State of Kansas Department for Children and Families Prevention and Protection Services	**Family Preservation Services Request for Retraction of a Referral**	**PPS 4260** **Rev.January-2020** **Page 1 of 2**

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			

Kansas
Department for Children and Families