

Appendix F: Custom Report Request Form

MARICOPA HMIS CUSTOM REPORT REQUEST FORM

Provider Agency Name / Requestor's Organization Name: _____

Requestor Contact Information:

Name of Requestor: _____

Phone Number: _____

E-mail Address: _____

General Information:

Report Name: _____

Purpose of the Report: _____

Time Period: From _____ (MM / DD / YY) to _____ (MM / DD / YY)

Due Date): _____
(specify the date on which the report is needed)

Report Distribution:

Internal to the Agency External to the Agency

If external: please identify the intended recipients: _____

If internal: please identify how often report will be used:

Daily Weekly Monthly Semi-Annually

Annually One-Time Use

Report Content:

Data elements to be included: (Examples are Gender, Ethnicity, Race, Age, Disabilities, Employment Status, Income, etc... If possible attach an example of how the report should look)

1.	3.	5.
2.	4.	6.

Which data element above should this report be sorted by? _____

Export format: Please specify the electronic format in which you would like to receive the report
(Note: All custom reports are issued in Read Only format)

Signature:

Agency Administrator Signature

Date

Or If not being requested by a Provider Agency, the signature of the Requestor

Requestor

Date

Send request to the following address: HMISsupport@cox.net

Or Mail to:

HMIS System Administrator
Community Information & Referral, Inc.
1515 E. Osborn Road
Phoenix, AZ 85014

System Administrator Use Only:

The request for a Custom HMIS Report has been reviewed and the data being requested can be provided by HMIS:

The request is from an individual who **does** or **does not** (circle one) represent a provider agency or a funder of HMIS.

System Administrator Signature

Date

User Group Response: Approved Not Approved (If not approved, state reasons)

Final Disposition:

Report Issued on: _____ (Date)

Report placed on the HMIS web site on: _____ (Date)