

## Appeal Summary

From (DCF Region):

Date:

To: Presiding Officer  
Office of Administrative Hearings  
1020 S. Kansas Ave.  
Topeka, Kansas 66612

### I. Information

Appellant's Name:

Appeal Number:

Address (city, state, zip):

Work Phone:

Home Phone:

### II. Summary Information

Summary statement concerning why the appellant is filing a request for a fair hearing:

### III. Summary of DCF's Action

Date of Action(s):      Brief chronological summary of DCF's action in relationship to the appellant's request for fair hearing:


### IV. Basis for the Agency's Decision

Statement of the basis for the agency's decision:

### V. Citation of Applicable Policies

Citation of the applicable policies relied upon by DCF in taking the action in question:

Statute/Policy Citation Number:

Reference Information:


### VI. Notice of Decision

Copy of the notice which notified the appellant of the decision in question (attached):

## Appeal Summary

### VII. Finding Definition (Abuse, Neglect, Exploitation, Fiduciary Abuse):

*Substantiated Defined: When a social worker's response is "Yes, a reasonable person would conclude that through Clear and Convincing Evidence-it is highly probable that abuse, neglect, exploitation or fiduciary abuse has occurred."*

### VIII. DCF Personnel Information

Name(s) of DCF personnel representing APS: {include Name and Phone Number(s)}:

### IX. Prevention and Protection Service Policy

#### Manual Reference(s)

K.S.A. 39-1430 - 39-1442

Section (PPM 10000):

Attachments: Request for Fair Hearing, Notice(s) of Action, Manual Pages

