

# BCIS REPORT REQUEST

## IS USE ONLY

IS# \_\_\_\_\_ / \_\_\_\_\_ Log# \_\_\_\_\_  
Logged by \_\_\_\_\_ HD Database  
Assigned to/Date: \_\_\_\_\_

*Please Type All Report Requests.*

### Instructions for completion:

New Report -- Complete entire form.

Run an Existing Report -- Complete all items in Sections I and III.

Add Report to Menu -- Complete all \* items in Section I and all items in Section III.

S Create a New Report \_\_\_\_\_ Run existing Report DAS \_\_\_\_\_ MHS \_\_\_\_\_ PSP \_\_\_\_\_ Add Report to Menu\* \_\_\_\_\_  
E (Enter Report Number) (Enter Report Number)  
C Report Title: \* \_\_\_\_\_  
T Report Frequency: \_\_\_\_\_ One-Time \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Annually  
I Date Required: \_\_\_\_\_  
O Your Print Queue where this report will be printed \_\_\_\_\_ or Data File \_\_\_\_\_  
N Reporting Units to be included in this report: \_\_\_\_\_  
I What dates is the report to cover: \_\_\_\_\_ Will informal presentation be acceptable \_\_\_\_\_  
If dates will vary, give date: \_\_\_\_\_

Report Description and Purpose:

*Please Type*

What items do you wish to appear on this report:

*Please Type*

In what order should the items appear:

**When the report has been finalized and prior to implementation, you will be contacted to provide a brief paragraph for the Reports Manual on how this report is to be used and by whom. You may refer to the Reports Manual for examples.**

S Requested By: \_\_\_\_\_ Date: \_\_\_\_\_ QIC: \_\_\_\_\_  
E Please Print Name  
C Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
T INSYST e-mail: \_\_\_\_\_ Internet e-mail: \_\_\_\_\_  
I Contact Person: \_\_\_\_\_ QIC: \_\_\_\_\_ Telephone: \_\_\_\_\_  
O Please Print Name  
N Authorized Signature: \* \_\_\_\_\_ Date: \_\_\_\_\_  
\*AOD/MH CBO-Program Liaison \*Director Finance \*Director County Adult Outpatient \*Director County Children's  
and Youth Services  
RAP Action: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
III RAP Comments: \_\_\_\_\_

Forward Request to: **IS System Support Svcs.** Behavioral Health Care Information Systems  
2000 Embarcadero Cove, #400, Oakland, CA 94606 County Only - QIC: 22711  
Tel: (510)567-8160 or 3-8160 Fax: (510)567-8161 or 3-8161