



County of Orange
Health Care Agency, Behavioral Health Services

Mental Health Services Act (MHSA) / Prop 63

405 W. 5th Street, Suite 546
Santa Ana, CA 92701

Phone: (714) 834-5047 Email: aortin@ocha.com

MHSA Housing Program Assignment Agreement
30 Day Public Comment Form

March 4, 2008 – April 2, 2008

PERSONAL INFORMATION

Name: _____

Agency/Organization: _____

Phone Number: _____ E-mail address: _____

Mailing Address: _____

MY ROLE IN THE MENTAL HEALTH SYSTEM

Client/Consumer

Family Member

Service Provider

Law Enforcement / Criminal Justice

Probation

Education

Social Services

Other: _____

IF YOU HAVE CONCERNS ABOUT THE AGREEMENT, PLEASE EXPLAIN.