

**Arkansas Department of Human Services  
Office of Systems and Technology  
CHRIS Report Request**

**REQUESTER INFORMATION:**

<b>Who is Requesting this Report?</b> <input type="checkbox"/> DCFS <input type="checkbox"/> Other If Other, Enter Requester Agency Here	
<b>Enter Name of Person Requesting Report</b>	<b>Date Report Requested:</b>
<b>What is the purpose of the report?</b>	

**USER INFORMATION:**

<b>Who will use this report (Position of user(s))?</b>
<b>What Security Categories Must a User Have to access this report?</b>

**BASIC REPORT INFORMATION:**

<b>What Title do you want to give the report?</b>
<b>Report Description:</b>
<b>What Priority for development do you want to give this report?</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<b>What is the Frequency of the report?</b> <input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Other If Other, specify:
<b>Report Time Frame:</b> <input type="checkbox"/> Current or <b>From:</b> _____ <b>To:</b> _____
<b>County Fields to Pull for the Report:</b> Most reports involve the county location: There are many county fields within CHRIS and the county may change over times at different locations within CHRIS and over the life of the record. Therefore; it is very important to the report that the correct county field be captured. To ensure we capture the correct county data you must provide us with one of the following: <ul style="list-style-type: none"><li>• The Path to the County Field Or</li><li>• The Name of the Field and the Name of the Screen it is on or</li><li>• A copy of a CHRIS screen print showing the county field desired Check here if screen prints attached <input type="checkbox"/></li></ul>
<b>Define the population type you want to be capture with this report. Check the appropriate boxes.</b> <b>Cases:</b> <input type="checkbox"/> All

Adoption

Child Protective Services:  In Foster Care  NOT in Foster Care

ICAMA

ICPC:  In State  Out of State

Independent Living Program

Supportive Services

Referral:

Screen Out  Referral Accepted  Referrals for DCFS Assessment

Investigations:  CACD  DCFS

Provider

Staff

Other :

If you want a report based on different population types listed above, define the population to capture here):

If you want only a subset of the entire population defined above indicate the subset desired here.

#### INDIVIDUAL IDENTIFICATION INFORMATION:

To What Extent Must individuals be identified?

Case Number

Referral/Investigation Number

Individual:

Client Identification Number:

Name:  Last  First Middle:  Full  First Initial

Social Security Number

Age

Birth Date

Gender:  Male  Female

#### REPORT TOTALS:

What basic report information below do you want to be included in the report:

Total Clients  Total Referral  Total Investigations

Total Cases  Total Providers  Total Staff

If you want totals for unique columns of the report list them here:

#### ROLES:

Is this report limited to clients with specific roles within CHRIS such as , Alleged Offender, PRFC, Victim, Mother (Biological), Father (Step), Son (Foster) Daughter (Step), Sibling, Provider Applicant, Approved Provider, Primary Worker Assigned, Etc:

No  Yes (if Yes, explain):

#### FIELDS UNIQUE FOR REPORT:

All reports contain basic data for identification of the data to be included in the report and data unique to the report being requested. If you have completed the above portions of this form, the basic data elements have been addressed. Now you must address the unique data for your report. To do this, you must provide the following:

