



Michigan Cancer Consortium Partnership – Organization Information

Organization Information		
Organization Name:		
Address:		
City:	State:	Zip Code:
County:	Website:	
Head of Organization (Director, CEO, etc.):		
Name:	Credentials:	Title:
Phone:	Email:	
Organization Mission Statement:		
MCC Resources/Areas that partner organization is interested in		
<input type="checkbox"/> Resources for preventive cancer screening for your clients		
<input type="checkbox"/> Access to financial navigation for cancer treatment for your clients		
<input type="checkbox"/> Access to health and wellness resources		
<input type="checkbox"/> Ongoing education opportunities for healthcare professionals		
<input type="checkbox"/> Collaboration/Networking opportunities		
<input type="checkbox"/> All of the above		
<input type="checkbox"/> Other (please specify):		
Which of the following best describes the geographic area your organization covers? (Select only one)		
<input type="checkbox"/> City and surrounding area		
<input type="checkbox"/> County		
<input type="checkbox"/> Regional within State/Two or more county areas		
<input type="checkbox"/> Statewide		
<input type="checkbox"/> National		
<input type="checkbox"/> Other (please specify):		

Which geographic area does your organization serve? (check all that apply)

- Urban
- Suburban
- Rural
- All of the above
- Don't know/Unsure

Of the following, which groups do you consider as the PRIMARY population served by your organization

- | | |
|--|---|
| <input type="checkbox"/> Native American/American Indian/Alaska Native | <input type="checkbox"/> People with lower socioeconomic status |
| <input type="checkbox"/> Arab/Middle Eastern American | <input type="checkbox"/> People with a disability |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Hispanic or Latin | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> White | <input type="checkbox"/> Other (please specify): |

Which of the following client/community demographic data do you collect?

- | | |
|--|--|
| <input type="checkbox"/> Not applicable – we do not collect patient data | <input type="checkbox"/> Health Literacy |
| <input type="checkbox"/> Age | <input type="checkbox"/> Income |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Primary Language spoken at home |
| <input type="checkbox"/> Education Level | <input type="checkbox"/> Race |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Citizenship status |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Insurance status |
| <input type="checkbox"/> Geographic location | <input type="checkbox"/> Other (Please specify): |

Contact information: please provide additional contacts for your organization

Organization Contact

Organization Contact

Name: _____

Name: _____

Credentials: _____

Credentials: _____

Title: _____

Title: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Phone: _____

Phone: _____

Cell Phone (Optional): _____

Cell Phone (Optional): _____

Email: _____

Email: _____

If there are others at your organization that should receive MCC Communications, please include their contact information below:

A list of MCC Partner Organizations is available on the MCC website for the sole purpose of making others aware of your involvement with the MCC. Please check the box to indicate your approval for your organization's name to be included on this list.

Please email completed form to: trierweilerb@michigan.gov

Or

Fax: 517-335-9397 Attn: Beth Trierweiler

For more information about the MCC please visit <https://www.michigancancer.org>