Data Request Form

560 N. Nimitz Hwy, Suite 218
Honolulu, Hawaii 96817
Phone: 808-839-1988
Please send request to **ccrr@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
❒ Statistical Data

Please check off the type of data/statistics you are requesting.

❒ **Desired Capacity** ❒ **Accreditation** ❒ **Openings/Vacancies** ❒ Email (not all programs have an email address)

❒ **Provider Name** ❒ **Licensed Capacity** ❒ **Zipcode** ❒ Hours of Operation

❒ **License ID** ❒ **City** ❒ **Ages accepted** ❒ **Address** (Note: Family Child Care Address cannot be released)

❒ **Provider Type** ❒ **License Expiration** ❒ Phone Number ❒ Other: _____

*please note that not all other requests will be approved and processed

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 PATCH Use Only**********

Signature: _____ Date: _____