

**DATA REQUEST FORM**  
**Women, Infants, and Children (WIC) Program**  
**Indiana State Department of Health**

For all WIC data requests, please contact the Indiana State Department of Health at [mailto: SPatel@isdh.in.gov](mailto:SPatel@isdh.in.gov). Please complete all fields accordingly.

<b>Date Requested:</b>	<b>Date Completed (by ISDH only):</b>
<b>Name:</b>	
<b>Organization:</b>	
<b>Department:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Purpose of the data needed (Proposal, assessment, etc):</b>	
<b>Description of the data needed (Please provide detailed explanation) :</b>	
<b>Time Period(s):</b>	
<b>How data should be sorted/displayed:</b>	
<b>When will you need this data?</b>	
<b>Who will be using and viewing this data?</b>	
<b>How will this data be viewed by the above mentioned? (Web site, etc.):</b>	