

JJPOC Data Sharing Workgroup Data Request Form

Data/Report Title:			
Requesting Workgroup:		Today's Date: <i>(date request submitted)</i>	
		Date Data Desired: ¹	
Requestor Role/Title:		Frequency information is needed: <input type="checkbox"/> Single Analysis/Dataset <input type="checkbox"/> Multiple Analyses	
Requestor Emails: Requestor Phone Number:		If Multiple, with what frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Other:	
Data Distribution: <i>(To whom will this data/information be distributed?)</i>			
What client level data is required to fulfill this request? <input type="checkbox"/> None <input type="checkbox"/> De-identified <input type="checkbox"/> Identifiable			
If client-level data is required (of any kind), will the detail contain confidential personal information? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Purpose for your Request:			
Please explain: <i>(Identify the purpose that this information will support. For example: This data will be used to; This data is for a study/evaluation; or, Etc.)</i>		Please Identify all agencies information is being requested from: <ul style="list-style-type: none"> <input type="checkbox"/> Department of Children and Families <input type="checkbox"/> Department of Correction <input type="checkbox"/> Department of Labor <input type="checkbox"/> Department of Social Services <input type="checkbox"/> Division of Criminal Justice <input type="checkbox"/> Judicial Department <input type="checkbox"/> Office of Early Childhood <input type="checkbox"/> Office of Policy and Management <input type="checkbox"/> State Department of Education <input type="checkbox"/> Other (please specify): _____ 	
Is the intent of your request to develop or contribute to generalizable/scholarly knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, has the request been approved by agency Institutional Review Board(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <i>(The agency IRBs must review and approve all research requests prior to fulfillment of research requests)</i>			

¹ Certain data, or combinations of data, may not be disclosable under state and/or federal law. In processing your request, the workgroup will evaluate the best means by which your request can be fulfilled. The scope, complexity, technology requirements, and cross-agency data matching necessary to complete the request may require additional time, steps and documentation for completion, and will be prioritized within available resources.

Project Deliverables (check all that apply):

- Analysis Results
- Automated Reporting
- Automated Data Collection
- Case Review Instrument
- Data Sets
- Needs Assessment
- Program/Policy Development
- Program/Policy Fidelity Evaluation
- Program/Policy Outcome Evaluation
- Study Methodology
- Other (please specify): _____

Request Summary:

Please describe what information is needed. Be as specific and precise as possible.

For Internal Requests only:

Sponsoring Manager/Administrator: _____

Date Approved: _____

Data Sharing Group USE ONLY: Request ID#: _____

Meeting Review Date: _____

Developer: _____