

## Data Request Form

Report title:	
Date of request:	
Requested date for final report: (please plan for 6-8 weeks of development)	
Requestor's name:	
Requestor's organization:	
Contact information: <i>Address, e-mail, phone</i>	

Purpose of Analysis and Report:

What questions are to be answered by this analysis and report?

1)
2)
3)
4)
5)
6)

Who is the intended audience for the report?

How will this report benefit homeless people? Will there be other benefits to the community? Benefit to CSB?

What timeframe should be included in the report?

## Data Request Form

What data elements must be included in the report? Please be specific.

Handling of multiple service records:

Often a client will visit the same program more than one time during a reporting period. Therefore, duplicate records for some clients (reflecting one record for each visit or multiple instances of service) are not uncommon. Please specify a preference below on how duplicates should be handled:

	Include duplicate records or multiple instances of service
	Include only unique records
	Not Certain

If combination records are desired please explain breakdown (e.g. shelter units and length of stay = duplicate records whereas heads of households served ethnicity and gender = unique).

## Data Request Form

Data & Evaluation Processing:

Request Review		
	Date	Staff Signature
Received:		
Reviewed by AD:		
Reviewed by SDA:		
Result:		
Approved:		
Additional information requested:		
Approved:		
Research Design		
	Date	Staff Signature
Design developed by D&E:		
Design approved by D&E:		
Design approved by Requestor:		