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| State of Kansas Department for Children and Families Prevention and Protection Services | Family First Prevention Services Referral/Case Status Instructions | PPS 4310 REV. January 2020 Page 1 of 2 |
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Checkboxes – Completed by DCF

Check the boxes indicating the Prevention Plan is complete and at least one child is identified as a Candidate for Foster Care

SECTION I: Identifying Information- Completed by DCF

Complete the Identifying Information for family and for DCF staff

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| Date of intake assignment and date of referral may be different, see notes on form. | Enter if applicable; CINC case information, children in custody, juvenile offender information, pregnant or parenting youth information. |
| Enter DCF office information and if applicable list any other DCF employees/divisions actively working with family. | |

List all children in the home and their age at the time of referral

SECTION II: Type of Case – Completed by DCF Check service the family is being referred to

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| Kinship Navigator NIT: Kinship Interdisciplinary Navigation Technology (KIN-Tech), Kansas Legal Services | Mental Health FCT: Family Centered Treatment FFT: Functional Family Therapy, TFI Family Services THP: Parent Child Interaction Therapy, Horizons PCI: Parent Child Interaction Therapy, TFI Family Services MST: Multisystemic Therapy, Community Solutions Inc. | Parent Skill Building ABC: Attachment Bio-Behavioral Catch-Up, Project Eagle HFA: Healthy Families America, KCSL HFB: Healthy Families America, Great Circle STF: Healthy Families America, Lawrence Douglas County Public Health NPP: Family Mentoring Program, CAPS FSP: Fostering Prevention, Foster Adopt Connect PAT: Parent as Teachers, KPATA | Substance Use Disorder PCA: Parent Child Assistance Program, KCSL SES: Seeking Safety, Saint Francis Ministries MMT: Seeking Safety, DCCCA |
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SECTION III: Family First Referral Opening – Completed by DCF

Referral Information: 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 First Prevention 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: Timely engagement – Completed by Grantee - Timely engagement – Completed by Grantee -

Assessment and/or review of prevention plan with family to occur within 2 business days of referral. Provide initial contact date below and submit to emails listed at the end of this form for the appropriate region within 5 business days of initial contact. Use the email subject line:

FF_county abbreviation_Lastname_Firstname_4310_Initial Contact

Grantee outcome is timely engagement. Document name of agency and the service category. Some services may cross-cutting over multiple service categories. Grantees should select the service category where their service is listed above (refer to Section II on this document). Grantees should provide the date of initial contact with family to begin the initial assessment and/or review the prevention plan. Submit 4310 to referring worker, the Family First regional inbox and FACTS unit. Refer to end of this document

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for instructions and emails.

SECTION V: Closure of Family First Prevention Services – Completed by Grantee- At time of case closure, add date, closure reason, and summary below. Submit to emails listed at the end of the form for the appropriate region within 5 business days of closure. Use the email subject line: FF_county abbreviation_Lastname_Firstname_4310_Closure

Document name of agency and select service category. Some services may be cross-cutting. Grantees should select the service category where their service is listed above (refer to Section II on this document).

Closure Date: Document the date of Family First Prevention Services case closure.

Closure Reason and Summary: The Family First Prevention Services Grantee will select the reason case is closing and provide a summary of the reason for case closure. Example: “Family successfully completed services” may be checked. The summary may describe the family’s progress in mitigating risk/safety concerns leading to services and completed the program.

Grantee Instructions for submitting to FACTS (DCF’s Information Management System)

Submit 4310 to referring worker, the Family First regional inbox and FACTS unit. Refer to Section 1 on the completed PPS 4310 to identify the appropriate region. The subject line for all FACTS communication has four parts and each part is separated by an underscore not a dash.

Subject line Format: Program Code_County Abbreviation_Case Head Last Name_Case Head First Name_Document Code

Program Code: FF

County Abbreviation: Use the county abbreviation of where the family resides

Case Head Name: Use the name provided on the completed PPS 4310 at time of referral to services

Document Code: 4310

An example subject line is provided below:

FF_DG_Doe_Jane_4310

Grantees: Return the form to the following emails for the appropriate region where the family resides

| Region | FACTS email inbox | Family First email inbox | Referring Child Protection Specialist or Foster Care Liaison (listed in Section I) |
|-------------|-------------------------|---------------------------------|--|
| Northwest | DCF.WERFP@ks.gov | DCF.WERFFLiaison@ks.gov | Both |
| Southwest | DCF.WERFP@ks.gov | DCF.WERFFLiaison@ks.gov | Both |
| Wichita | DCF.WROCPFP@ks.gov | DCF.WROFF@ks.gov | Both |
| Northeast | DCF.EastFacts@ks.gov | DCF.NortheastFamilyFirst@ks.gov | Both |
| Southeast | DCF.EastFacts@ks.gov | DCF.SoutheastFamilyFirst@ks.gov | Both |
| Kansas City | DCF.KCMFactsUnit@ks.gov | DCF.KCRegionFamilyFirst@ks.gov | Both |

