

## County of Orange Health Care Agency, Behavioral Health Services

## Mental Health Services Act (MHSA) / Prop 63 Planning Process Application Form

Please type or print clearly.	
Name:	Occupation/Title:
Address:	Suite:
City, State & Zip:	HCA Pony Address (if applicable):
Phone:	Fax:
Email:	
My Role in the Mental Health System is:  Client/Consumer Family Member Service Provider Law Enforcement / Criminal Justice Education Social Services Other (Please Specify)  Gender Male Female Other Decline to State	Age Group    13 - 19   20 - 39   40 - 54   55+   Decline to State
Cultural/Ethnic Identity  African American  Asian/Pacific Islander  Latino  Native American  Caucasian/non Hispanic  Other, (Please Specify):	Primary Language  English Spanish Vietnamese Other (Please Specify):

F346-708 (N05-05) Page 1 of 2

Your input is vital to the success of our planning process. Please note that participation in the MHSA Workgroups may require 10-12 volunteer hours per month.

I would like to serve on the following Workgroup(s):			
☐ Education & ☐ Capital & Te ☐ Older Adult ☐ Adult Syster ☐ Children and ☐ Prevention &	Training schnology Needs System of Care n of Care d Youth System of Care & Early Intervention	ne Proposition 63 Planning process, rather	
Additional Comments:			
Behavioral Hea		o the Orange County Health Care Agency, information that I have provided for the group application process.	
Signature:		Date:	
Submit your	form to the Prop 63 offic	e by:	
Fax: (714) 83	4-5506		
US Mail:	Proposition 63 405 W. 5 <sup>th</sup> Street, Ste. 723 Santa Ana, CA 92701		
Email:	prop63@ochca.com		
	Contact us at:	(714) 834-6023	
Visit our Prop 63 Website at: <a href="www.ochealthinfo.com/prop63">www.ochealthinfo.com/prop63</a>			

F346-708 (N05-05) Page 2 of 2