STATE OF TENNESSEE
DEPARTMENT OF DISABILITY AND AGING
500 JAMES ROBERTSON
PARKWAY
NASHVILLE, TENNESSEE 37243
DAVY CROCKET TOWER, 2nd Floor

Family Support Program Title VI Self-Survey Information
FY 2025-2026

Agency Name:_____ Date:_____

Person Completing Form:_____Phone Number: _____

Submit this information to the DDA Statewide Family Support Coordinator by July 31, 2026

This form needs to document the following information regarding persons supported who received funding from the Family Support program for this Fiscal Year (July 1, 2025, through June 30, 2026).

I. Total Number of Persons Supported Receiving Funding:

Total Number of Persons Supported receiving funding during the reporting period:	

II. Total number of Persons Supported Receiving Funding by RACE*:

[*In 2024, the federal government revised its Standards for Maintaining, Collecting and Presenting Federal Data on Race and Ethnicity. This table conforms to those changes. If you have questions about these changes, please contact DDA.OCR@tn.gov]

American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	Other (including 2 or more races)	TOTAL