LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

CONFIDENTIAL CLIENT INFORMATION

			-17 1 1147		IFORMATI				Code, Section 532	
LIENT INFORMATION CLIENT NAME			SS#			DMH CI	LIENT ID#		FAMILY REGISTRATION	
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PROVIDER OF FINANCIAL INFORM	MATION Name and A	Address (Comple	ete only if <u>oth</u>	<u>er</u> than the client o						
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☐ SSI ☐ GR ☐ VA ☐ Other Public Assistance ☐ IN-KIND ☐ UNKNOWN ☐ OTHER: EMPLOYER POSITION							IF NOT EMPLOYED, DATE LAST		YED, DATE LAST	
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