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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:** |
| 1. **Academic, Agency, or Institutional Affiliation:** | | |
| 1. **Purpose of data request:** | | |
| 1. **Please list the data elements being requested including timeframes/regional level/county level/statewide:** | | |
| 1. **DCS’ role or responsibilities per the request:** | | |
| 1. **Does the data request benefit DCS?  Yes  No If “yes”, explain:** | | |
|  | **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** | | |