

Mail Questionnaire

This questionnaire examines the procedures for processing returned mail.

Some questions may have multiple parts, so please be sure to answer each part. Please be thorough and detailed in your responses.

* Indicates required question

1. Email *

2. Organization name *

3. Your name and title: *

Returned Mail

4. What is your process for addressing returned mail? *

- 5. What is your process for addressing returned mail for Special Populations? Please * describe your process for each population. (Long Term Care, Former Foster Care, Address Confidentiality, Homeless, SSI, ACP)

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