



County of Orange  
Health Care Agency, Behavioral Health Services  
Mental Health Services Act (MHSA) Office  
600 W. Santa Ana Blvd., Suite 510  
Santa Ana, CA 92701

Phone: (714) 667-5620 E-mail: [mhsa@ochca.com](mailto:mhsa@ochca.com)

## Community Services and Supports FY 2008/09 Plan Update

30 Day Public Comment Form  
November 7, 2008 to December 8, 2008

### PERSONAL INFORMATION

Name			
Agency/Organization			
Phone number		E-mail	
Mailing address (street)			
City, State, Zip			

### MY ROLE IN THE MENTAL HEALTH SYSTEM

<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please state)

### COMMENTS

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