## **COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH**

# **OMA Current Employment Report**

Provider Name: \*\*\*\*\*\*\*

Client ID	Client Name	GroupName	Current Employment	Number of Weeks	Hours per Week
*****	******	Adult	Unemployed	35	
*****	******	Adult	Unemployed	53	
*****	******	Adult	Unemployed	114	
******	******	Adult	Unemployed	45	
*****	******	Adult	Unemployed	13	
*****	******	Adult	Unemployed	60	
*****	******	Adult	Unemployed	18	
*****	******	Adult	Unemployed	160	
******	******	Adult	Unemployed	46	
*****	******	Adult	Unemployed	9	
*****	******	Adult	Unemployed	18	
*****	******	Adult	Unemployed	20	
*****	******	Adult	Unemployed	9	
*****	******	Adult	Unemployed	45	
*****	******	Adult	Unemployed	17	
*****	******	Adult	Unemployed	99	
*****	******	Adult	Other Employment	91	21
*****	******	Adult	Unemployed	90	
*****	******	Adult	Unemployed	160	
*****	******	Adult	Unemployed	9	
*****	*****	Adult	Other Employment	54	20

8/5/2008 Page 1 of 243

## **COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH**

# **OMA Current Employment Report**

Provider Name: \*\*\*\*\*\*\*

Client ID	Client Name	GroupName	Current Employment	Number of Weeks	Hours per Week
*****	******	Adult	Unemployed	11	
*****	******	Adult	Competitive Employment	62	15
*****	******	Adult	Unemployed	160	
*****	******	Adult	Unemployed	39	
*****	******	Adult	Unemployed	90	
*****	******	Adult	Unemployed	90	
*****	******	Adult	Unemployed	100	
*****	******	Adult	Unemployed	13	
*****	******	Adult	Unemployed	58	
*****	******	Adult	Unemployed	12	
*****	******	Adult	Unemployed	20	
*****	******	Adult	Unemployed	94	
*****	******	Adult	Unemployed	26	
*****	******	Adult	Unemployed		
*****	******	Adult	Unemployed	18	
*****	******	Adult	Unemployed	8	
*****	******	Adult	Transitional Employment	109	6
*****	******	Adult	Unemployed	63	
*****	*****	Adult	Unemployed	7	
*****	*****	Adult	Unemployed	20	
*****	*****	Adult	Unemployed	90	

8/5/2008 Page 2 of 243

## **COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH**

## **OMA Current Employment Report**

Provider Name: \*\*\*\*\*\*\*

Client ID	Client Name	GroupName	Current Employment	Number of Weeks	Hours per Week
******	******	TAY	Unemployed	8	
******	******	TAY	Unemployed	114	

Summary of Provider: \*\*\*\*\*\*\*\*\*

	Adult	TAY	Total
Competitive Employment	1	0	1
Other Employment	2	0	2
Transitional Employment	1	0	1
Unemployed	38	2	40
Total	42	2	44

8/5/2008 Page 3 of 243