

**FAMILY PRESERVATION REFERRAL AND TRANSMITTAL SHEET**  
**Instructions**

The PPS 5000 shall be completed for each family referred to the Family Preservation provider.

**Head of Household**-enter the last name, first name and middle initial of the head of household. Typically, this will be the female head of household listed as the FACTS case head.

**Initial Referral**-An initial referral is the first referral on the case head/head of household in the past 365 days. If this box is checked, enter the date and time of the initial referral.

**Resumption of intensive services**-If the family has been previously referred and has been moved to less intensive services and DCF determines there is a need for Intensive services again, this box is checked. Enter the date of the resumption of intensive services.

**Address of family**-Enter the address where the family can be located.

**Phone number or contact name/number for the family**-Enter the phone number where the family, preferably the head of household, can be located.

FACTS CASE ID#-Enter the FACTS Case number for the head of household.

County (family)-enter the county where the family resides.

KAECSES #-Enter the KAECSES number associated to the family.

DCF Social Worker-Enter the name of the assigned DCF social worker

Local DCF office-Enter the name of the local DCF office.

Regional DCF office-Enter the regional office the family resides in; Kansas City, East, West or Wichita

Social Worker Phone-Enter the DCF social workers phone number, including area code.

**Section I FINANCIAL ELIGIBILITY**

Employer-Enter the name of the employer of the case head.

Private Insurance Company-Check here if the family has private insurance

Policy Number-If the family has private insurance, provide the policy number

Insur Co Phone #-Provide the phone number for the private insurance company

Title IV-E TAF-If the family is receiving Title IV-E TAF assistance, check here

Title XIX Medicaid/Title XXI, KanCare-if the family receives either of these services, check here

**Section II Presenting Problem**

Check the presenting reason for the referral: Abuse, Neglect, Non-Abuse or Neglect or Pregnant Woman Using Substances

Check Yes or No to indicate if there are children in the home in DCF custody. If "Yes" is checked provide the names of the children in DCF custody.

If there are any children in DCF custody, provide the date of the next court hearing

Check Yes or No to indicate if there is additional court involvement; this may be JO court etc.

If "Yes" is checked, please indicate the next court date and the county of jurisdiction and what type of court is involved

Person(s) agreeing to services: indicate the names of all family members who agreed to participate in family preservation services

When were Family Preservation Services Offered: indicate the date the family was offered family preservation services

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When were Family Preservation Services Accepted: indicate the date the family case head accepted family preservation services

When was the last contact: indicate the last date the DCF social worker had contact with the family

Section III

Brief Synopsis for referral: Provide information so the family preservation provider will know why the family is being referred and what issues DCF expects the family preservation provider and the family to address. If there are any safety concerns, they should be included in this section. There is no limit to the amount of information which can be provided in this section.

If applicable, give status of child abuse/neglect: if applicable, check if an investigation is in process, substantiated or unsubstantiated

Is any member of the family receiving mental health services: indicate by checking N/A, No or Yes

If the previous answer was checked as yes, provide the name of the family member receiving services and provide the name of the current therapist/case manager

List current services being provided through a Client Service Agreement and indicate if authorized by DCF to continue, if any. If there are no services, write "none" in the space below.

Completed by: list the name of the DCF social worker completing the referral

Faxed/mailed: check the box indicating whether the form was faxed or emailed to the family preservation provider

Date: indicate the date the referral was provided to the family preservation provider

Time: indicate the time the referral was provided to the family preservation provider

Send the following forms to the Provider: check the forms which are provided at the time of referral to the family preservation provider.

