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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)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. |  |  |  |
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|  | |  |  |  | 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**](mailto:SRTS@dmh.lacounty.gov)