

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
 HEALTH CARE REFORM IMPLEMENTATION
Service Request Tracking System (SRTS)
User Registration Form

Please provide the following information to add users to the Department of Mental Health’s Service Request Tracking System (SRTS).

When entering the name of DMH employees, list the name as it is shown in Outlook. Only Contract Providers must include the C# (the user name associated with the RSA / Secure ID Token) and e-mail address.

Contact information for individual completing this request:

_____ (First & Last Name) _____ (Phone Number) _____ (E-mail Address)

Agency Name: _____

				For Contract Providers Only	
Provider #	Program Type	Age Group (if applicable)	Employee Name (First and Last)	C#	E-mail Address
	Select program.	Select age group.			
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Questions and completed forms should be sent to: SRTS@dmh.lacounty.gov