


**CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES**
Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
	Napa	2025-2026
<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>		

Cheryl Losado, HPCFC PHN Administrator

7/7/2025

HPCFC/County Authorized Representative

Signature

Date

Local Governing Body Chairperson Name,

Signature

Date

APPROVED AS TO FORM

Office of County Counsel

By:

Date: 8/11/25