



DWEL -AZ Data Management Plan and Request

Data Request Form - Effective 4.24.26

The purpose of this form is to collect information about your organization's request to access and use data from the Data Warehouse Enterprise for Linkages - Arizona (DWEL-AZ) program. This Data Management Plan and Request (DMPR) form provides guidance on what information is needed for DWEL-AZ to review your request.

Any data sharing will be subject to eligibility, use requirements, and restrictions, including user access levels, imposed by DWEL-AZ. And, are subject to compliance with the DWEL-AZ Data Security Policy and the DWEL-AZ Privacy Notice and Practices.

This request will be reviewed for approval by the Collaborative. The Collaborative will consider the request in full, however, may approve limited data sets or seek additional information. We strive to review requests within 30 calendar days.

For additional technical assistance or questions about your request, please contact the Administrative Operator at dwel-az@solari-inc.org.

REQUESTOR INFORMATION

1. Point of Contact Full name: _____

2. Point of Contact Email address: _____

3. Organization legal name: _____

4. Organization address(s):

5. Does your organization have a Terms of Use Agreement with DWEL-AZ?
Yes
No
Not Sure
6. Does your organization have a data sharing/Use agreement or business agreement with DWEL-AZ?
Yes
No
Not sure

PROJECT INFORMATION

7. Project title (please pick a brief title that can be used to reference this project).

8. When will the project begin? Estimated date the overall project will begin.
**The date range for the reporting period of any data requested will be asked later in the form*

9. When will the project end? Estimated date the project will conclude.

10. Are there any partners involved in your project? Include details - briefly describe the roles of each partner. Include any DWEL data contributors that you're partnering with.

11. Please read each option carefully and mark the most appropriate category or categories that describe your data request. **Select all that apply*

Care Coordination: Using information to support coordinated delivery of housing, health care, and supportive services for individuals and families. This may include confirming or reviewing eligibility, identifying eligible individuals, understanding service utilization, identifying individuals with unmet needs, aligning supports across agencies, and improving continuity of care while prioritizing client privacy and data security.

Administrative Functions (auditing, oversight, program management): Using data to fulfill required administrative responsibilities, including program oversight, auditing and quality assurance, monitoring, compliance with federal/state requirements, evaluating performance, managing funding and reporting obligations, identifying gaps or risks, and supporting responsible program operations. This purpose does not include research or evaluation beyond administrative review.

Research and Evaluation: Accessing data with client information (identified or de-identified) to conduct research or analysis intended to study populations, outcomes, or system performance; develop evidence to inform policy or programs; or support academic or organizational research projects. Research requests typically require a defined study purpose, methodology, and appropriate approvals.

Reporting: Aggregated or summarized information compiled to show outcomes or trends across the entire state, region, program types or program, often for public communications or performance monitoring and review. Regional/CoC data summarized for a specific region or CoC, used to track local outcomes and compare across areas. Program level reporting summarizes a program or set(s) of programs with details specific to the program's outputs and outcomes.

12. Based on the selected, permissible categories listed in the previous question, describe the purpose of your request. What questions and/or impact do you hope to answer or understand using the data?

13. Is this project subject to IRB review? If yes, please submit the Institutional Review Board (IRB), Privacy Board, or other applicable human subjects' protection institution approval to dwel-az@solari-inc.org.

Yes

No

14. Do you anticipate any project publications in connection with your use of the data? If so, please describe the intended publication. *Publications shall be reviewed by the Collaborative prior to publication. It is the responsibility of the requester to seek approval of the Collaborative prior to using the data for any publication. This includes outcome documents, reports, presentations/materials, visuals, dashboards, etc. Publications shall not include any Personally Identifiable Information (PII) or Personal Health Information (PHI). Publications may not refer by name to programs or organizations without permission from DWEL-AZ.*

Yes

No

Explanation of anticipated publications:

***If you are requesting a report with aggregate/summarized data only -
you may skip questions 15 and 16***

15. Briefly describe the procedures and methods that will be used for data processing or analysis for this project. Please include any use of artificial intelligence (AI) tools.

16. Do you intend to merge the data with any other datasets? Note that if merging of data sets is anticipated later in your projects; an amendment to this request will be required.

Yes

No

Explanation:

DESCRIPTION OF DATA

17. What level(s) of data are included in this request? **Select all that apply*

Program level

CoC level

Countywide

Statewide

18. What level of data sensitivity is required for this request?

Aggregate (summary only)

Client de-identified

Client identified

19. What type of data is included in this request?

Homeless Management Information System (HMIS) data

Medicaid (healthcare) data – Coming Soon!

20. List/describe the specific data elements and variables requested from DWEL-AZ (e.g., HMIS tables, demographics, disabling conditions, annual performance report, system performance measures, service history).

21. Describe the date range(s) of the reporting period for which the data is being requested?

22. Is this a one-time request or will this report require ongoing refreshes of the data? If ongoing refreshes are needed, please describe the frequency or cadence desired. Please also provide an end date for when the last refresh is needed, this cannot exceed a twelve-month period.

23. If you are requesting summarized or aggregated data, how would you like the data to be summarized, grouped, or aggregated? For example, by program, location, time-period, population, housing status, healthcare enrollment status.

24. Which format is best for you to receive the requested data? For example, file formats like .csv or a .xlsx excel file are commonly used. Include any information on secure transfer methods you prefer.

DATA SECURITY

***If you are requesting a report with aggregate/summarized data only -
you may skip questions 25 thru 29***

25. Does your organization have user access protocols and data privacy and security policies?
Please provide a brief description. *You may provide relevant documents as a follow up to
this request.* Please state who will have access to the data being shared.

Yes

No

Explanation:

26. Is your organization subject to compliance with HIPAA?

Yes

No

27. Has your organization had any data breaches in the last 5 years?

Yes

No

If so, please provide a description of the resolution:

28. Where and how will the dataset(s) be stored?

29. Please describe your plan for destruction after use.

DATA REQUEST AND DISCLOSURE ACKNOWLEDGMENT

By signing this request, I acknowledge and agree to the following conditions regarding access to and use of the requested data:

Data Use and Confidentiality

DWEL-AZ does not guarantee the accuracy of analysis/output created by the requesting entity, and such content may not represent the views of DWEL-AZ.

I understand that all data provided is to be used solely for the purposes described in this request and must be handled in compliance with DWEL applicable data privacy, confidentiality, and security requirements. Data shall not be shared, distributed, or disclosed to any third party without prior written authorization.

If at any point, one or more individuals gain access or are suspected of having gained access to sensitive or confidential information that they are not authorized to access, I will take immediate action to alert DWEL staff and mitigate the impact of the breach.

If this request is an academic research project, I have submitted or will submit it to the Institutional Review Board (IRB), Privacy Board, or other applicable human subjects' protection institution for approval.

Research Results and Publication

I acknowledge that any product intended for publication, such as data analysis, summary findings, reports, presentations, or other documentation derived from the requested data will be reviewed by the DWEL Collaborative prior to final publication.

Regardless of intent to publish, I will provide a summary of findings from any research or analysis to the DWEL Collaborative within 90 days of project completion. DWEL reserves the right to utilize summaries and findings to support DWEL functions.

Attribution and Transparency

It is encouraged that any approved publication or presentation acknowledge the data source(s) as specified by the data provider and include the approved data use statement.

Compliance and Oversight

I agree to adhere to all applicable data sharing agreements, privacy notices, and governance policies established by DWEL. Failure to comply with these requirements may result in revocation of data access and/or additional administrative action.

As indicated above, data requests are valid for a 12-month period. I agree to submit and amended request if data is sought beyond 12 months.

By signing your full name below, I acknowledge that I have read, understood, and agree to the terms and conditions outlined in this disclosure of acknowledgement.

Date: _____

Please type your full name: _____

Signature: _____

Please enter an alternative contact (name and email address):

| |
|--|
| |
|--|

SUBMIT THIS REQUEST

1. Save this request for your records.
2. Email request to dwel-az@solari-inc.org
3. Please **include the title of your data request** in the content or subject line of your email submission.
4. Please **include any supporting documentation** like data security protocols, IRB approval, data analytic plan, or other information.
5. Amendments can be submitted to the dwel-az@solari-inc.org email inbox anytime. Please include the title of the associated data request.

ADMINISTRATIVE OPERATOR RESPONSE SECTION

To be completed by the Administrative Operator

COMPLIANCE REVIEW

Date of Review: _____

Reviewer(s): _____

Administrative Operator Review of the DMPR:

Compliance and alignment with program goals, policies and procedures

DWEL-AZ program goals

DWEL- AZ Privacy Notice and Practices

DWEL- AZ Data Security Policy

Data element and technical specification review

Notes, if applicable:

Time and Cost Estimate:

ADMINISTRATIVE OPERATOR RESPONSE SECTION

To be completed by the Administrative Operator

RESPONSE TO REQUESTOR

Date of Response to the Requestor: _____

Date of DWEL-AZ Determination: _____

DWEL-AZ Response:

Approved

Approved with Conditions

Denied

Reason/Explanation:

Next steps and when to expect your request: