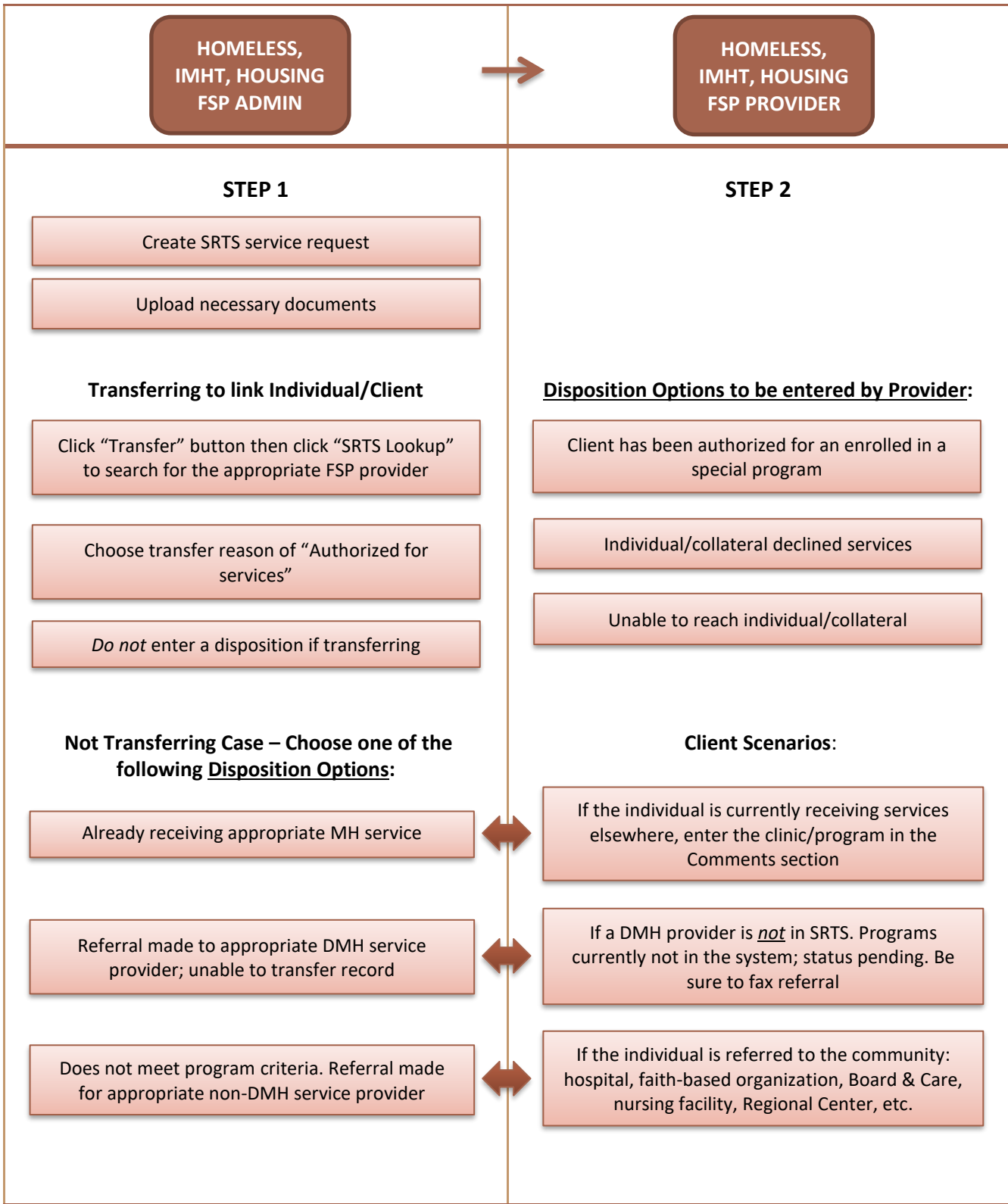


**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
 SERVICE REQUEST TRACKING SYSTEM (SRTS)
 HOMELESS FSP, IMHT FSP, AND HOUSING FSP ADMINISTRATION SRTS WORKFLOW
 AUTHORIZATION**



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
SERVICE REQUEST TRACKING SYSTEM (SRTS)**

Service Request Information

Request Date/Time: This is the date that DMH was *first introduced* to the request for MH services (paper referral received by DMH staff).

Request Type: Select “In writing” for e-mail or fax

Released From: Select “NA”. If any of the options are selected (Inpatient, Jail, or Juvenile Justice), a Release/Discharge Date is required.

Request Received From

Role of Referrer: Select the best option. Note that “Self” refers to the individual/client.

Note: If the client does not have a contact phone number, 1) create a service request, 2) transfer the record to an appropriate program location, 3) note in the Transfer comments: “*Individual currently does not have a working phone number.*” If the client can be reached through a phone number that belongs to someone else, note that in the Transfer comments, too.

Reminder: If you are linking a client to a provider, do not enter a disposition. The disposition is for the treating provider to record the outcome of the request and to close it out.