



State of Texas
HHSC EA IT CMS
Change Request

[Please use this form for requested changes to the HHSC EA IT Client Management Services (CMS) Systems. These include: CRS, CARE, WebCARE/RDM, NorthSTAR, WoRx and LAB. Submit this form to the CMS Manager.]

A. General Information

Project Number: _____	Date: _____
Project/Program Name: _____	
Controlling Agency: _____	Control Number: (From Control Log) _____
Prepared by: _____	
Project Manager: _____	

B. Requestor Information

Proposed Change Description and References:
[The requestor will provide information concerning the requested change along with any supporting documentation.]

Justification:

Impact of Not Implementing Proposed Change:

Alternatives:

C. Initial Review Results of the Change Request

[The Project Manager does the initial review.]

Initial Review Date:

Assigned to:

Approve for Impact Analysis

Reject

Defer Until:

Reason:

D. Initial Impact Analysis

[The Project Manager does the initial impact analysis. This section may be replicated for multiple reviewers.]

Baselines Affected:

Configuration Items Affected:

Cost / Schedule Impact Analysis Required? Yes No

Impact on Cost:

Impact on Schedule:

Impact on Resources:

Final Review Results:

Review Date:

Classification: HIGH MEDIUM LOW

E. Impact Analysis Results

Specific Requirements Definition:

Additional Resource Requirements	Work Days	Cost
TOTAL		

Impact of Not Implementing the Change:

Alternatives to the Proposed Change:

Final Recommendation:

F. Signatures

[The signatures of the people below relay an understanding in the purpose and content of this document by those signing it. By signing this document you agree with the change control request as written.]

Name/Title	Signature	Date
Executive Customer		
Sponsor		
Manager		
Customer Contact		
Other Stakeholders, if applicable		