

Maricopa Regional CoC Data Request Form

This form is intended to help the CoC make decisions on the data released to the community. Keep in mind that not all data requests need to be submitted through this form.

No form submission needed:

- HUD Required Reports (APR via Sage, AHAR, PIT, HIC, CAPER, HUD System Performance Measures)
- Federal Partner Required Reports (VA, PATH, RHY, HOPWA)
- Common Demographic Reports (counts and characteristics)
- CoC-Approved Dashboards
- Existing system-wide aggregate reports accessible on the MAG or HMIS websites

Form submission needed:

- Any client-level data (outside of your own organization)
- Research requests
- Advanced Data Analysis
- State-wide or aggregate data (outside of your own organization not accessible on the MAG or HMIS websites)

Process:

- Complete request form. Reach out to Solari for support if needed: HMIS-support@solari-inc.org
- Email completed request form to Solari: HMIS-support@solari-inc.org
- For incomplete or unclear requests, Solari will contact requester for more information.
- Completed forms will be reviewed by Solari and the Collaborative Applicant, MAG. Depending on the nature of the request, the CoC Data Committee and CoC Board may also review the request.
- Denied data requests may be appealed to the CoC Board.
- Accepted Data Request Forms will be added to the HMIS System Administration reporting queue. Report requests will be completed as HMIS staff resources are available, depending on the volume of requests.

Please refer to the Data Sharing Plan in the Maricopa Regional CoC Policy for more information.

Maricopa Regional CoC Data Request Form

Date of Request: _____

Organization and Individual Requesting Use of Data

Name: _____

Position Title: _____

Organization: _____

Phone Number: _____

Email Address: _____

This request is on behalf of: (select all that apply)

Agency: _____

(Fill in if different agency than above)

Individual: _____

(Fill in if individual other than self)

CoC Committee: _____

Other: _____

I am requesting data: Yes No

I am requesting to share data results externally: Yes No

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Data Information

Data Detail:

Client or Household
Aggregate

If Client or Household:

De-Identified
Personal Identifying Information
N/A

Data Level:

Funding Source-level
State-level
Organization-level
County-level
Program Type-level
CoC-level (**HMIS Maricopa County**)

Data Usage:

Please describe the intended use of the data and how it will support your project objective .

Please describe your data action plan, including who and how the data will be analyzed, reviewed, and securely stored. For requests involving client-level data, a robust process is expected.

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Data Elements:

Please describe or list the data elements requested.

Please describe your experience with the HMIS data elements and fields requested. This helps the HMIS team understand how much assistance may be needed.

Data Sharing:

Please describe how you will share the data and what type of data will be shared. In your response, please include who will have access to the dataset, partners involved in the analysis work, and who will have access to the results (intended audience).

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Data format needed:

Excel

CSV

Other: _____

Data period needed:

Beginning date: _____ End date: _____

Expected date of findings/presentation/publication/etc. that this data is being used to complete: _____

Is there anything else HMIS should know about this request?

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To be completed by HMIS/MAG ONLY

HMIS Lead Organization Review

Compliance with HMIS Policy:

HMIS technical support needed:

Proposed data field/data use concerns:

Time Estimate: _____

Time Estimate Explanation:

Cost Estimate: _____

Date of Review: _____

HMIS Staff Name: _____

HMIS Staff Signature: _____

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Collaborative Applicant Recommendation

Level of Approval Needed: _____

(MAG, Data Committee, Board)

Approval/Denial Decision: _____

(If approval level is MAG)

Notes:

Date of Review: _____

Collaborative Applicant Name: _____

Collaborative Applicant Signature: _____

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CoC Data Committee Recommendation

Approval/Denial Decision: _____

Decision Date: _____

Decision Explanation:

Next Steps:

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CoC Board Recommendation

Approval/Denial Decision: _____

Decision Date: _____

Decision Explanation:

Next Steps: