|  |
| --- |
| **Data Support Form** Date of Request­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (for 2015 CHA Partners)  Please return to: [csmith@ahihealth.org](mailto:csmith@ahihealth.org) |
| **Requested Return Date:** |
|  |
|  |
| **Please check all that apply** |
| **Support Depicting Data:** *AHI Staff will work with you to determine the most important data elements to use and how to best graphically depict the data elements for high impact.* |
|  |
|  |
| **Data Analysis Technical Assistance:** *AHI Staff will work with you to determine the most important data elements and provide you with an analysis of the data* |
|  |
|  |
| **Data Presentation Assistance:** *AHI Staff will work with you to create non-traditional slides depicting data.* |
|  |
|  |
| **Name** |
|  |
| **Organization** |
|  |
| **Email and phone number** |
|  |
|  |
| **Return Format**  *Unless indicated otherwise below, data will be return in excel file format. Check all that apply.* |

|  |  |  |
| --- | --- | --- |
| PDF | Chart (pie, line, bar,…) | Map (County) |
| Excel | Picture File (JPG/PNG) | Map (ZIP Code) |
| Pivot Table | HTML for Web use | Map (Other, describe) |