Department of Human Services
External Data Request Form

The Office of Performance Analytics & Continuous Improvement (OPA&CI) at the Rhode Island Department of Human Services (DHS) is pleased to help support your data request. Please use this document to submit your request for data pertaining to the general operations of DHS programs and services. Please note that DHS will not provide personally identifiable information (PII), confidential information nor protected personal health information (PHI). DHS reserves the right to decline a request if the disclosure of the requested data is prohibited by state and/or federal law, regulation or rule.

Completed forms should be sent to dhs.datarequest@dhs.ri.gov. A member of the data team will reach out to you to clarify any questions and share an anticipated timeline to process your request, which will vary depending on the complexity of the requested information. However, please note it is our intention to fulfill your request within 30 days if possible. Thank you.

Please fill out form below:

Name of Requestor

Telephone Number

Email Address

Affiliated Organization

Data Request

What is the Intended Use of This Information?

Who is the Intended Audience?

Data Attributes (e.g., City, Program, Age)

Reporting Period

Preferred Format

- ◯ .xlsx
- ◯ .txt
- ◯ Delimited