New Member Data Fee Form
California Mental Health Services Authority

County Information

I. Population Information:
(Based on most recent population published by State Department of Finance)

Population Date Population Recorded
229,473 2007

II. Application Fee Schedule (Based on most recent population published by State Department of Finance)

☐ Population greater than 10 million: $1,000
☐ Population 1 million to 10 million: $750
☐ Population 100,000 to 1 million: $500
☐ Population less than 100,000: $250

☐ Please issue warrant to California Mental Health Services Authority $__________________

OR

☐ Application Fee will be paid upon the first reassignment of program funds to CalMHSA

III. Requested Date of Membership: 09-21-2011

IV. Participation in CalMHSA represents your four year intention to assign program funds and the intention to release three years of planning funds (Enclosure 1/Information Notice 12-05).

TRI-CITY MENTAL HEALTH CENTER

JESSE H. DUFF

Printed Name

Signature

10-05-2011

Date

Please complete form and submit via email to laura.li@georgehills.com. Print and/or save completed form for your records.
Member Contact Information

JESSE H. DUFF
Alternate Name/Title (including professional initials)
EXECUTIVE DIRECTOR

Physical Address
1717

Street Name
N. INDIAN HILL BLVD.
Suite / Mail Stop / Floor
SUITE B

City State Zip Code
CLAREMONT CA 91711
909.623.6131 909.623.4073
Telephone: Facsimile:
Email: JDUFF@TRICITYMHS.ORG

Alternate Contact Information

RIMMI HUNDAL
Alternate Name/Title (including professional initials)
MHSA MANAGER

Physical Address
1717

Street Name
N. INDIAN HILL BLVD.
Suite / Mail Stop / Floor
SUITE B

City State Zip Code
CLAREMONT CA 91711
909.623.6131 909.623.4073
Telephone: Facsimile:
Email: RHUNDAL@TRICITYMHS.ORG
Executive Assistant

Contact Information

Name: NANCY DAY
Title: EXECUTIVE ASST
Address: 1717 N. INDIAN HILL BLVD
CLAREMONT, CA 91711
Telephone: 909.784.3235
Facsimile: 909.623.4073
Email: NDAY@RUTCHHINS.COM
Support Person For: JESSE H. DUFF
RIMMI HUNDAL

Executive Assistant

Contact Information

Name: __________________________
Title: __________________________
Address: _______________________
_______________________________
_______________________________
Telephone: ______________________
Facsimile: _____________________
Email: _________________________
Support Person For: _______________