

# Data Request Form

560 N. Nimitz Hwy, Suite 218 Honolulu,  
Hawaii 96815  
Phone: 808-839-1789  
Fax: 808-839-1799  
Please send request to aarce@patch-hi.org

Date of Request:

Date Information Needed By:

Contact Person:

Organization:

Mailing Address:

City:

State:

Zip Code:

Email:

Phone:

Fax:

Purpose of Data Request:  Marketing  
 Professional Development

Referrals  
 Statistical Data

Please describe the type of data/statistics you are requesting. (Example: seeking the number of providers who care for infants, number of providers in a specific geographic area, etc.) **Please be specific**

Geographic Area Needed:  Entire State of Hawaii  
 Oahu  
 Maui  
 Molokai  
 Lanai  
 Kauai  
 East Hawaii  
 West Hawaii

Specific Cities (Please list by zip code)

Briefly describe the purpose for this request. Please include why you are requesting the information and how you plan to use the information.

*Child care providers are licensed by the State Department of Human Services and are not employees, subcontractors, agents or licensees of PATCH. I understand that the list of licensed providers continually changes. PATCH makes no warranties expressed or implied about the quality of childcare they offer. I understand that if this request is fulfilled, I will only have permission to use the information in the manner I have described. I understand that if the information is used for any other purpose, PATCH reserves the right to deny further requests. If statistical information is used in a published document, PATCH will be credited in the document. PATCH also reserves the right to review published documents before it is disseminated to the public.*

Authorized Signature:

Date:

PATCH thanks the State Department of Human Services-Benefit, Employment and Support Services Division for its support.

\*\*\*\*\*Below for DHS Use Only\*\*\*\*\*

Data request : \_\_\_\_ approved \_\_\_\_ Denied

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_