

Maricopa Regional CoC Data Request Form

The Maricopa Regional Continuum of Care HMIS Data Request Form is used to clearly identify the data being requested. All data requests must have a completed data request form. Some requests will be automatically approved, while others will need approval.

Attach the completed application to your request at the HMIS help desk here: [Data Request Submission](#)

No Approval Required

- Existing system-wide aggregate reports accessible on the MAG or HMIS websites
- For participating HMIS agencies, their own data (for assistance in pulling or analyzing data)

Requires Data Collaborative Approval

- 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 (dashboard access or underlying data)
- CoC Board, Committee, or Collaborative requests for aggregate data

Requires Formal CoC Board Approval

- Any other data requests not listed above, including:
 - 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

- Completed requests will be reviewed jointly by the HMIS Lead Agency and the Collaborative Applicant. The request will then be routed to the appropriate body for approval.
 - For incomplete or unclear requests, the HMIS Lead Organization will reach out for additional information first.
- Once the approval decision is made, it will be delivered to the requestor via e-mail. The HMIS Lead or Collaborative Applicant will keep the requesting party updated with expected timelines.
 - Denial of data requests may be appealed to the CoC Board.
 - Approved data requests will come with an estimated timeline and associated cost (if any).
- Approved data requests will be added to the Maricopa Regional CoC HMIS Lead reporting queue. Report requests will be completed as HMIS staff resources are available, depending on the volume of requests. HMIS staff will keep the requesting party updated with expected timelines.

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: _____

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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: