

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):
<p>Return this completed form to the California Department of Public Health, Office of AIDS at: <u>Leodatarequest@cdph.ca.gov</u></p> <p><i>Note: Please allow at least five business days for completion of data request.</i></p>

1.) Local Health Jurisdiction:
2.) Specific Data Set: <input type="checkbox"/> Counseling & Testing <input type="checkbox"/> Health Education/Risk Reduction <input type="checkbox"/> Partner Services
3.) Data Time Period of Interest (mm/dd/yyyy): _____ to _____
4.) Select Data Format: <input type="checkbox"/> SAS <input type="checkbox"/> SPSS <input type="checkbox"/> Microsoft Excel
5.) Purpose of Data Request (mark all that apply): <input type="checkbox"/> Program Planning/Evaluation <input type="checkbox"/> Grant/Proposal Application <input type="checkbox"/> Internal Health Department Use Only <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Community Planning <input type="checkbox"/> Other, please specify: _____
Additional Notes:

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

- 1.) Data sets are updated monthly. For the most current data, please request close to the beginning of the month;
- 2.) 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;
- 3.) 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;
- 4.) For Health Education/Risk Reduction, the current data files begin January 2008, and older files from Evaluating Local Interventions (ELI) data are available; and
- 5.) 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*):