

ORE Request

DCF-5101

1/19 (New)



Data / Report Title:			
Requestor LAST Name	Requestor FIRST Name	Date (request submitted):	Date Required (needed by):
Requestor's Unit, Organization, Affiliation:		Requestor's Role / Title:	
Requestor's Phone #:	Requestor's E-mail:	Frequency information is needed: <input type="checkbox"/> Single Analysis / Dataset <input type="checkbox"/> Multiple Analyses	
For External Requests, please specify: <input type="checkbox"/> Advocacy Organization <input type="checkbox"/> Court Monitor / Plaintiffs <input type="checkbox"/> Office of the Child Advocate <input type="checkbox"/> Office of Fiscal Analysis (OFA) <input type="checkbox"/> Office of Policy Management <input type="checkbox"/> Other State Agency <input type="checkbox"/> Media <input type="checkbox"/> Other (please specify):		If Multiple Analyses requested, with what frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Other:	
Data Distribution (to whom will this data/information be distributed?):			
<input type="checkbox"/> DCF Internal Use <input type="checkbox"/> External Use only <input type="checkbox"/> Both DCF and External Use			
What client level data is required to fulfill this request?:			
<input type="checkbox"/> None <input type="checkbox"/> Non-identifiable <input type="checkbox"/> Identifiable			
If client-level data is required (of any kind), will the detail contain Protected Health Information (PHI)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Funding Source:		Dollar amount allocated:	
Purpose of your Request:			
<input type="checkbox"/> Juan F. CQI Activities <input type="checkbox"/> Performance Expectations <input type="checkbox"/> Grant Application Compliance <input type="checkbox"/> Legislative Regulatory / Statutory Compliance <input type="checkbox"/> Other CQI Activities <input type="checkbox"/> Other External Requests <input type="checkbox"/> Other (please specify):			
Please explain: (Identify the business need that this information will support. For example: This data will be used in testimony before the legislature. This data is for a study/evaluation; or, this information is for an RFP/grant to be is-sued/submitted on [date]. Etc.)			

Is the intent of your request to develop or contribute to generalizable/scholarly knowledge? Yes No

If yes, has the request been approved by the DCF Institutional Review Board? Yes No Not Applicable

(The DCF IRB must review and approve all research requests prior to ORE fulfillment of the request; visit the Institutional Review Board webpage for information: <https://portal.ct.gov/DCF/IRB/Home>)

Project Deliverables (check all that apply):

<input type="checkbox"/> Analysis Results	<input type="checkbox"/> Automated Reporting	<input type="checkbox"/> Automated Data Collection	<input type="checkbox"/> Case Review Instrument
<input type="checkbox"/> Data Sets	<input type="checkbox"/> Needs Assessment	<input type="checkbox"/> Program/Contract Development	<input type="checkbox"/> Program/Contract Fidelity Evaluation
<input type="checkbox"/> Program/Contract Outcome Evaluation	<input type="checkbox"/> Study Methodology		
<input type="checkbox"/> Other (please specify):			

Request Summary: Please describe what information is needed. Be as specific and precise as possible.

For Internal Requests only: Sponsoring Manager/Administrator:	Date Approved:
---	----------------

ORE USE ONLY: Request ID#	Assigned Liaison:	Developer:
---------------------------	-------------------	------------