**Each local office and each unit in the Central Office should have at least one person trained to run queries using the Data Warehouse. Please direct your request for information to that individual first. If the individual is unable to provide the information requested, please contact your Program Representative.**

**The Program Representative may be able to provide the information requested or direct you to a report that currently contains the information.**

**If the information cannot be obtained after following the instruction above, your local supervisor should complete this form and email to:** [Debra.Henderson@dhhs.nc.gov](mailto:Debra.Henderson@dhhs.nc.gov) **as well as your Program Representative.**

***Please note: The requestor should allow a minimum of 45 days to have the information delivered. This allows time for creating the report, validating the data and ensuring the report is satisfactory for the requestor.***

**Date Requested:**Click or tap to enter a date.

**I. General Information**

|  |  |
| --- | --- |
| **County:** | Choose an item. |
| **Requestor’s Name:** |  |
| **Requestor’s Title:** |  |
| **Requestor’s email:** |  |
| **Requestor’s Telephone** |  |
| **Program Representative** | Choose an item. |
| **Requestor’s Data Warehouse ID** |  |

**Report Description/Details**

Provide the description of this report request

**What is the report’s goal/purpose:**

How will this report impact your county child support office?

**Scope of report usage:**

**Child Support Management**

**Child Support Case Managers and/or Administrative Staff**

**Single Individual Only**

**If the report is requesting Federal Tax Information (FTI), how will this information be stored/protected?**

**If FTI data requested, who will have access to the data?**

**Data to include or exclude:** (For example: Inclusion data: all active children who are > 18 yrs of age. Exclusion data: All cases that have a current support obligation)

**List the data elements requested for the Report:**

***Please note the following data filters will be used in creating each report unless otherwise stated by the requestor:***

* ***OPEN CASES (excluding NIVD)***
* ***ACTIVE PARTICIPANT***
* ***DISPOSITION CODE for EVENTS ≠ OOPS***

***The following elements will be considered as “standard” and will be included in each report unless otherwise stated by the requestor:***

* ***COUNTY***
* ***RESPONSIBLE WORKER***
* ***IV-D#***
* ***ACTIVE PARTICIPANT FIRST NAME (if applicable)***
* ***ACTIVE PARTICIPANT LAST NAME (if applicable)***
* ***ACTIVE PARTICIPANT MPI# (if applicable)***

Please provide the data fields that you would like displayed on the report and a description for the fields that need clarification. (For example: Case Status, Case Status Date, Order Date, Order Start Date, specific Event type, etc.)

RQ

**Date Range of your data request:**

**Layout/Sort order for the report:**

(For example: Sort by Responsible Worker Number, Case Type, Sort by Participant Name, etc.)

**Final report format:**

**If the report can be created in data warehouse, the report will be sent to the requestor via data warehouse.**

**If the report cannot be created in data warehouse, the report will be sent to the user via encrypted email. Please specify what format is preferred.**

**PDF format**

**Excel format**