

Consultation and Data Request Form

data request consultation

Request date: ___/___/___ Date completed: ___/___/___

Requestor: _____

SHD Request? Y / N

SHD Program or External Agency/Organization: _____

Email: _____ Phone: _____

Describe purpose of data/consultation: _____

Data/information requested: _____

If data request, action taken: (check all that apply)

Data analysis Existing internal data External data/referral Data not available NA

Data sources used (list all that apply): _____

Agency Category:

- | | | |
|--|--|---|
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Private, Business | <input type="checkbox"/> Social/community Service |
| <input type="checkbox"/> Health Service/Clinic | <input type="checkbox"/> Media | <input type="checkbox"/> Philanthropic |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Student | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> School/University | <input type="checkbox"/> DOH | <input type="checkbox"/> Other: _____ |

Topic Category: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Demographics | <input type="checkbox"/> Drug/Alcohol use |
| <input type="checkbox"/> Injuries | <input type="checkbox"/> Obesity/Overweight | <input type="checkbox"/> Teen Pregnancy/Births |
| <input type="checkbox"/> Tobacco/Smoking | <input type="checkbox"/> Communicable Disease | <input type="checkbox"/> Other: _____ |

Purpose Category: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Project/Program | <input type="checkbox"/> Health Promotion | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Media/Alert | <input type="checkbox"/> Staff Education | <input type="checkbox"/> CD Monitoring |
| <input type="checkbox"/> Grant** | <input type="checkbox"/> Policy Development | <input type="checkbox"/> Other: _____ |

** Amount requested _____, date of grant notification: _____

Grant amount received: _____

Grantor name/organization: _____

Actual Completion Time (in min) For staff to complete

Carrie	_____	Charge for services? Y/N	Amount: _____
Xinyao	_____		EPI rate \$83.82/hour
Gabrielle	_____	Data entry done:	Data entry rate \$56.09/hour
Hollianne	_____	_____/_____/_____	
Data Entry	_____		
Total:	_____		