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|  | **Tennessee Department of Children’s Services****Data Request Synopsis** |

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| **PLEASE RESPOND TO QUESTIONS 1-12. CENTRAL OFFICE WILL COMPLETE QUESTION 13.**  |
| 1. **Data Requestor/Principle Investigator:**
 | 1. **Date of Request:**
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| 1. **Academic, Agency, or Institutional Affiliation:**
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| 1. **Purpose of data request:**
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| 1. **Please list the data elements being requested including timeframes/regional level/county level/statewide:**
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| 1. **DCS’ role or responsibilities per the request:**
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| 1. **Does the data request benefit DCS? [ ]  Yes [ ]  No If “yes”, explain:**
 |
| 1.
 | **Does the data request create a burden for DCS? [ ]  Yes [ ]  No If “yes”, explain:**       |
|  | **Who will pull the data?** **[ ]  The region** **[ ]  Central Office/STS** |
| 9. **What does the data requestor intend to do with the results?**       |
| 10. **Is the data request required for funding of any kind? [ ]  Yes [ ]  No If “yes”, what type of funding:**       |
| 11. **How frequent will the data being requested need to be provided? [ ]  Monthly [ ]  Quarterly** **[ ]  Annually Other:**        |
| 12. **Deadline for Request:**       |
| 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**  |