**COVER SHEET**

**Consumer Perception Survey (CPS)**

**Forms Submission to UCLA ISAP**

**FOR CPS COUNTY COORDINATOR/STAFF USE ONLY**

**Please complete this form and include it with your submission to UCLA.**

County:

Contact person in charge of Consumer Perception Survey (CPS) administration for this county:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Contact person(s) to receive CPS Reports and raw data files: (This person will receive user-specific access to the county’s Box folder containing CPS reports and data files along with instructions to access Box.)

[ ]  Check if same as above, and/or provide the information below.

Individuals who should be given access to your county folder in Box:

Name: Email:

Name: Email:

Name: Email:

**Total number of forms sent to UCLA: Adult: Youth:**

**Total number of boxes/envelopes sent to UCLA:**

**Include a copy of this completed cover sheet inside each box/envelope being sent to UCLA ISAP.**

Use the FED EX label(s) provided by UCLA to send survey boxes/envelopes with completed surveys and cover sheet(s) to:

UCLA Integrated Substance Abuse Programs

Attention: Vandana Joshi, CPS Director

10911 Weyburn Avenue, Suite 200

Los Angeles, CA 90024

310-801-2524

Please direct any survey questions or concerns to Marylou Gilbert, at MarylouGilbert@mednet.ucla.edu