

Data Request Form

The Central Jersey Family Health Consortium (CJFHC) has access to a variety of maternal and child health data. We will provide summary statistics to staff and external organizations for the purposes of planning and reporting. Only requests accompanied by this form will be considered and will be processed in the order they are received unless authorized by Robyn D'Oria, Chief Executive Officer of CJFHC. Please note, we <u>will not</u> release any hospital level information unless the information is requested by said hospital with approval from the MCH Director at that hospital.

The Data and Evaluation unit must have notice of at least 10 business days for all requests. Exceptions can be made for extenuating circumstances; however, this must be approved by Robyn D'Oria.

All requests should be directed to Cheryl A.S. McFarland (email: cmcfarland@cjfhc.org / phone: 850-894-1415/fax: 732.937.5540).

Date of Request]	Date Information Needed	
Requestor Name					
Organization					
Affiliation to CJFHC					
Purpose for Request					
Request Details (e.g., the year of data being requested, type of information such as prenatal care by race, births by city, etc.) Please be specific					
Name of Program/Grant if internal request					
Authorization if Less tha					

Robyn D'Oria, Chief Executive Officer