

FAX

To:

Agency:

Fax Number:

This fax is from the DMH MHSA Implementation Unit, and contains confidential information meant for the recipient only

OMA Assessment Correction Form

Greetings! We have identified a problem with an assessment you filed with OMA. Please take a moment to look up the assessment on the OMA and make the correction(s) requested.

Client ID

Assessment #

Assessment Type

☐

Baseline

☐

KEC

☐

3M

**Problem
Description**

**Please
Make The
Following
Corrections**

Please confirm your completion of this correction by signing this document and faxing it back to the following number:

Please Print Your Name and Title:

Please sign here:

FAX TO: 213-XXX-XXXX

Questions?

Contact John Flynn

213-251-6404 ~ jflynn@dmh.lacounty.gov

OMACorrectionsv1
2/10/09