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INFORMATION FROM LOCAL AGENCIES
DATA COLLECTION FORM

Organization information

Name: ~~St. Ann~~ ~~St. Ann~~ EPILEPSY FOUNDATION OF MICHIGAN

Description of organization/agency: _____

The Epilepsy Foundation values all people with epilepsy. We commit our resources to empowering their independence and inspiring productive lives

Address: 26211 Central Park Blvd Ste 100 Southfield MI 48076-4154

Phone: 248-351-7979 or 800-377-6226

Fax: 248-351-2101

Staff: _____

URL: http://www.epilepsymichigan.org

National Affiliation: Epilepsy Foundation

Contact information

Name: _____

Address: _____

Phone: _____

Email: _____

Additional Contact information

Name: _____

Address: _____

Phone: _____

Email: _____

Who should people contact to volunteer?

Name: _____

Phone number: _____

Email: _____

**Support group meetings or events to be included in a local community calendar
(attach additional items)**

Name	Date	Time	Place

Are there electronic discussion groups for interested clients?

Does your organization provide the names of local health care specialists or clinics specializing in your subject area?

How are these questions handled?

Does your organization provide transportation to its meetings?

What recommendations might you give clients for types of transportation available?

Do you have any locally produced educational materials?

Are these materials already on the Web? If so what is the URL?

Are they copyrighted?

If they are not on the Web would the organization be willing to pay to have them digitized for Web access?

What other information would you like to see included?