

**Child/Family Services
Planning & information Management (PIM)
Data Report/Map Request Form**

1. Name: _____ 2. Priority: ☐ Urgent (same day) ☐ High ☐ Medium ☐ Low

3. Date of request: _____ 4. Requested Completion Date: _____

5. How would you like to receive your data?

☐ Email ☐ Hard Copy ☐ Other (specify method) _____

6. Program(s) to include:

☐ RHS ☐ RHS/ARRA ☐ EHS ☐ EHS/ARRA ☐ MSHS ☐ EMSHS ☐ R&R ☐ AP ☐ CCTR
☐ CMIG ☐ CSPP ☐ CEL ☐ LPC ☐ CCIP ☐ ICTP ☐ Health & Safety ☐ Other: _____

7. Agency(ies) to include: _____

8. Site(s) to include: _____

9. Time period for data: From _____ To _____

10. Data Report/Map Name (from Frequently Requested Data Reports/Maps or Standard Reports/Maps lists): _____

11. If the data report/map you are requesting is not on the Frequently Requested Standard list, please provide a description below of the data report/map. Be as specific as possible or include attachment. _____

Thank you for your request. Note that most data reports will be completed in Excel unless specified and that you will be contacted if clarification is needed.

When complete, EMAIL form to PIM@stancoe.org and note Data/Map Request in subject line.

(FOR PIM USE ONLY)

Completed by: _____ Date Completed: _____

File Path for Document: _____ Name of Document: _____

Issues/Concerns/Hints/Comments: _____

Quality Control:

Date: _____ Initial of Supervisor Review: _____

Date Entered into Tracking: _____ Entered By: _____