State of Kansas Department for Children and Families Prevention and Protection Services

Family Service Case Status Instructions

PPS 4005 REV. Jul 16 Page 1 of 2

SECTION I: Type of Case

Document the type of case.

SECTION II: Identifying Information

Complete the Identifying Information.

COMPLETE THE FOLLOWING SECTIONS ONLY WHEN A FAMILY SERVICES CASE HAS BEEN OPENED.

SECTION III: Family Service Case Open A supervisor's approval is required to open a Family Service case, however the signature of the supervisor is not required on the PPS 2030 F to complete this form.

Date case open/referred: Document the date the Family Service Case is opened indicated by the date the family agrees to participate in services and the CPS specialist has consulted with the supervisor. These actions may not occur on the same date. Use the date when both have occurred.

Referral Information: For Community Family Service Provider referrals only, document the Responsible Agency, Region, and Reason For Referral and indicate whether any child is in DCF custody.

Document the Reason for Referral by describing what brought the family to the attention to the agency and why the family is being referred for family services.

Required attachments shall be included with the referral as indicated on the form. Check the boxes to indicate what attachments are provided at the time of referral.

SECTION IV: Closure of Family Service Case

Date of Closure: Document the date of Family Service Case closure.

Closure Reason: The Community Family Service Provider will select the reason case is closing and provide a summary of the reason for case closure. Example: "Family declined services prior to case plan" may be checked. The summary may describe the family was able to locate services on their own and decided not to participate in DCF family services.

Closure Summary: The Community Family Service Provider will document a brief description of the family's progress/functioning at closure, and a summary of the reason for closure.

Result of Family Meeting Case Plan Goal: Select one to indicate whether the family has met the case plan goals and/or the family has addressed the need for services identified during the assessment.

