



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

FULL SERVICE PARTNERSHIP DISENROLLMENT REQUEST FORM

(To be used ONLY if Client has been enrolled in FSP with FSP services rendered and claimed in IBHIS)

DATE: _____

Child/Young Adult (age 0-20) Adult (age 21+)

Agency: _____ Prov. #: _____ SA: _____ Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

CLIENT LAST NAME: _____ CLIENT FIRST NAME: _____ DOB: _____

SSN: _____

IBHIS#: _____

ENROLLMENT DATE: _____ REQUESTED DISENROLLMENT DATE: _____

Reason for Disenrollment (Check ONE Only - Must Send Supporting Documentation):

Target population criteria are not met. Briefly Explain: _____

- Client decided to discontinue Full Service Partnership participation after Partnership established.
 Client moved to another county/service area. Aftercare Arrangements: Briefly describe any referrals made or any linkages to ongoing care. Include date of referral, facility name, contact name and phone number:

Empty box for Aftercare Arrangements details.

After repeated attempts to contact Client, Client cannot be located.
Date of last face-to-face contact: _____
Date of last check of DMH IBHIS: _____
Date of last check of jail/juvenile justice system: _____

Outreach Efforts: Briefly describe your attempts to locate client. Make reference to progress notes that document your efforts:

Empty box for Outreach Efforts details.

- Community services/program interrupted - Client's circumstances reflect a need for residential/institutional mental health services at this time (such as, IMD, MHRC, State Hospital).
 Community services/program interrupted - Client will be detained in juvenile hall or will be serving camp/ranch/CYA/jail/prison sentence.
 Client has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate.

Client no longer meets criteria for FSP. Their goals can be achieved at a lower level of service.

- Client deceased Date of death: _____

NOTE: Upon Countywide's authorization to disenroll, Agency is responsible for closing the FSP episode in the IBHIS system, but ONLY after the final OMA assessment has been completed.

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.