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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:** |
| 1. **Organizations/people the Survey will be sent to:** | | |
| 1. **Purpose of the Survey:** | | |
| 1. **How will the results of the Survey be used? Who will the results be shared with and where will the results be stored?** | | |
| 1. **Does the Survey benefit DCS?  Yes  No If “yes”, explain:** | | |
|  | **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** | | |