

Express Your Opinion!

2016-7 Michigan Needs Assessment Survey



Are you an **INDIVIDUAL WITH A DISABILITY** or a **FRIEND** or **FAMILY MEMBER** of someone with a disability?

Do you want to **SHARE YOUR OPINIONS** about the needs and services for individuals with disabilities in your community?

If you answered **YES**, then you qualify to take an important survey about the service needs for people with disabilities in our Michigan communities.

TO TAKE THE SURVEY **ONLINE, GO TO:**
www.michigan.gov/mrs

OR

TO TAKE THE SURVEY **BY PHONE, CALL Su Pi:**
517-432-0273

Your **OPINION is **VERY IMPORTANT** to us!**