



# LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

**SUBSTANCE ABUSE PREVENTION AND CONTROL**  
1000 South Fremont Ave., Building A-9 East, Third Floor, Alhambra, CA 91803  
Tel. 626-299-4193 Fax 626-458-7637



## Agency Monthly Status Check Form

Name of Agency:

Agency Address:

Executive Director:

E-Mail:

Phone:

Fax:

Month:

Date of  
Submission:

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### 1. Change in Ownership/Staff:

Change in ownership, management, or executive-level personnel including medical and program directors, and members of the agency's board of directors.

If "yes," explain.

### 2. Change in Scope of Services:

Changes to any services or to the population served.

If "yes," explain.

### 3. Remodeling of Facility:

Changes may include, but are not limited to, structural renovations, expansion of extension of facilities, the addition or consolidation of rooms, and substantial repairs that will affect what and/or how services are provided.

If "yes," explain.

**4. Change in Location:**

Changes of location may consist of the relocation of a program from one facility to another, and new site additions or removals from provider's previously established sites.

If "yes," explain.

**5. O.D.S. Preparation:**

What steps have you taken in the past month to prepare for the implementation of the organized delivery system (START)?

If "yes," explain.

**6. Technical Assistance:**

Do you have any technical assistance needs SAPC can assist you with?

If "yes," explain.

Signature:

Date: