



**SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)  
 DISTRICT INFORMATION  
 2024-2025**

**1 DISTRICT/SCHOOL**

\_\_\_\_\_  
*District/School Name* County

Claiming Unit: \_\_\_\_\_  
*If different than name above.*

**2 DISTRICT SMAA COORDINATOR**

\_\_\_\_\_  
*Name* District Job Title

\_\_\_\_\_  
*Street Address* City, State, Zip

\_\_\_\_\_  
*Mailing Address (if different than street address)* City, State, Zip

\_\_\_\_\_  
*Phone (please include extension)* Fax Email

**Check the box for this person to:**      **have access to the RMTS system  
 receive RMTS late notifications**

**3 SUPERVISOR OF DISTRICT SMAA COORDINATOR**

\_\_\_\_\_  
*Name* District Job Title

\_\_\_\_\_  
*Phone (please include extension)* Fax Email

**Check the box for this person to:**      **be included in all program communications  
 have access to the RMTS system  
 receive RMTS late notifications**

**4. ALTERNATE DISTRICT CONTACT – SMAA COORDINATOR DESIGNEE/ASSISTANT (1)**

\_\_\_\_\_  
*Name* District Job Title

\_\_\_\_\_  
*Phone (please include extension)* Fax Email

**Check the box for this person to:**      **be included in all program communications  
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DISTRICT INFORMATION  
2024-2025**

**ALTERNATE DISTRICT CONTACT – SMAA COORDINATOR DESIGNEE/ASSISTANT (2)**

\_\_\_\_\_  
*Name* *District Job Title*

\_\_\_\_\_  
*Phone (please include extension)* *Fax* *Email*

**Check the box for this person to:** **be included in all program communications**  
**have access to the RMTS system**  
**receive RMTS late notifications**

**5. ALTERNATE DISTRICT CONTACT – FISCAL DESIGNEE**

\_\_\_\_\_  
*Name* *District Job Title*

\_\_\_\_\_  
*Phone (please include extension)* *Fax* *Email*

**Check the box for this person to:** **be included in all program communications**  
**have access to the RMTS system**

**6. SMAA INVOICE SUBCONTRACTOR/THIRD-PARTY VENDOR**

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Contact* *Contact Job Title*

\_\_\_\_\_  
*Phone* *Email*

**7. LEA BILLING OPTION PROGRAM SUBCONTRACTOR/THIRD-PARTY VENDOR**

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Contact* *Contact Job Title*

\_\_\_\_\_  
*Phone* *Email*

\_\_\_\_\_  
**PRINTED NAME OF PERSON FILLING OUT FORM** **JOB CLASSIFICATION TITLE**

\_\_\_\_\_  
**DATE**