



Survey Mailing Cover Sheet

INSTRUCTIONS: Please print, complete, and include this cover sheet with your surveys before mailing. You may use more than one sheet per batch of surveys (e.g., if you are submitting different types of surveys at the same time). If the mailing includes *pre-tests only* or *post-tests only*, simply write "N/A" next to the survey that does not apply. **Please mail ORIGINAL completed SURVEY FORMS to the address provided at the bottom of this form. DO NOT PHOTOCOPY SURVEYS - SEND ORIGINAL SURVEY FORMS ONLY. If needed request additional survey forms from DBHDD-OBHP. *Note: If you wish to track your survey package or confirm its receipt, please remember to request your receipt confirmation/tracking method of choice before mailing.**

Provider Organization Name: _____

Provider Code: _____ Community(ies): _____

Name(s) of Enclosed Survey(s): _____

PRE-Test Surveys

Dates Surveys Administered: (Month/Year)

From ___/___/___ to ___/___/___

Number of Surveys Enclosed: _____

POST-Test Surveys

Dates Surveys Administered: (Month/Year)

From ___/___/___ to ___/___/___

Number of Surveys Enclosed: _____

***NOTE:** ALL enclosed surveys will be scanned to PDF and uploaded to an electronic filing system. Each provider will then be sent a link via email (using the information provided below) to access, view, or download the PDF files of the surveys submitted by their site. *The enclosed HARD-COPY survey forms WILL NOT BE RETURNED TO PROVIDERS unless explicitly requested below.*

Please provide information in the fields marked with RED asterisks (*) below.

***Provider Contact Name:** _____
(Please provide a First and Last name.)

***Email Address:** _____ ***Phone Number:** _____

CHECK if you would like the hard copy (paper) forms sent back to you and provide your address here:

Special Instructions or Additional Information: _____

**Mail surveys to: RTI Data Capture
Project charge code: 0215329.000.002
c/o Sabrina Bethea
5265 Capital Blvd
Raleigh, NC 27616**