

State of Connecticut
Department of Children and Families
Information Systems Division



Technology Project Request

(FOR PROJECTS NEEDING THE SUPPORT OF THE INFORMATION SYSTEMS DIVISION OF DCF)

PROJECT SUMMARY	
<i>Please provide the name of the project and a few descriptive sentences summarizing what the project will accomplish.</i>	
Project Name: Project Summary:	
BUSINESS SPONSOR	
Name: Department: Title:	Email: Cell #: Phone #:
Planning Timeframe: <input type="checkbox"/> Emergency <input type="checkbox"/> Critical (0-1 Yrs) <input type="checkbox"/> Tactical (1-2 Yrs.) <input type="checkbox"/> Strategic (2-5 Yrs.)	
Request Date:	Requested Delivery Date:
Juan F. Support: <input type="checkbox"/> Yes <input type="checkbox"/> No	Regulatory/Statutory Mandate: <input type="checkbox"/> Yes <input type="checkbox"/> No FY
CCWIS Project <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified Project Funding Source: <input type="checkbox"/> Yes <input type="checkbox"/> No FY
BUSINESS REQUIREMENT	
<i>Identify and explain the business need(s) driving the project and how the project fits within DCF's overall strategic business objectives.</i>	

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BUSINESS BENEFIT
Provide a sentence or two stating what benefits this project will deliver to DCF, its clients, and state citizens (e.g., personnel savings, improved efficiency, increased revenue, reallocation of resources, compliance with state or federal mandates)

NEGATIVE BUSINESS IMPACT
Explain how your division or unit will be impacted if this request was postponed, denied or cannot be implemented in the requested Planning Timeframe identified.

PROPOSED DCF BUSINESS OWNER

Name:	Email:
Department:	Cell #:
Title:	Phone #:

ANTICIPATED LINK SECTION AFFECTED
Please select the relevant casework sections. Select all that apply.

<p>Case Work</p> <p><input type="checkbox"/> Case Planning <input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Assessment <input type="checkbox"/> Medical</p> <p><input type="checkbox"/> Narrative <input type="checkbox"/> Education</p> <p><input type="checkbox"/> Intake/Referral <input type="checkbox"/> Correspondence</p> <p><input type="checkbox"/> Placement <input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Payment <input type="checkbox"/> Administration</p>	<p>Provider Work</p> <p><input type="checkbox"/> Administrative</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Maintenance</p> <p><input type="checkbox"/> Contract <input type="checkbox"/> Narrative</p> <p><input type="checkbox"/> License <input type="checkbox"/> Payment</p> <p><input type="checkbox"/> License Application <input type="checkbox"/> Quality Assurance</p>
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ANOTHER APPLICATION AFFECTED?

Indicate application: