**Notice Due Date: March 1, 2016 Scan and Mail to: Attn: Vivian Lees at** [**cnstatesystems@fns,.usda.gov**](mailto:cnstatesystems@fns,.usda.gov)

# State Agency Information:

Name of State agency:

State agency mailing address:

# Project Contact Information:

Name:

Title/Position:

Email;

Phone:

# State Agency Intent Statement:

Our agency intends to submit an application to participate in demonstrations to evaluate direct certification with Medicaid as indicated below. (Check all that apply for the school year for which your agency wants to begin demonstrations).

|  |  |  |
| --- | --- | --- |
| **School Year** | **DCM-F/RP**  **Free & Reduced Price Meals** | **DCM-OT2**  **Other** |
| **SY 2016-2017**  Applications due April 15, 2016 |  |  |
| **SY 2017-2018**  Applications due September 15, 2016 |  |  |

# Signature of Authorized State Personnel:

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Title