



SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES
RANDOM MOMENT TIME SURVEY(RMTS)
DISTRICT INFORMATION
2023-2024

1 DISTRICT/SCHOOL

District/School Name County

Claiming Unit: If different than name above.

2 DISTRICT LEA 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 LEA 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 – LEA 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 have access to the RMTS system receive RMTS late notifications

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RANDOM MOMENT TIME SURVEY(RMTS)  
DISTRICT INFORMATION  
2023-2024**

**ALTERNATE DISTRICT CONTACT – LEA 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
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**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**