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|  | **Tennessee Department of Children’s Services** **Survey Synopsis** |

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| **PLEASE RESPOND TO QUESTIONS 1-12. CENTRAL OFFICE WILL COMPLETE QUESTION 13.**  |
| 1. **Requestor and Title of the Survey:**
 | 1. **Date of Request:**
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| 1. **Organizations/people the Survey will be sent to:**
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| 1. **Purpose of the Survey:**
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| 1. **How will the results of the Survey be used? Who will the results be shared with and where will the results be stored?**
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| 1. **Does the Survey benefit DCS? [ ]  Yes [ ]  No If “yes”, explain:**
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| 1.
 | **Does the Survey create a burden for DCS? [ ]  Yes [ ]  No Explain:**       |
| 9. **Is there a consequence for not sending out the Survey? [ ]  Yes [ ]  No If “yes” list the consequence(s):**       |
| 10. **Is the Survey required for funding of any kind? [ ]  Yes [ ]  No If “yes”, what type of funding:**       |
| 11. **When will the Survey be sent out and how long will it remain open?** |
| 12. **How frequently will this Survey be sent out (i.e., one time, annually, etc.)?** |
| 13. **Central Office** **Legal will Complete:****Legal Certifies the document is legally sufficient both in form and substance to protect the best interests of the State** **[ ]  Yes [ ]  No**  |