**APPLICANT INFORMATION**

|  |  |  |
| --- | --- | --- |
| *Principal Investigator Name & Title: {First M. Last, title(s)}* | | *Date of Request:* |
| *Agency/Institution Name:* | | |
| *Mailing Address, City, State, Zip:* | | |
| *Email:* | *Telephone:* | Ext |

1. **PROJECT TITLE**

*Summarize the purpose of your study and its benefits to public health.*

|  |
| --- |
|  |

1. **DURATION OF PROJECT**

|  |  |
| --- | --- |
| *Intended Start Date:* | *Intended Stop Date:* |

1. **PROJECT DESCRIPTION OVERVIEW**

*What is your project’s objective? Include any question(s) your project is seeking to answer.*

|  |
| --- |
|  |

*What is the methodology for the project?*

|  |
| --- |
|  |

*What demographics will be used for this project (e.g. age groups, sex, race, etc.)?*

|  |
| --- |
|  |

*Do you intend to disseminate the results of this project (e.g. publication in a professional journal, poster presentation, newsletter, web page, etc.)?  No  Yes*

If **yes**, *please describe how you plan to disseminate the results.*

|  |
| --- |
|  |

*What is the lowest geographical level of analysis of data that is anticipated for publication or presentation (e.g. state level, county, city/town level, zip code level, etc.)?*

|  |
| --- |
|  |

*Will maps be presented?*  *No*  *Yes*

*If* ***yes****, what will be displayed?*

|  |
| --- |
|  |

1. **DHSS DATA**

*Indicate all datasets and which years you are requesting.* ***Refer to the*** [***Fee Schedule***](https://health.mo.gov/data/pdf/feeschedule.pdf) ***for associated fees.***

√ Data Set Requested: Years Requested: Breakout By:

Behavioral Risk Factor Surveillance System (BRFSS) (     )

Communicable Disease (     )

County Level Study (CLS) (     )

HIV/AIDS (     )

Missouri Violent Death Reporting System (MoVDRS) (     )

Patient Abstract System (ASC/ED/Inpatient/Outpatient) (     )

Pregnancy-Associated Mortality Review (PAMR) (     )

Pregnancy Risk Assessment and Monitoring System (PRAMS) (     )

Sexually Transmitted Diseases (STDs) (     )

ShowMeVax (     )

Syndromic Surveillance (ESSENCE) (     )

Vital Statistics (Birth/Death/Fetal Death/Marriage/Divorce) (     )

Youth Risk Behavior Surveillance System (YRBS) (     )

Other, please **specify**  (     )

***Please be advised data with small cell counts will not be released without suppression. Cutoffs may vary based on the sensitivity/detail of the data requested. Counts of less than 5 will not be released.***

*Indicate which geographical region or location should be included in the requested records.*

Statewide

Region(s), please specify:

County(ies), please specify:

City(ies), please specify:

Zip Code(s), please specify:

Census Tract

*Indicate data file specifications (e.g. format type, method of delivery, etc.):*

|  |
| --- |
|  |

1. **PROJECT PERSONNEL**

*Below please list the names, titles, and Institutions of others involved in the project who will have access to the DHSS provided data.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Title(s)** | **Agency/Institution** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **ADDITIONAL COMMENTS**

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR DHSS USE ONLY:** | | | | |
| Assigned Unit | BDMI | | OOE | BHCADD |
| Data Steward Signature/Date | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Staff Assigned To Fill Request | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | | | |

**COMPLETED FORMS SHOULD BE SUBMITTED TO THE CONTACT DESIGNATED ON THE** [**CONTACT US**](https://health.mo.gov/data/pdf/survcontactus.pdf) **PAGE FOR THE SYSTEM YOU ARE REQUESTING DATA**