

County of San Diego Health and Human Services Agency Child Welfare Services (CWS)

Request for Data (Please type or print below, then sign and date the agreement page)	
Requester Name:	Title:
Region/Organization:	If Other, Agency Name:
E-mail Address:	Phone:
Date of Request:	Desired Completion Date: (It will take at least 14 working days for completion of most report requests)
Please include a detailed description of the data you are requesting, including any demographic information needed, whether referral or case data and time period (e.g. last quarter or fiscal year). Indicate if you will need raw data and/or a summary report. Data that can be used to identify individual CWS clients will not be provided to outside groups or agencies.	
What question or issue will the report answer? Who is the audience?	
Who will be the contact person in your office that can answer questions from the CWS Data Unit and validate the data report once it is	
provided? <u>Please provide the name and email address.</u> Name: En	nail:
Agreement Provisions All publications using the information provided must acknowledge the Child Welfare Services Data Unit, County of San Diego, Health and Human Services Agency (HHSA) as the original source. If you modify the information by conducting additional analyses, please issue a disclaimer crediting any analyses, interpretation or conclusions reached to the authors, and not the CWS Data Unit. Parties must assure that technical descriptions of the data (e.g., data sources, data collection methods, data limitations, etc.) are consistent with those provided by CWS Data Unit. Use the data provided only for the purposes stated in the data request form, unless you obtain prior written approval. Consultations with the CWS Data Unit staff to discuss uses and limitations of the data are encouraged. Data will be sent to you electronically.	
By the signature below, I agree to abide by the above conditions. If sending request via e-mail, your e-mail signifies your agreement with the above conditions. A manager/executive should sign or	
be copied on requests from County employees.	
Signature:	Date:
Print Name:	
Supervisor Signature (for County programs):	

Please e-mail your completed form to: cWSData.HHSA@sdcounty.ca.gov
Attention: Bianca Ciurila or Laura Cazares-Machado

HHSA: CWS DATA UNIT 1 01/21