## DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

SUBJECT: **DATA REQUEST AND LEVELS OF SUPPORT** REFERENCE NO. 622.1

## **CHANGE LOG**

Published Date	Status	Section and Subsection Affected	Description of Change(s)
01/01/2025	Revision	Not applicable	<ul> <li>Updated form to make it fillable</li> </ul>

REVISED: 01-01-25 PAGE 1 OF 1