

AGENCY RESOURCE QUESTIONNAIRE

The information requested will be used to refer callers throughout the Upper Peninsula of Michigan who are seeking services and volunteer opportunities in their communities. Your accurate detailed information will better help us to refer callers appropriately and efficiently. PLEASE complete this form and return it to UPCAP Services, Inc., Attn: Melissa Kositzky, P.O. Box 606, Escanaba, MI 49829. Or fax the completed form to (906) 786-8047. If you have access to the internet and would like to e-mail your information, you can find this questionnaire on our Web-site at <http://www.upcap.org/resource-form.shtml>. We appreciate your participation in this venture and look forward to referring our clients to your resources.

MAIN/ADMINISTRATIVE OFFICE

Official Organization Name (if incorporated, list name as it appears in the Articles of Incorporation):			
Street Address:			
City:		State:	
		Zip:	
Mailing Address: (If different from street address)			
City:		State:	
		Zip:	
Main Telephone: () -	Fax Number: () -	Toll Free Number: () -	General Agency E-mail Address:
TTY or Other Numbers:		Administrative Hours:	
Administrator:	Title:	Phone: <input type="checkbox"/> Please indicate if confidential () - Ext.	
E-mail address:		Web-site address:	
Alternative Contact Person:	Title:	Phone: () - Ext.	
E-mail address:		Employer Federal ID Number (EIN): (Federal Recommendation)	
Previous, AKA or Other Common Organization Name:			

<p>Agency Type (please check one):</p> <p><input type="checkbox"/> 501 (c) (3)</p> <p><input type="checkbox"/> Church Affiliated</p> <p><input type="checkbox"/> Coalition/Other Group</p> <p><input type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Private, Non-Profit</p> <p><input type="checkbox"/> Public-City/County/State/Federal</p> <p><input type="checkbox"/> Other</p>	<p>Handicapped Accessibility (please check all that apply):</p> <p><input type="checkbox"/> Access without special facilities</p> <p><input type="checkbox"/> Designated Parking</p> <p><input type="checkbox"/> Full Wheelchair Access</p> <p><input type="checkbox"/> Limited Access</p> <p><input type="checkbox"/> No stairs in service delivery areas</p> <p><input type="checkbox"/> No Access</p>
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SITE/PROGRAM SURVEY FORM
PLEASE COMPLETE FOR EVERY SITE AND PROGRAM YOUR ORGANIZATION OFFERS
DUPLICATE THIS FORM AS NEEDED

Site Mailing Address (If different than agency's)	
Address _____	City: _____ State: _____ Zip: _____
Telephone Number: () -	Fax Number: () -
Toll Free Number: () -	TTD/TTY/OTHER Numbers: () -
Site Days and Hours: M _____ T _____ W _____ TH _____ F _____ SAT _____ SUN _____	
Handicapped Accessibility: <input type="checkbox"/> Access without special facilities <input type="checkbox"/> Designated Parking <input type="checkbox"/> Full Wheelchair Access <input type="checkbox"/> Limited Access	Area Served: Is site accessible by public transportation?
Program/Service Name:	
Please indicate the site/sites where this program is offered:	
Program Contact Person: (Name & Title)	Phone Number: () -
Program/Service Description:	
Program Days and Hours: M _____ T _____ W _____ TH _____ F _____ SAT _____ SUN _____	
Program Application/Intake Process: Walk-in _____ Call _____ Appointment required _____ Referrals only: _____ Please describe: _____	
Eligibility Requirements/Target Population (Age, income, residency, gender, etc.)	
Documents Required: (Verification of income, identification, family size, disability, etc)	

Fees and payment information:	Is this program seasonal or offered year round?
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GENERAL AGENCY DESCRIPTION/MISSION STATEMENT

CONFIDENTIAL/UNPUBLISHED INFORMATION:

Please include any special instructions or information that would remain unpublished but available to our call center staff when screening calls to make the most appropriate referrals.

Form Completed By: (Name/Title)	Telephone Number: ()
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Please include any printed materials that describe your organization.

RETURN COMPLETED FORM TO:
UPCAP SERVICES, INC.
Attn: Melissa Kositzky
P.O. Box 606
Escanaba, MI 49829
or Fax: (906) 786-8047

THIS MAY BE COMPLETED ON OUR WEB-SITE @
<http://www.upcap.org/resource-form.shtml>

Should you have any questions!!! Please contact Melissa Kositzky at (906) 786-4701 or 1-800-305-8137.

UPCAP Services Inc., will include this information in their database of community information, unless otherwise specified as confidential, it will be made available to the public through telephone information and referrals, and may be included in future community directories.