

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PATIENT ESCORT APPLICATION

Date _____ Employee # _____

Staff Name _____

Years With DMH _____

Position _____ Payroll Title _____

Check Any That Apply MD__ Ph.D.-Psych__ RN__ MSW__ LCSW__
Psych. Tech.__ Other (Specify If Possible) _____

Work Site _____

Address _____

Phone # Work () _____ Phone # Home () _____

Supervisor's Name _____ Phone # () _____

Direct Pt. Contact Yes__ No__ When _____ Specify Duties _____

Valid Calif. Driver's License # _____ Expiration Date _____

Current Passport # _____ Expiration Date _____

Areas of Preference For Travel _____

Prior Experience Transporting Yes__ No__ Where _____

Fluent In Other Languages Yes__ No__ Specify _____

List Related Areas Of Expertise _____

How Much Notice Will You Need Prior To Being Able To Transport A Patient?

Write A Brief Statement Of Why You Would Like To Be An Escort.

I Have Read The Out Of Country / State Transport Of Mental Health Patients Policy And Procedures (#102.7) Regarding This Service.

Yes__ No__

I Have Discussed This Application With My Supervisor And He/She Understands The Transportation Policy And Guidelines And Approves My Transporting Clients.

Yes__ No__

Applicant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Please Contact The Patient Transportation Unit When There Are Changes In The Above Information.