

**CLIENT ACTIVITY FUND (CAF)  
PARTICIPANT ONBOARDING PROTOCOL**

**ATTESTATION**

**ALL CAF Participants are required to attest to the following:**

I acknowledge that I have read, reviewed, and understand the CAF Participant Onboarding Protocol and will adhere to and comply with all the rules and regulations included within.

I understand my participation and feedback at CAF eligible meetings is vital to assisting the LA County Department of Mental Health improve the County’s mental health services, programs, and service delivery system overall.

I agree to adhere to the Meeting Code of Conduct and will reach out to my Service Area Liaison should I need any assistance completing or submitting the required forms.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Received by:

Service Area Liaison Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**NOTE:** Service Area Navigator – Please submit the attestation page only to:

[CAF@dmh.lacounty.gov](mailto:CAF@dmh.lacounty.gov)