

ACF

Data Request

OMB #: 0970-0531
Expiration Date: 09/30/2025

To be completed by ACF (select one):		
☐ **Approved**	☐ **Denied**	☐ **Returned for Modification**

Instructions

Fill out the information below and then provide thorough responses to the questions as appropriate to your request. *Note that this form is for individuals seeking access to ACF program office data for research and statistical purposes. It is not intended for individuals who want to make a general media inquiry or Freedom of Information Act (FOIA) request.*

Questions

Primary Contact Name:

Primary Contact Job Title:

Organization or Institution Name:

Organization or Institution Address:

(Provide street address, city, state, zip code)

Primary Contact Phone Number:

Primary Contact Email Address:

Project Title:

For the purpose tracking and assessing disclosure risk, do you agree to submit the final product(s) for review before it is disseminated to a broader audience? ☐ Yes / ☐ No

Q1. List the names, project roles, organizational/institutional affiliations, and contact information of all individuals that will have access to these data (including external parties such as evaluators or subcontractors).
Response.
Q2. Provide a description of the overall research project and include: **a. The purpose, scope, and rationale for the project.** **b. The key research or policy questions to be addressed.**
Response.
Q3. Describe why these data are necessary for your research project. Specifically, explain: **a. Why these data are needed to answer the research or policy question, and** **b. Why public-use data cannot meet your needs.** **c. Which data sources you have already reviewed and why they are insufficient.**
Response.
Q4. Will the study be reviewed by an Institutional Review Board (IRB)? *Note that ACF does not have an IRB so you must work with an external institution if you*

need approval.
Response.
Q5. What is the scientific and/or policy value of your proposed research? Your response should address aspects of the ACF Strategic Plan and ACF Research and Evaluation Agenda.
Response.
Q6. Provide a description of the analyses designed to address your research or policy questions.
Response.
Q7. If you plan to link these data to any other sources: **a. Describe how the linking will help achieve your research objectives.** **b. List the other datasets and data fields needed to link to them.** **c. Identify any challenges you foresee when trying to accomplish the linkage(s).**
Response.
Q8. How will the results be disseminated and used (e.g., reports, publications, presentations)?
Response.
Q9. If you are seeking access to aggregate (summary) data, provide a description of the aggregate data requested. For example: **a. Variables requested** **b. Cross-tabulations requested** **c. Level of aggregation** **d. Sample to be included (e.g., specific states, demographic groups, etc.)** **e. Years of data to be included**
Response.
Q10. If you are seeking access to case-level (individual) data, provide a

description of the case-level data requested. For example: **a. Variables requested** **b. Sample to be included (e.g., specific states, demographic groups, etc.)** **c. Years of data to be included**
Response.
Q11. If personally identifiable information (PII) is requested, explain why it is necessary and what would not be possible if it were omitted or replaced with non-identifiable unique identifiers.
Response.
Q12. Briefly describe where you would plan to maintain these data and the security features of that environment.
Response.
Q13. If you are receiving funding from a federal agency, including ACF/HHS, list your funding source(s).
Response.
Q14. What is your requested timeframe for receiving these data?
Response.
Q15. How frequently are you requesting data delivery? **a. One-time or ad hoc** **b. Scheduled – indicate how often**
Response.
Q16. How long are you requesting access to these data?
Response.
Q17. Are you affiliated with a Federal Statistical Research Data Center, or do you have Special Sworn Status? *Note that affiliation with a Federal Statistical Research Data Center or Special Sworn Status are not required. This question is*

intended to help us ascertain whether someone has previously gone through the process of being approved to use restricted-use data.
Response.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to facilitate processing of requests for access to ACF Program Office data for research and statistical purposes and to help ACF better understand data sharing requests in aggregate. Public reporting burden for this collection of information is estimated to average 180 minutes per individual, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing and completing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. All information collected will be kept private to the extent permitted by law. If you have general comments on this collection of information, contact the ACF Office of Planning, Research and Evaluation, Division of Data and Improvement by email at datagov@acf.hhs.gov. If you have specific questions regarding your data sharing request being made