Reset Form

REQUEST FOR DATA

State Form 55305 (6-13)
Indiana State Department of Health
Indiana Women, Infants, & Children Program (WIC)

INSTRUCTIONS:
1. *Complete all items accordingly.*
2. *For any items needing explanation, attach an additional sheet.*
3. *Fax completed request to Indiana WIC Program at 317-233-5609 or email to inwic@isdh.in.gov.*
4. *Allow a minimum of two (2) weeks for data completion.*

Date requested *(month, day, year)*	Date completed *(month, day, year) (by ISDH only)*
Name	
Name of organization	Organization number
Name of department	Department number
Address *(number and street, city, state, and ZIP code)*	
Telephone number *(with extension)*	
E-mail address	
Purpose of the data needed *(Proposal, assessment, etc.)*	
Description of the data needed *(Please provide a detailed explanation.)*	
Time Period(s)	
How data should be sorted / displayed	
When will you need this data?	
Who will be using and viewing this data?	
How will this data be viewed by the above mentioned? *(Web site, etc.)*	

I agree not to publish data or analysis based on information provided through this data request without permission from the Indiana WIC Program.

Signature _____ Printed Name _____ Date *(month, day, year)* _____