

**Research & Analysis Work Request
Alaska Division of Public Assistance**

Submission Date: _____

Submitted by (Name and Organization): _____

Work Request Title: _____

Who (For example: individuals or households?)

What – (For which Public Assistance program)

Where (For all of Alaska or a smaller geographic area)

When (By state fiscal year, with the total or a monthly average, or by calendar year)

Why (By knowing the reason for the request, we can better serve your needs. Please include relevant background details.)

Desired completion date:

We respond to requests within three business days. We will endeavor to have an answer for you at that time; however, all requests are subject to evaluation and prioritization. Please visit our [Statewide Reports page \(http://dpaweb.hss.state.ak.us/node/354\)](http://dpaweb.hss.state.ak.us/node/354) for links to the standard program reports that might address your needs without any delay. Please submit this form via email to hss.dparesearch@alaska.gov.