



Safe Harbors

HMIS REPORT REQUEST FORM

Please type or print

Requester's Program Name	Requester's Organization/Department
Requester's Name	
E-mail address	Phone Number
Date of request	Desired completion date
<p>Description of the report:</p> <p>Purpose of the report:</p> <p>Time period: From _____ (MM/DD/YY) to _____ (MM/DD/YY)</p> <p>What data elements should be included in the report? (Examples are Gender, Ethnicity, Race, Age, Employment Status, Income...)</p> <p>What programs or program types should be included in the report?</p> <p>Would you like unduplicated data or all records collected? <input type="checkbox"/> Unduplicated <input type="checkbox"/> All records</p> <p>How would you like the data? <input type="checkbox"/> Custom adhoc report (for program staff only) <input type="checkbox"/> Excel file (individual or aggregate data)</p>	
Official Use Only	
Date received:	Request approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: __/__/__
Completed by:	Date completed:
Name of file/report created:	Location of file/report created:

If possible please attach an example of how you would like the report to look.
Only participating program staff can receive client level data (for their program).
Requests for aggregate data will be reviewed by Safe Harbors Executive Committee.

E-mail this form to renee.lamberjack@seattle.gov or
Fax to (206) 684-0146 (Attn: Renee or Sola)