



Local Educational Consortium School-Based Medi-Cal Administrative Activities  
Region 9 • Imperial, Orange, and San Diego Counties  
Administered by the Orange County Superintendent of Schools

**RANDOM MOMENT TIME SURVEY (RMTS)  
DISTRICT INFORMATION  
2025-2026**

**1 DISTRICT/SCHOOL**

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

\_\_\_\_\_  
*County*

Claiming Unit: \_\_\_\_\_

*If different than name above.*

**2 DISTRICT RMTS 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 RMTS 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 – RMTS COORDINATOR DESIGNEE/ASSISTANT**

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

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

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

\_\_\_\_\_  
*Fax*

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

**Check the box for this person to:**

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

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*Company Name*

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*Contact*

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*Contact Job Title*

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*Phone*

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*Email*

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**PRINTED NAME OF PERSON FILLING OUT FORM**

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**JOB CLASSIFICATION TITLE**

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**DATE**