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Service Request Tracking System (SRTS)
User Registration Form**

*Please provide the following information to add or remove users in the SRTS.

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| **Name:** |  |  | **Phone Number:** |  |  | **E-Mail:** |  |
|  |
| **\*REQUIRED Contact information for individual completing this request** |
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|  |

**\*REQUIRED\*Agency/Program Name for the SRTS user(s)**

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| --- | --- |
| If an agency has multiple programs within one Provider Number, please complete one form per program. | **For Contract Providers Only** |
| **Add****User** | **Remove****User** | **Provider Number** | **Service Area** | **Program Type** | **Age Group** | **Employee Name****(First and Last)** | **C#** | **E-mail Address** |
|[ ] [ ]   |  | Select program.  | Select age group. |  |  |  |
|[ ] [ ]   |  | Select program.  | Select age group. |  |  |  |
|[ ] [ ]   |  | Select program.  | Select age group. |  |  |  |
|[ ] [ ]   |  | Select program.  | Select age group. |  |  |  |
|[ ] [ ]   |  | Select program.  | Select age group. |  |  |  |
|[ ] [ ]   |  | Select program.  | Select age group. |  |  |  |
|[ ] [ ]   |  | Select program.  | Select age group. |  |  |  |

* When entering the name of a DMH employee, list the name as it is shown in the Outlook address book.
* Only Contract Providers must include the C# (the user name associated with the RSA/SecurID Token) and e-mail address.
* Outpatient programs serving multiple age groups and all FSP programs must include the age group for which each user is responsible.

**Questions and completed forms should be sent to:** **SRTS@dmh.lacounty.gov**