

Ownership and Disclosure Form

This form is required by the Department of Health Care Services (DHCS) pursuant to 42 C.F.R. § 455.104, 42 C.F.R. § 438.608(c)(2), DHCS All Plan Letter (APL) 23-006 or any applicable subsequent or superseding APL, and Health Plan of San Joaquin's DHCS Medi-Cal Agreement. Updates to the information in this form do not require a formal amendment to the Agreement.

Complete all applicable sections of this form. If a section does not apply, indicate "N/A."

1. Contractor Name:

2. Legal Organization Type: (e.g., Corporation, Partnership, Proprietorship, Individual, etc.)

3. Individuals or Entities with Ownership or Control Interest in Contractor:

- Officers/Directors/General Partners:

- Co-Owner(s):

For Corporate Entities:

- Entity Name:

4. Relationship Disclosure:

If any individual(s) or entity(ies) listed above is/are related to another person with ownership or control interest in the Contractor (e.g., spouse, parent, child, etc.), please list the name(s) and relationship(s) here:

5. Subcontractor Ownership:

Contractor shall provide the following information for any subcontractors in which the Contractor holds a 5% or greater ownership interest:

6. Subcontractor Relationship Disclosure:

If any individual or corporation with an ownership or control interest in a subcontractor listed above is related to a person with an ownership or control interest in the Contractor (e.g., spouse, parent, child, sibling), please list their name(s) and relationship(s) here:

7. Managing Employees:

The Contractor shall complete the information below for each managing employee: (E.g., Name, Title/Position,)

8. Ownership in Other Entities:

If an owner of the Contractor has an ownership or control interest in any other disclosing entity, please indicate the name(s) here: (E.g., Owner Name, Entity Name)

9. Major Creditors:

Contractor shall provide the following information for any major creditors holding more than five percent (5%) of the Contractor's debt: (E.g., Creditor Name, Amount Owed, % of Total Debt)

10. Certification / Signature

I certify that the information provided in this Disclosure of Ownership Form is accurate, complete, and current to the best of my knowledge. I agree to provide updates to this form to Client within thirty-five (35) days of any change.

Name:

Title:

Signature:

Date:

Note: A blank page is attached if additional space is needed.

Continuation Page – Additional Vendor Responses