The University of Michigan School of Social Work Office of Field Instruction
1080 South University Avenue 1704, Ann Arbor, MI 48109-1106

AGENCY INFORMATION FORM

Please Print or Type

A_ID: _____ 1. **Date**: _____/_____/_____

2. Agency Identification

Agency Name: _____

Area of specialty: _____

Agency Mailing Address: _____

City: _____ **State**: _____ **Zip Code**: _____ **County**: _____

Agency Web Site Address _____

3. Agency Personnel

Agency Director: _____ **Phone**: _____

Title: _____ **Fax:** _____

E-mail: _____

Agency Contact: _____ **Phone**: _____

Title: _____ **Fax:** _____

E-mail: _____

Alternate Agency Contact: 2 **Phone**: 2

Title: 2 **Fax:** 2

E-mail: 2

Year Agency Founded: 2

4. Insurance

All students **are covered for malpractice insurance** under the University of Michigan's Insurance Policy when enrolled. The University of Michigan **does not cover** students for liability insurance .

Will the **agency's liability insurance** cover the student while conducting agency business? ❑ Yes ❑ No

5. Auspices

Please indicate agency's **auspices**. (check one)

❑ 1. Private for-profit
❑ 2. Private not-for-profit
❑ 3. Quasi-public (tax supported, private board)
❑ 4. Public - local government
❑ 5. Public - state government
❑ 6. Public - federal government
❑ 7. Public - other
❑ 8. Other

6. Funding source

Please indicate agency's **primary funding source** by identifying percentages below

1. Government ____%
2. Private Fees ____%
3. Private 3rd Party ____%
4. Private Contributions ____ %
5 United Way ____%
6. Other (please describe) _____