

To Whom It May Concern:

As a part of bringing 2-1-1 services to the Upper Peninsula, UPCAP Services, Inc. has developed a comprehensive region-wide health and human services database. In addition to being used for 2-1-1 purposes, it has been made available to the general public and to organizations and agencies throughout the Upper Peninsula.

We are requesting that you fill out the enclosed survey so that we may include your organization/agency in the database. It would be helpful to include any brochures or literature that may describe your program(s), or service(s). Please be sure to give details regarding who is eligible and any fees that may be involved.

**Please mail or fax the enclosed survey to**

UPCAP Services, Inc.  
Attn: Melissa Kositzky  
P.O. Box 606  
Escanaba, MI 49829

Fax Number (906) 786-8047

**Or you may access this survey on our web-site at [www.upcap.org/resource-form.shtml](http://www.upcap.org/resource-form.shtml).**

If you should have any questions, please feel free to contact Melissa Kositzky at (906) 786-4701 or 1-800-305-8137. Thank you for participating in this exciting project!

Sincerely,

Melissa Kositzky  
Resource Specialist

Enclosures

## 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

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

<p><b>Agency Type (please check one):</b></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><b>Handicapped Accessibility (please check all that apply):</b></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 & Program Your Organization Offers

*(duplicate this form as needed)*

<b>Site Mailing Address (If different than agency's)</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone Number:</b> ( ) -		<b>Fax Number:</b> ( ) -	
<b>Toll Free Number:</b> ( ) -		<b>TTD/TTY/OTHER Numbers:</b> ( ) -	
<b>Site Days and Hours:</b> M_____ T_____ W_____ TH_____ F_____ SAT_____ SUN_____			
<b>Handicapped Accessibility:</b> <input type="checkbox"/> Access without special facilities <input type="checkbox"/> Designated Parking <input type="checkbox"/> Full Wheelchair Access <input type="checkbox"/> Limited Access		<b>Area Served:</b>  Is site accessible by public transportation?	
<b>Program/Service Name:</b>			
Please indicate the site/sites where this program is offered:			
<b>Program Contact Person: (Name &amp; Title)</b>		<b>Phone Number:</b> ( ) -	
<b>Program/Service Description:</b>			
<b>Program Days and Hours:</b> M_____ T_____ W_____ TH_____ F_____ SAT_____ SUN_____			
<b>Program Application/Intake Process:</b> Walk-in_____ Call_____ Appointment required_____ Referrals only:_____			
Please describe:			
<b>Eligibility Requirements/Target Population (ge, income, residency, gender, etc.)</b>			
<b>Documents Required: (Verification of income, identification, family size, disability, etc)</b>			
<b>Fees and payment information:</b>		<b>Is this program seasonal or offered year round?</b>	

## General Agency Description / Mission Statement

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### 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.*

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<b>Form Completed By: (Name/Title)</b>	<b>Telephone Number:</b> (     )
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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>**

**Please contact Melissa Kositzky at (906) 786-4701 or 1-800-305-8137 with any questions.**

***The Upper Peninsula 2-1-1 has the right to edit information for brevity, clarity and content. The information will be included in the 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.***