LOS ANGELES HOMELESS SERVICES AUTHORITY

Monthly Benefit Tracking Log

Month: _____ **Year:** 2014 **SPA:** _____ **Provider:** _____ **Fiscal Year:** 2014-2015

Participant Name	CW Case #	Date MH Need Identified	Date Participant Referred for MH Services	Date SA Need Identified	Date Participant Referred for SA Services	Benefit Type	Date Benefit Issued	Benefit Amount	# of Days Benefit is Issued For	Benefit Funding Source

Rev. 9/2014

Completed by: _____ **Date Completed:** 2014-09-05 10:17:13

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