# aggregate data request FORM

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| --- |
| (Please Print) |
| Today’s date: |  5/28/2019 |
| Requestor INFORMATION |
| Name: | Ms.Smith |
| Title: | Assistant Director, Community Support |
| Institution/ Agency | CT Youth and Family Services  |
| Phone number: | xxx-xxx-xxxx |
| E-mail address:  |  |
|  |
| aggregate data information  |
| (Please fill out as completely as possible.) |
| Data is for residents of: [Specify CT, town(s), district, and/or county.] | State of CT  |
|  |
| Describe aggregate data requested: The number of suicides and homicides in Connecticut from 2015-2017 where victim had positive marijuana results within the last 30 days.  |
| What type of data is requested? | [x] Deaths | [ ]  ED visits | [ ]  Hospital discharges |
| [x]  Other | Specify other (e.g. costs, length of stay, etc.): Cost Associated  |
| Rates or counts of injury incidents: [May check more than one.] | [x] Counts | [ ]  Rates/10,000 or 100,000 population |
| Stratify data by: [May check more than one.] | [ ]  Age Group | [ ]  Gender | [ ]  Race and Ethnicity |
| Time period of data: | From date: | To date: |
|  | 1/1/2015 | 12/31/2017 |
| By what date do you need the data? As Soon As Possible  |
| Any other comments?  |
| Please attach form and send to michael.makowski@ct.gov or call 860-509-7236 if more information is needed. |