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| **IVR Self Service-Based Form**  |
| **Agency Name** |  |
| **Department** |  |
| **Address** |  |
| **Contact Name** |  |
| **Contact Phone** |  |
| **Contact Email** |  |
|  |
| **IVR Self Service-Based** | **Basic****System****Requirements** | # Calls/Per Day |  |
| Avg.Call Length/Sec |  |
| Hours of Operation |  |
| DTMF (touchtone) | Yes[ ]  No[ ]  |
| Speech Recognition | Yes[ ]  No[ ]  |
| Multiple Languages | Yes[ ]  No[ ]  |
| Number of Languages |  |
| Do you have a Current Auto Attendant or Call Flow  | Yes[ ]  No[ ]  |
| Toll Free Number or Numbers | Yes[ ]  No[ ]  |
| Toll Free Number |  |
|  |  | Archive Days of Storage***Example: 90+Days*** |  |
| **Database integration** | *(The IVR will integrate with your Database or Web Site with a ODBC, VXML or other connection methods)*  | Do you have a Database?  | Yes[ ]  No[ ]  |
| Database Type |  |
| Do you have a Web Site?  | Yes[ ]  No[ ]  |
| Web Site URL  |  |