



## **OC Partnership Report Request Form**

Agency Name: \_\_\_\_\_

Date of Request \_\_\_\_\_

Requested by: \_\_\_\_\_  
(name of person)

Key Contact Person: \_\_\_\_\_  
(if different than requestor)

Phone # of Contact Person \_\_\_\_\_

---

### **PART A**

#### **REPORT MODIFICATION DETAILS**

Is this a modification of an existing report? Yes  No

If No, please go to Part B

If Yes, what is the name of the existing report? \_\_\_\_\_

Please describe modification \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **PART B**

#### **NEW REPORT REQUEST**

Please give a description of the report that you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please choose the status of the clients you would like to see on the report:

Active Clients  Exited Clients  Both  Clients entered but not enrolled   
(Enrolled in program) (In CMIS but no enrollment in a program)

Other \_\_\_\_\_

Do you need a detailed report  \*Data Dump  or just a bottom line number

\*A data dump would give you all data in no particular order in an excel format.

Please choose from the following selections regarding how often you will want to run this report:

One time run  Daily  Monthly  Annually  Other \_\_\_\_\_

Please list the field names, in order, that you want to see on the report in the table below. For example: First Name, Last Name, Date of Birth, SSN, Gender, Race.

1		5		9		13		17		21	
2		6		10		14		18		22	
3		7		11		15		19		23	
4		8		12		16		20		24	

Describe any calculations, subtotals or totals that you want on the report:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the report title? \_\_\_\_\_

What dates do you want to run the report for?

Date Parameter \_\_\_\_\_ No Date Parameter

When do you need this report?

Date Needed: \_\_\_\_\_ Relative Priority : \_\_\_\_\_  
(If more than one request from requestor)

---

### PART C

#### CUSTOMER ACCEPTANCE AND APPROVAL

Accepted by  
 Customer \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Accepted by  
 Customer \_\_\_\_\_ Date \_\_\_\_\_  
(printed name)

Not Accepted by Customer Date \_\_\_\_\_  
(Please give explanation on Page 3)

Explanation of why report was not accepted:

---

---

---

---

---

---

---

---

\*\*\*\*\*

**For Internal Use Only**

Assigned To: \_\_\_\_\_ Date \_\_\_\_\_

Date Completed and sent to Customer \_\_\_\_\_

Notes: \_\_\_\_\_

---

---

---

\*\*\*\*\*

Test Verification and Approval

Verified by: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Verified by: \_\_\_\_\_  
(Printed name)

Project Manager Sign off \_\_\_\_\_ Date \_\_\_\_\_

Report Name: \_\_\_\_\_

Customer Acceptance Date \_\_\_\_\_

Approximate Time to Create \_\_\_\_\_