

**AGENCY FIELD PLACEMENT FORM**

Date:
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Agency Name:			
Street Address:			
City:	State:	Zip:	Telephone:
Country:	County:	Fax:	
Agency Website Address/URL:			Agency Email (if applicable):
Director:			Director Phone:
Director Email:			
Intern Coordinator:		Intern Coordinator Title:	
Intern Coordinator Email:		Intern Coordinator Phone:	

**INSURANCE**

- Does the agency's liability insurance cover students?  Yes  No
- If students are expected to transport clients in their personal vehicle, does the agency's automobile insurance cover them?  Yes  No

**FUNDING COURSE**

- |   |  |
|---|--|
| <input type="checkbox"/> Public – Local Gov't   | <input type="checkbox"/> Quasi public (tax supported, private board) |
| <input type="checkbox"/> Public – State Gov't   | <input type="checkbox"/> Private for profit                          |
| <input type="checkbox"/> Public – Federal Gov't | <input type="checkbox"/> Private non-profit                          |
| <input type="checkbox"/> Public – Other:        | <input type="checkbox"/> Title IV E Approved                         |
| <input type="checkbox"/> AmeriCorps Approved    | <input type="checkbox"/> Other _____                                 |

**PERSONAL SAFETY**

- Does the agency include personal safety training and student orientation?  Yes  No

**IMMUNIZATIONS AND DRUG TESTING**

- Does the agency require immunizations or other medical tests?  Yes  No
- Specify required tests: \_\_\_\_\_
- Does the agency require drug testing?  Yes  No  
*Be aware that if a student is rejected on the basis of this test, you must put this in writing.*
- If so, does the agency cover the cost of these tests?  Yes  No

**BACKGROUND CHECK**

- Does the agency require a background check?  Yes  No
- Does the agency cover the cost?  Yes  No

**Is the facility wheelchair accessible?**  Yes  No  
**Does this placement offer evening/weekend hours?**  Yes (please provide more detail in the comments section)  No

**AGENCY DESCRIPTION** – Please attach the agency's mission and vision statement so we can include them on the placement listings website.

List all programs in the agency that can accommodate students. If the “program” and agency are the same, please list the agency name as program #1. A completed *Program Information Form* must be submitted for each listed program  
[http://www.ssw.umich.edu/shared/forms/a\\_slot.pdf](http://www.ssw.umich.edu/shared/forms/a_slot.pdf)

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**COMMENTS/ADDITIONAL INFORMATION:**

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Ann Arbor, MI 48109-1106  
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Email: [ssw.ofi@umich.edu](mailto:ssw.ofi@umich.edu)  
<http://www.ssw.umich.edu/programs/msw/ofi/>