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| Section I: (Completed by CWCMP or DCF CPS Specialist)  |
| Date of Request: |  |  |
| Request made by (name and title): |  | Child Welfare Case Management Provider Agency: |  |
| Phone Number:  |  | DCF Region: |  |
| Family Preservation Provider Staff / DCF Worker |  | DCF Regional FPS Program Consultant or designee: |  |
| Section II |
| Case Name: |  | FACTS #: |  | Date of Referral |  |
| Name and ages of children in the home: |
| Name of other adults in the home: |
| Reason for referral (complete with information from the PPS 5000 or PPS 4200. The referral form may also be attached): |
| Reason for Request: (Check box below or explain reason)[ ]  Family does not meet criteria for referral[ ]  Family member has open case in FACTS for other services[ ]  Family remains eligible for services to resume in same tier of services without new referral[ ]  Other:       |
| Steps taken by Child Welfare Case Management Provider: |
| Electronic Signature |  | Date: |  |
| Section III (to be completed by DCF Regional FPS Program Consultant or Designee) |
| Date request received from the CW Case Management Provider/DCF Worker: |  |
| Does the DCF Regional FPS Program Consultant or designee agree with the request for retraction? | [ ]  Yes[ ]  No |
| Rationale for decision / Additional Comments: |
| Retraction Request Approved? | [ ]  Yes [ ]  No  | Date of Decision: |  |
| Submit to DCF Escripts Help at DCF.EscriptsHelp@ks.gov |
| Electronic Signature: |  | Date: |  |
| Distribution:* Case File
* Child Welfare Case Management Provider
* DCF Child Protection Specialist
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