



New Organization Survey Form

Agency Information

Organization's Legal Name:

Formerly known as or AKA names for Agency:

Agency Description/ Mission:

Address: Main Office Address Confidential?

City: State: Zip:

Mailing Address (if different):

City: State: Zip:

Travel Instructions (Example: 2 blocks south from the corner of Grant and Franklin, directly across from the post office):

Telephone List:

Main Telephone: Client Contact (if different):

TTY: Toll Free:

FAX: Other:

Other Contact Information:

URL/Web Site Address:

Main Office Hours:

General E-Mail (For example, info@agency.com):

Agency Director/Administrator:

Agency Director Telephone: Confidential?

Agency Director Email: Confidential?

Agency Funding Sources:

FEDERAL EMPLOYER ID NUMBER:

ORGANIZATION TYPE:

Please check the ONE answer that identifies your organization's status.

- | | |
|---|--|
| <input type="checkbox"/> Government –City (Municipal) | <input type="checkbox"/> Non-profit --Religious |
| <input type="checkbox"/> Government –County | <input type="checkbox"/> Non-profit --501© 3 |
| <input type="checkbox"/> Government – State | <input type="checkbox"/> Non-profit --Other, Specify |
| <input type="checkbox"/> Government - Federal | |
| <input type="checkbox"/> Governmental –Other, Specify: | |
| <input type="checkbox"/> For Profit --Individual/Group Practitioner | |
| <input type="checkbox"/> For Profit –Other, Specify: | |

Site Information (If your Agency has only one site, please fill out the information below and skip to page 3 – Program Information. If your agency has more than one site, duplicate and complete this form for each site)

Site Name:

Site Manager: **Phone:**

Address:

Site Address: Confidential?

City: State: Zip:

Mailing Address (If different):

City: State: Zip:

Travel Instructions (Example: 2 blocks south from the corner of Grant and Franklin, directly across from the post office):

Telephone List:

Site Telephone: Confidential?

TTY: Toll Free:

Fax: Other:

Site Office Hours:

ACCESSIBILITY:

Please check all of the options that apply to your organization:

- Full Wheelchair Access
- Designated Parking
- Accessible w/o Special Facilities
- No Stairs in Service Delivery Area
- Wheelchair ramps
- No Access - If no, please describe process for accessing services:

Site Information

PROGRAM SURVEY FORM INSTRUCTIONS: Complete one program survey form for each service or program that your organization provides. Please duplicate this form as needed.

Organization Name:

Program/Service Name:

Program/Service Description:

Program Location: Please check and list the location(s) at which this program offered.

<input type="checkbox"/> Site 1: Main/Administrative Office	<input type="checkbox"/> Site 5: _____
<input type="checkbox"/> Site 2: _____	<input type="checkbox"/> Site 6: _____
<input type="checkbox"/> Site 3: _____	<input type="checkbox"/> Site 7: _____
<input type="checkbox"/> Site 4: _____	<input type="checkbox"/> Site 8: _____

Program Contact Information:

Program Contact Name: _____ Title: _____
Program Phone: _____ Fax: _____
TDD/TYY: _____ Other: _____

Program/Service Days and Hours (Please check day and enter times service available):

MON TUE WED
THU FRI SAT SUN

Check here if this service is not available year round on a consistent basis. Explain:

Application/Intake Process:

Walk-in Call Appointment required Requires Referrals from:

Please describe:

Documentation Required: (Valid Picture ID, proof of income, etc):

Eligibility Requirements: (Income, age, gender, geographic restrictions, etc):

Fees/Payment Methods:

Languages Offered: (other than English):

Program Information

Please provide the following additional information:

Form Completed By:

Name: Title:

Telephone Number: Date completed:

Contact for future organization updates/survey (If different than individual completing form):

Name: Title:

Telephone: Email:

Thank you for taking the time to provide this information. Your responses will help us to better meet the needs of the people in collective Michigan communities.

If you have questions or comments,
Contact Mary Leininger at (989) 636-0608

Please mail this form to:

**Mary Leininger
2-1-1 Northeast Michigan
4520 East Ashman Street
Suite U
Midland, MI 48642**

Or fax to: 989-636-2103