**COVER SHEET**

**Treatment Perceptions Survey (TPS)**

**Forms Submission to UCLA ISAP**

**FOR COUNTY ADMINISTRATOR STAFF USE ONLY**

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

County:

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Contact person(s) to receive County Reports and raw data file. (This person will receive user-specific access to the county’s Box folder containing TPS reports and data files. For more information, see UCLA’s instructions for using Box posted on the [TPS website](http://uclaisap.org/ca-policy/html/client-treatment-perceptions-survey.html).)

Check if same as above, and/or provide the information below.

Individuals who should be given access to the county’s 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 each box/envelope being sent to UCLA ISAP.**

Send survey boxes/envelopes with completed forms to:

UCLA Integrated Substance Abuse Programs

Attention: Cheryl Teruya

11075 Santa Monica Blvd., Suite 200

Los Angeles, CA 90025

Please direct any survey questions or concerns to Cheryl Teruya, Ph.D., at [cteruya@mednet.ucla.edu](mailto:cteruya@mednet.ucla.edu)