Ohio Department of Children & Youth

Change Request

Bureau of Automated Systems

Instructions: Super Users or Ohio SACWIS Coordinators should use this form to request an enhancement, change or addition. Please complete one form for each requested enhancement, change or addition. E-mail completed forms and supporting documentation to the Customer Care Center.

Date:	
County:	
Primary Point of Contact: *(Name and Email Address)*	
System:	☐ SACWIS ☐ Accurint ☐ RTIS ☐ PCSA Onboarding ☐ OCALM ☐ OSAPS ☐ Traverse ☐ PCSA Exit Survey ☐ ODAPS ☐ Other:
Background of the Requested Change • Pertinent information needed to understand the overall scope of the request.	
Requested Functionality • What does this change need to do? • Location of the requested change in the selected system?	
Impact • Who will benefit from this change? • What will the impact be if the change is not completed?	

Please attach a screen shot, example or other documentation that supports this request.

For OFC Use Only
☐ Approved ☐ Denied **Reviewed By:**
Explanation for the Approval/Denial: