**Data Request Form**

**Community Epidemiology & Evaluation**

 Request Procedure: <1> Complete Sections I and II of this form, and

 <2> Email it to miriamm@health.ok.gov or fax to (405) 271-1225

 Questions: Email to miriamm@health.ok.gov or call (405) 271-9444 x56466

**Name:** Click here to enter your name **Title:** Click here to enter your title

**Organization:** Click here to enter your organization

**Email:** Click here to enter your email **Phone Number**: (405) XXX-XXXX

**Date of Request:** MM/DD/YYYY **Desired Completion Date:** MM/DD/YYYY

**Program Area:** Please Check One

[ ] Community and Family Health Administration [ ] Children First [ ] County Health Dept. [ ] Dental [ ] Guidance [ ] Health Education [ ] HERO [ ] MIECHV [ ] MCH [ ] Minority Health [ ] Nursing [ ] OCAP [ ] OSDH Leadership [ ] Primary Care [ ] RE + S

[ ] Turning Point [ ] WC [ ] Other: Please Explain

**Type of Request:** [ ]  Normal [ ]  Urgent [ ]  Recurring [ ]  Annual

Please Provide Justification for urgent requests.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Dataset**: [ ] Birth [ ] BRFSS [ ] CATCH [ ] Census [ ] CI [ ] Death

[ ] Guidance [ ] MIECHV [ ] OCAP [ ] PHOCIS [ ] TP Monthly Matrix

**Geographies**: [ ] State [ ] Select Counties: List Counties

**Select the format for your data:**

**Raw Data:** [ ] Data in Access file [ ] Data in Excel file [ ] Data in text file (csu, txt,dbf)

**Aggregate Data:** [ ] PowerPoint [ ]  Text file

 [ ]  Word 1999-2003 [ ] Word 2007

**Data time requested:**

[ ] Cumulative Years: From: YYYY To: YYYY [ ] Single Year Period: YYYY To: YYYY

[ ] State Fiscal Year: YYYY [ ] Calendar Year: YYYY

[ ]  Other: YYYY

**How would this data be used?** Check all that apply:

[ ] General Information [ ] Grant Application [ ] Newspaper/Newsletter

[ ] Presentation/Education [ ] Program Evaluation [ ] Program Management

[ ] Other: Please Specify

**Additional Instructions** (If any): Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERNAL USE ONLY**

The data/report request form must be completed and submitted to the Office of Minority Health when requesting data/report. Thank you!

**Start Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Completion Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Data File Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed By** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Delivery Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sent To** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Format** **[ ]**  Electronic by email [ ] Hard Copy by fax or by mail [ ] Both