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| **Data Support Form** Date of Request­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(for 2015 CHA Partners)Please return to: csmith@ahihealth.org |
| **Requested Return Date:**  |
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|  |
| **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.* |
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| [ ] **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* |
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| [ ] **Data Presentation Assistance:** *AHI Staff will work with you to create non-traditional slides depicting data.* |
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|  |
| **Name**  |
|  |
| **Organization** |
|  |
| **Email and phone number** |
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|  |
| **Return Format***Unless indicated otherwise below, data will be return in excel file format. Check all that apply.* |

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