



Los Angeles County Department of Mental Health Service Request Tracking System (SRTS) Form

Request Information					
Date of Request:		Time of Request:		Staff Initiating Request:	
Provider # Initiating Request:				Method of Request: ☐ Call ☐ Walk-In ☐ In Writing ☐ Other: _____	
Client Information					
First Name:		Last Name:		DOB:	
				IBHIS Client ID (if applicable):	
Race:		Ethnicity:		Gender:	
Street Address:		City:		State:	Zip code:
Is this individual unhoused or at risk of becoming unhoused? ☐ Yes ☐ No					
If yes, what best describes the client's current living situation? ☐ At risk of eviction ☐ Exiting jail/hospital into homelessness ☐ Street/encampment/not meant for human habitation ☐ Vehicle ☐ Motel ☐ Shelter ☐ Interim Housing Program (IH) Site ☐ Couchsurfing ☐ Other: _____					



MH 779
8/31/26

Contact Information for this request			
Contact Name:		Relationship to client:	
Contact Phone Number:		Contact Preferred Language:	
Legal Guardian Name:		Legal Guardian Preferred Language:	
Legal Guardian Phone:			
Service Request Information			
☐ SB 317		☐ DHS/ODR-DREAM	
Program/Service Type:			
Insurance: ☐ Indigent ☐ Medi-Cal ☐ Medi-Medi ☐ Medicare		☐ Private Insurance ☐ Private + Medi-Cal ☐ Private + Medicare ☐ Private + Medi-Cal + Medicare ☐ Unknown	
If Medi-Cal, Medi-Cal (CIN) #:			
If Medi-Cal, Manage Care Plan:			
Requester/Referring Party (i.e. who sent referral)			
Referring Party Role:		First Name:	Last Name:
Contact Number:	Referring Facility/ School site:		HMIS # (If applicable):
Is the client/potential client aware of referral? ☐ Yes ☐ No			
Mental Health Information			
Age of Time of Referral:		Is this an urgent request: ☐ Yes ☐ No	
Can you tell me the reason you are seeking mental health services today?			
Are you currently receiving mental health treatment? ☐ Yes ☐ No ☐ Undetermined		If yes, where were you receiving those services?	



MH 779
8/31/26

Is the client currently in and being released from one of the following? ☐ Emergency Room ☐ Inpatient ☐ Jail ☐ Juvenile Justice ☐ N/A	If client is being released (jail, inpatient, etc.) ☐ Actual/Expected Discharge/Release Date: _____ ☐ Unknown Release Date	Psychotropic medications within the last 30 days? ☐ Yes ☐ No ☐ Undetermined
DHCS Screener: ☐ Completed ☐ Skipped ☐ Not Required		
O&E/Contact Attempts		
Date client/legal representative agreed to services:		
Purpose of contact attempt: ☐ Outreach and Engagement ☐ Appointment Scheduling		
Contact Date/Time:	Method of Contact: ☐ In Person ☐ Phone	Contact Made ? ☐ Yes ☐ No
Contact Detail:		
Disposition		
☐ Already receiving appropriate Mental Health Services ☐ Appointment given ☐ 911 Law enforcement response ☐ Individual/Collateral Declined Services ☐ Other ☐ Referral source withdrew request for linkage ☐ Referred back to private insurance ☐ Referred to other type of agency ☐ Request cancelled: alternative request in process ☐ Screened and referred to MCP ☐ Unable to contact ☐ Untimely appointment at this site. Referral decline.		



MH 779
8/31/26

Disposition Details:		
Appointment – Practitioner:		Appointment Date and Time:
Provider # conducting appointment:		
Was there an earlier appointment offered? ☐ Yes ☐ No		If yes, Date of First Offered Appointment:
Date of Second Offered Appointment:		Date of Third Offered Appointment:
Closure Reason: ☐ Individual accepted appointment date and attended appointment ☐ Individual accepted appointment date but did not attend appointment ☐ Individual cancelled appointment ☐ Staff cancelled appointment		IBHIS Client ID:
Medication Appointment Information:		
If medication appears to be a need: ☐ Med Eval Appt. Given (This Site) ☐ Interim Referral for Med Eval ☐ Med Needs TBD at Initial Assessment ☐ Other	Medication Appointment – Practitioner:	Medication Appointment – Provider:
	Medication Appointment Date and Time:	Was an earlier appointment offered?
Program Enrollment		
Did the client enroll in the program? ☐ Yes ☐ No		If yes, Program Enrollment Date:
If no, reason: ☐ Does not meet criteria for this Program/Service and referred to other Program ☐ Client Declined ☐ Other: _____		
Is the individual currently involved or at-risk of involvement in the justice/juvenile justice system? ☐ Current ☐ Recent ☐ At Risk ☐ N/A		Is the individual currently conserved or at-risk of conservatorship? ☐ Current ☐ Recent ☐ At Risk ☐ N/A



MH 779
8/31/26

Is the individual currently involved or at-risk of involvement in the child welfare system?	Is the individual currently hospitalized or at-risk of hospitalization?
☐ Current ☐ Recent ☐ At Risk ☐ N/A	☐ Current ☐ Recent ☐ At Risk ☐ N/A
Program Disenrollment Date:	
Reason for Disenrollment: ☐Client moved out of LA County. ☐Client no longer meets criteria to access SMHS. ☐Client unable to be reached. ☐Client no longer interested in services. ☐Client no longer meets criteria for this program; connected to another program. Input program: _____ ☐Other: _____	