

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: _____ **Older Adult:** _____ **Family:** _____ **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); label will be addressed as follows:
Attention: Vandana Joshi, CPS Director
UCLA Integrated Substance Use and Addiction Programs
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