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Data Request Form

Date of Request: _____

Requesting Agency (Name): _____

Contact Details:

Name & Title of Contact Person: _____

Email address _____

Phone number: _____

Please give a brief explanation of the reason for the request and what the data will be used for:

Please indicate the geographic area of data you are requesting:

- Cayuga County
- Onondaga County
- Oswego County
- Ithaca/Tompkins County (NY-510 Continuum of Care)
- NY-505 Continuum of Care (Cayuga, Onondaga & Oswego County)

Time frame of Data you are requesting (month/year) : _____ to _____

Are you requesting a comparison analysis of specific time frames? ____ Yes ____ No

If yes, please provide the comparison time frames:

___/___/___ to ___/___/___ vs ___/___/___ to ___/___/___

Please include the following data sets into the request:

- Race/Ethnicity
- Age
- Gender
- Disabling Condition



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Please include statistics on ONLY the following subpopulations:

- Youth (ages 18-24)
- Veteran
- Chronically Homeless

Please give any further description of the data you are requesting; income, medical insurance, DV, etc.

Date Data is needed by: _____

HHC Staff person receiving request: _____

Date Data request was completed: _____ Time taken to complete _____