## DWS-WRA 001 01/2012

## **MIS Reporting Request Form**

Date		
User(s)/Requestor(s)	E-mail	Phone
Division/Department	Other:	Program (TANF, FS, WIA, UI, etc.)
QUESTION ONLY (No Report), explain:		
New/Ongoing Report Ad-hoo	Report Existing Rep	ort Modification - Report Name:
If New/Ongoing, what is the frequency Weekly Monthly Quarte	•	er
Report Reason/Motivation: (Example: Legis	lative Request, Policy Change, etc.)	
Has this request been made previously	? Yes No	NOTE: You may attach the original request to this e-mail
If yes, to whom and when?		
TIME FRAME - What date is the data no	eeded?	When will the report first be used?
REPORT CRITERIA (If this is a question only a	nd no report is requested, enter N/A in t	the remaining required fields)
1. What data or changes would you lil children are receiving CHIP in the state of Utah?		II Claimants were in Salt Lake County within the past 3 months? 2) How many diploma/GED?)
2. Across what time period do you wa	nt the data to cover? (Example: N	Most recent quarter, State Fiscal Year, Federal Fiscal Year, Calendar Year, etc.)
3. How will the data be used? (Example:		ic Information, etc.)
4. Who will be using the data? (Example	: Managers, Supervisors, Line Staff, Public	c, etc.)
5. How do you want the data displaye	d? (Examples: 1) Case, worker, program	level; 2) Sorted by program type and ESA, programs per customer by month, etc.)

Note: If this form is not filled out completely, the form may be returned to you for completion.