



Balance of State Data Request Form

Introduction:

Do I need to use this form to satisfy my data request?

The Balance of State HMIS Data Request Form is needed for all situations where an agency or organization needs access to data that is beyond what is entered for their own agency or entity. The Balance of State HMIS Data Request Form is intended to help the CoC make decisions on any request that asks for data beyond what is available to the agency or system-wide aggregate reports accessible on the ADOH or HMIS websites.

Balance of State CoC: All data requests must be approved by the Arizona Department of Housing before the data is released.

Process:

Applications that are not complete or clear, will require communication with the HMIS Lead Organization. Completed requests that are submitted to the HMIS Lead Organization will be reviewed jointly by the HMIS Lead Agency and the Collaborative Applicant. Denial of data requests may be appealed to the CoC Board.

The decision will be delivered to the requestor via e-mail within 5 business days, with an estimated timeline and associated cost (if any).

Accepted Data Request Forms will be added to the Balance of State's CoC HMIS Lead and HMIS System Administration reporting queue. Report requests will be completed as HMIS staff resources are available, depending on the volume of requests.

Submit a ticket with an attached completed application to:

<https://community.solari-inc.org/submit-a-ticket/>



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Data Information

Data Usage:	Describe the purpose and intended use of data below:
Data Elements:	Describe the data elements below:
Data Format: (ex: Excel, CSV, other)	
Data Period: (beginning date and end date)	through
Data Needed By:	



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HMIS Lead Organization Recommendation

(To be completed by HMIS Lead)

Time Estimate:	
Cost Estimate:	
Priority Level:	Low Medium High
Priority Level Explanation:	
Date of Recommendation:	
HMIS Staff Name:	
HMIS Staff Signature:	

Collaborative Applicant Signature

Priority Level:	Low Medium High
Priority Level Explanation:	
Date:	
Collaborative Applicant Name:	
Collaborative Applicant Signature:	