

COVER SHEET



Treatment Perceptions Survey (TPS) Forms Submission to UCLA ISAP

FOR TPS COUNTY COORDINATOR/STAFF USE ONLY

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

County: _____

Contact person in charge of Treatment Perceptions Survey (TPS) administration for this county:

Name/Title: _____

Email: _____

Phone: _____

Contact person(s) to receive TPS Reports and raw data files: (This person will receive user-specific access to the regional model's/county's Box folder containing TPS 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 your box/envelope being sent to UCLA ISAP (If multiple shipments are being sent, only one cover sheet is needed).

Use the FED EX label(s) provided by UCLA to send survey boxes/envelopes with completed surveys and ensure shipments are being sent to:
UCLA Integrated Substance use and Addictions Programs
Attention: Marylou Gilbert, TPS 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

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