



# DATA REQUEST

## Early Childhood Home Visiting

### Instructions

Please specify that nature of your data request, providing as much detail as possible. Upon completion, click the SUBMIT button, located at the end of this form. Upon successful submission, a staff member from the Home Visiting section will contact you to confirm receipt of your form. If you would like to check on the status of your request, or require further support, please contact us at [homevisiting@odh.ohio.gov](mailto:homevisiting@odh.ohio.gov)

### Request Contact Information

Name:	Date of request:
Title:	Signature:
Organization:	
Email address:	
Telephone number:	
Request type:	Date needed by:

*\*Standard data request should be fulfilled within two weeks of receipt. Rush requires HV Administrator approval.*

### Details of Request

1. What program are you requesting data for? Please select **at least one** of the choices below.

<input type="checkbox"/>	Help Me Grow Home Visiting (HMGHV)
<input type="checkbox"/>	Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
<input type="checkbox"/>	Moms and Babies First
<input type="checkbox"/>	Other (including subset(s) of a program listed above):

2. What is the time frame of your request?

Start Date:	End Date:
-------------	-----------

3. 'Geographic' Area Requested – Please mark **at least one** of the boxes listed below.

<input type="checkbox"/>	Statewide
<input type="checkbox"/>	County(ies): List:
<input type="checkbox"/>	Provider(s): Describe

# Home Visiting Data Request

4. Provide the question(s) the resulting product should answer/address.

5. Provide a description of the requested data/analysis(es), including any specific indicators/variables.

6. Explain how you will use the data, including all intended audiences the resulting product may be shared with.

7. Please attach any additional files that can help clarify this request or outline the expected product.

