

**DEPARTMENT OF VETERANS AFFAIRS**

1227 O Street  
Sacramento, California 95814  
Telephone: (800) 952-5626  
Fax: (916) 653-2456



## **Annual Subvention Certificate of Compliance Fiscal Year 2025/2026**

Charge:

Funds are distributed under this program to counties as partial reimbursement for expenses incurred in the operation of the County Veterans Service Office. Funds are distributed according to Military and Veterans Code Sections 972, and 972.1, a State General Fund Expenditure, and 972.2 a Special Fund Expenditure.

County Certification:

I certify that \_\_\_\_\_ County has an appointed veteran serving as the County Veterans Service Officer according to California Code of Regulations Title 12, Subchapter 4. This County Veterans Service Officer will administer the aid provided for in Military and Veterans Code Division 4, Chapter 5. This County Veterans Service Officer must achieve and maintain accreditation from the California Department of Veterans Affairs within 18 months of employment or within 18 months of the County Veterans Service Officer position becoming vacant, whichever occurs first. County Veterans Service Representative employees must also achieve and maintain accreditation from the California Department of Veterans Affairs within 18 months of employment.

I certify that the County Veteran Service Officer will assist every veteran of the United States, as well as their dependents and survivors, in presenting and pursuing such claim as they may have against the United States. The County Veterans Service Officer and all accredited employees will also assist in establishing veterans, dependents and survivors' rights to any privilege, preference, care, or compensation provided for by the laws and regulations of the United States or of the State of California.

I certify that only employees who shall meet the definition of a **Veteran Services Representative (VSR)** as described in 38 CFR § 14.629, and whose duties include the preparation, presentation, and prosecution of claims for VA benefits, will seek or be referred for accreditation through CalVet. Any VSR accredited through CalVet must understand the following:

I certify that information contained within the VetPro database will not be distributed to any entity outside of the County Veteran Service Office, including other County departments. Additionally, I certify that all College Fee Waiver

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Approval and Denial Letters will be generated within the VetPro database. I also authorize the County Veterans Service Officer to actively promote the California Veterans License Plate program and other California State benefits for veterans, dependents and survivors, and to assist in the application for those benefits.

I certify that this County, through the County Veterans Service Office, will maintain records for audit. These records will be maintained for a minimum of two years. The County agrees to submit reports in accordance with the procedures and timelines established by CalVet and in accordance with the *CalVet Procedure Manual for Subvention and Medi-Cal Cost Avoidance*. The County Veterans Service Officer will permit CalVet representatives to inspect all records upon request.

\_\_\_\_\_  
Chair, County Board of Supervisors  
(or other County Official authorized  
by the Board to act on their behalf)

\_\_\_\_\_  
Date

**SCAN AND UPLOAD THIS COMPLETED FORM VIA THE AGENCY ATTACHMENTS IN VETPRO**

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**Annual Medi-Cal Cost Avoidance Certificate of Compliance  
Fiscal Year 2025/2026**

I certify that \_\_\_\_\_ County has an appointed veteran serving as the County Veterans Service Officer (CVSO) in compliance with California Code of Regulations, Title 12, Subchapter 4. Please consider this as our application to participate in the Medi-Cal Cost Avoidance Program authorized by Military and Veterans Code Section 972.5

I understand and will comply with the following:

1. All activities of the CVSO for which payment is made by the CalVet under this agreement will reasonably benefit the Department of Health Care Services (DHCS) or realize cost avoidance to the Medi-Cal program. All State and County Medi-Cal Eligibility Workers who generate a Form MC 05 (Military Verification and Referral form) will be instructed to indicate the applicant's Aid Code on the face of the form.
2. All monies received under this agreement shall be allocated to and spent on the salaries and expenses of the CVSO.
3. This agreement is binding only if federal funds are available to CalVet from the DHCS.
4. The CVSO is responsible for administering this program in accordance with California Code of Regulations, Title 12, Subchapter 4 *and the CalVet Procedure Manual for Subvention and Medi-Cal Cost Avoidance* for the current state fiscal year.

\_\_\_\_\_  
Chair, County Board of Supervisors  
(Or other County Official authorized  
By the Board to act on their behalf)

\_\_\_\_\_  
Date

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