

Notification to KDADS Licensed Community Based Facility Chief Administrative Officer
Regarding APS Intake/Investigation

Date:

To: _____ (facility CAO)

(name of facility)

(street address/PO Box)

(city, state, zip)

Re: _____ (name of involved adult(s))

This is to advise you that on: _____ (date)	
Adult Protective Services in the: _____ (Service Center) received a report _____	
regarding the above name person(s). Attached is a copy of the PPS 10110, Adult Protective Services Screening Report, to advise you of the decision to assign for further assessment.	
If you have any questions, please contact:	(APS Specialist)
Telephone Number:	E-Mail Address:

Distribution: Facility CAO
KIPS record

