To DCF CPS Specialist:		From Family Preservation Services Provider / Agency	
Date:		Referral Date:	

Reason for Submission: (Check the applicable boxes below)

☐ Initial/Acknowledgment of Referral

☐ Drug Toxicology Results/Pregnant Woman Using Substances referral to Medicated-Assisted Treatment

☐ Resumption of Services

☐ Corrected Copy

☐ Status Change

☐ Non-Completion of Case Plan

☐ Closure

SECTION I Case Identifying Information

Case Name:		Client ID #:	
FACTS Case #:		Court Case #:	

SECTION II Acknowledgment of Referral

Date Referral Received by Provider		Time Referral Received by Provider	☐ AM ☐ PM

SECTION III Provider Staff Identifying Information

Provider Staff Assigned:		Address:	
Worker Phone #:		24-Hour Access Phone #	

SECTION IV Pregnant Woman Using Substances

Infant's Name:		Date of Birth:	☐ Not Live Birth	Sex:	☐ Female ☐ Male
Race:	☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Declined ☐ Unable to determine				
Ethnicity:	☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Not Hispanic ☐ Central or South American ☐ Other Spanish Cultural Origin ☐ Unable to determine ☐ Declined to provide information				
Tribe:	☐ Sac & Fox ☐ Potawatomi ☐ Kickapoo ☐ Iowa ☐ Other:_____ ☐ Not applicable				

(Complete if PWS Using Non-Opioid Substances)	(Complete if PWS Using Opioids)
Infant's Drug Toxicology Test Date: ☐ Not Tested (Opioid Use Only) Results of infant's test: ☐ Negative for drugs ☐ Positive for drugs	☐ Pregnant Woman Referred to a Medication Assisted Treatment (MAT) program (Opioid Use Only) Date: ☐ No Reason:

SECTION V Case Status Change		
	Date:	**Note:**
☐ Child released from DCF custody		
☐ Court venue change (custody only / services transfer to another region)		
☐ Family cannot be located / disengaged from services		
☐ Family moved out of state		
☐ Family placed children out of state		
☐ Family refused to continue services		
☐ Family placed children with relatives/kin in another region		
☐ Family successfully completed services / case conference complete		
☐ Other (specify)		
SECTION VI Case Closure/Payment Cessation		
	Date:	**Note:**
☐ Family did not sign Family Case Plan/Not engaged in services in 30 days		
☐ Conclusion of Family Preservation Services		
☐ Family refused to continue services		
☐ Family Preservation Services ended due to referral for out-of-home placement of child(ren)		
☐ Other (specify)		

DISTRIBUTION

According to local procedures, send to:
Regional Support Services Program Consultant
DCF CPS Specialist/Family Preservation Liaison
DCF Payment Unit/eSCRIPTS
DCF FACTS Unit

AD ASTRA PER ASPERA
Kansas
Department for Children and Families