**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](mailto:miriamm@health.ok.gov) or fax to (405) 271-1225

Questions: Email to [miriamm@health.ok.gov](mailto: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