

# COVER SHEET 2025



## CPS Paper 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 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 the regional model/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 ONE box/envelope being sent to UCLA ISAP.**

Ensure your fed ex label for all survey boxes/envelopes with completed forms and cover sheet(s) is returning to:

UCLA Integrated Substance Use and Addiction Programs  
Attention: Marylou Gilbert, CPS Project Manager  
10911 Weyburn Avenue, Suite 200  
Los Angeles, CA 90024-2886

Please direct any survey questions or concerns to Marylou Gilbert, at [MarylouGilbert@mednet.ucla.edu](mailto:MarylouGilbert@mednet.ucla.edu)