

Section I			
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Date:			
To CPS Specialist:		Family Preservation Services Staff Name and Agency:	

Section II					
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Case Head:		Case Head Facts #:		Date of Referral:	
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Section III					
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<input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 (for use on cases referred after 1/1/20)	<input type="checkbox"/> Intensive Phase <input type="checkbox"/> Non-Intensive phase (for use on cases referred prior to 1/1/20)		
Date Family Last Seen:		Date Child Last Seen:	

Section IV					
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Summary of attempts to locate and case progress: *(Please include any new/updated family contact information)*

Section V					
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Safety Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe safety concerns and consider whether a report to the Kansas Protection Report Center is needed. Include the event number of the report in the narrative below, if applicable.		

Section VI					
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Signature of Provider Staff:	
Signature of Provider Supervisor:	

