

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH OUTPATIENT SERVICES DIVISION

Wednesday & Thursday, October 23 & 24, 2019
Sixteenth Annual Statewide Integrated Care Conference – Hilton Universal City
555 Universal Hollywood Drive, Universal City CA 91608

Integrating Substance Use, Mental Health and Primary Care Services

First Name			Last Name			Da	Date of Birth	
Address			City			State	Zip	
Phone Number □ Cell	☐ Home		Service Area	Prir	mary Language			
E-mail Address								
Please check one that app	olies to you:							
☐ Client/Consumer 〔	□ * <mark>Family Memb</mark>	er (relation)			* <mark>Caregi</mark> v	ver		
*For family member or car	<mark>regiver, please p</mark>		tion of relative or cli	ent you		re to:		
First Name:		Last Name:			Date of birth			
Mental Health Clinic								
World Floatin Clinic								
Case Manager					Phone Number			
Eligibility Criteria (ple	ease initial fir	st and last n	name)					
Applicant must be 1	18 years old or	older.						
Applicants must sul	bmit a complete	scholarship a	pplication. Incomple	ete app	lications will not	be revie	ewed.	
Transportation and	overnight acco	mmodations w	ill not be provided.					
Applicants must atte	end both days o	of the conferen	ce					
Applicants must be form after the confe		e to provide inf	ormation gathered a	it the co	onference to pee	rs in eith	ner oral or writte	
Signature					Date			
Email, fax, mail or subm	nit in person-cor	mpleted applica	ation to:					
County of Los Angeles De Outpatient Services Divisi	ion				<u>Pleas</u>			
550 S. Vermont Ave., Suit	te 601, Los Ange	les, CA 90020		Ci.	et Como	Eir	et Sarvi	

FAX: (213) 427-6161

Email: ghernandez@dmh.lacounty.gov

For questions on registration, please contact Mina Hernandez (213) 351-7253

<u>First Come, First Serve</u>