STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

Kathleen Babineaux Blanco
GOVERNOR

**2006 Louisiana Health and Population Survey
Data Request Form**

LOUISIANA

Department of
HEALTH and
HOSPITALS

Frederick P. Cerise, M.D., M.P.H.
SECRETARY

REQUESTOR INFORMATION

*Date submitted: _____/_____/_____   *Date needed: _____/_____/_____

*Name: _____

*Organization: _____

*Address: _____

*City: _____   *State: _____   *Zip: _____

*Phone: (   ) _____ - _____   Fax: (   ) _____ - _____

*E-mail address: _____

* Indicates required information

DATA REQUESTED

_____ Survey public use dataset (to do your own analysis)

_____ Custom data request (describe exactly what data is needed)

        _____
        _____

_____ Complete set (all available parishes)

_____ Specific parish(es), if so please indicate

        _____
        _____

Will this information be disseminated in any way? (i.e. as part of a fact sheet, report, presentation, poster, journal article)

___ Yes, redistributed, as is

___ Yes, as part of something new

___ No

Target audience type(s) _____
(i.e. health care providers, insurance personnel, hospital association)

Approximate audience number _____
(i.e. copies distributed, attendees at conference, hits on website)

Intended purpose for requested materials (check all appropriate)

_____ Internet Site   web address _____

_____ Fact Sheet   topic _____

_____ Report   topic _____

_____ Journal Article   topic _____

                                     Submitting to _____

_____ Newsletter   topic _____

                                     Submitting to _____

_____ Poster or presentation   topic _____
For conference,   name of conference _____
Meeting, etc   date _____

_____ General awareness/use

_____ Other   specifiy _____

In consideration of any data received from the 2006 Louisiana Health and Population Survey, I agree and promise that no attempt will be made by me or any individual(s) under my supervision to use the data for any purpose not specified in my data request. All published forms of data will acknowledge the 2006 Louisiana Health and Population Survey.

Name _____   Signature _____
(please print)

Someone from the Louisiana Department of Health and Hospitals will contact you shortly to confirm your request and discuss arrangements for delivery.

Please submit to: Bureau of Primary Care and Rural Health
628 North 4th Street, Baton Rouge, LA 70821-3118
FAX: 225-342-5839

FOR OFFICE USE ONLY: Date Received _____   Date Completed _____   Initials _____