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◊ Collaboration ◊ Catalyst ◊ Community

Data Request Form

The AHI Population Health Improvement Program (PHIP) can provide data on measures of individual and community health including data on factors that influence health outcomes and result in health disparities for populations in the North Country (Clinton, Essex, Franklin, Hamilton, Warren and Washington Counties). Please complete and submit this form **via email to phip@ahihealth.org** to start the data request process.

Purpose: _____

Date of Request: _____

Date Data is Needed: _____

Contact Information

Name: _____

Phone Number: _____

Email Address: _____

Name of Organization: _____

Provide a description of the data requested including: type (e.g. numbers, percentages, rates), geographic area(s), time period, target population demographics (e.g. gender, age, socio-economic status, health status, etc.). Provide a description of how the data will be used. If the data is needed to respond to a funding opportunity, provide the relevant section from the procurement.

Description of the Data Requested:

Format:

Indicate the format in which the data should be returned. Check all that apply.

<input type="checkbox"/> Word Document	<input type="checkbox"/> Pivot Table	<input type="checkbox"/> Map (county)
<input type="checkbox"/> PDF	<input type="checkbox"/> Chart (pie, line, bar..)	<input type="checkbox"/> Map (zip code)
<input type="checkbox"/> Excel File	<input type="checkbox"/> HTML (for Web use)	<input type="checkbox"/> Other (describe)

PLEASE NOTE

Upon receipt, AHI will contact you to discuss the request in further detail.