

Local Health Jurisdiction Local Evaluation Online (LEO) Data File Request Form



Please type or print information below.

Requestor Name:	Requestor Title:
Organization:	
Telephone Number: ()	Fax Number: ()
E-mail Address:	
Date of Request (mm/dd/yyyy):	Desired Date of Completion (mm/dd/yyyy):
Return this completed form to the California Department of Public Health, Office of AIDS at: Leodatarequest@cdph.ca.gov <i>Note: Please allow at least five business days for completion of data request.</i>	

1.) Local Health Jurisdiction:

2.) Specific Data Set: Counseling & Testing Health Education/Risk Reduction Partner Services

3.) Data Time Period of Interest (mm/dd/yyyy): _____ to _____

4.) Select Data Format: SAS SPSS Microsoft Excel

5.) Purpose of Data Request (mark all that apply): Program Planning/Evaluation Grant/Proposal Application
 Internal Health Department Use Only Needs Assessment Community Planning
 Other, please specify:

Additional Notes:

Continued on Back...

By submitting this data request I agree to the following provisions:

- Data sets are updated monthly. For the most current data, please request close to the beginning of the month;
- Depending on time period requested, you may receive more than one data set, which may or may not contain identical variables due to form changes;
- For counseling and testing, the current data file starts July 2010. The previous file runs from January 2008 - June 2010. Data requests for multiple years may take additional time to complete;
- For Health Education/Risk Reduction, the current data files begin January 2008, and older files from Evaluating Local Interventions (ELI) data are available; and
- For Partner Services, the current data files begin January 2009 - only LEO data are available.

FOR OFFICE OF AIDS USE ONLY

Office of AIDS Request I.D. #:

Request Received by:

Date (mm/dd/yyyy):

Request Approved by Manager:

Date (mm/dd/yyyy):

Assigned to:

Date (mm/dd/yyyy):

Comments:

Work Reviewed by:

Date (mm/dd/yyyy):

Amount of Time Spent on Report:

Date Request Delivered (mm/dd/yyyy):