

**CalWORKs TROUBLESHOOTING LOG
MENTAL HEALTH – PROVIDER STAFF**

EXHIBIT 10

Date: _____

The following Troubleshooting Log is being submitted due to problems/concerns/issues experienced with:

- District Staff - Complete Section A, B, C, and D
- GAIN Staff - Complete Section A, B, C, and D

Agency CalWORKS Coordinator Authorization: _____

Incomplete Forms Will Be Rejected

SECTION A: Mental Health Treatment Provider Agency

Agency Name: _____ Phone: _____
Address: _____ Fax: _____
Contact Person: _____

SECTION B: DPSS CalWORKs District Office or GAIN Regional Office

District/Regional Office: _____ Worker File No.: _____
GAIN/Eligibility Worker: _____ Phone No.: _____

SECTION C: Case Information

Participant Name: _____
Case No.: (7 digits) _____ Date of Birth: ____/____/____

The following information will expedite the processing of this form; however, it will not be rejected if unknown:

Home Address: _____

SECTION D: Explanation of Problem (Attach additional page, if necessary)

FAX COMPLETED TROUBLESHOOTING LOG TO:

DMH CalWORKs Mental Health Program Administration FAX#: (213) 738-4979 ATTN: Carrie Esparza
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