

Request for Retraction of a Family Preservation Referral

Section One (Completed by CW Case Management Provider)

Date of Request: _____

Request made by (Name and title): _____

CW Case Management Provider: _____

Phone number: _____

DCF Region: _____

CW Case Management Worker: _____

DCF Regional Contract Specialist: _____

Section Two (Completed by CW Case Management Provider)

Case Head name: _____ FACTS #: _____

Date of Referral to CW Case Management Provider: _____

Names and ages of children in the home: _____

Names of other adults in the home: _____

Reason for referral (complete with information from the PPS 5000 or attach the PPS 5000 to the request): _____

Rationale for Request: _____

Steps taken by CW Case Management Provider to prevent request: _____

Electronic Signature

Date

Section Three (Completed by DCF Regional Contract Specialist)

Date request received from the CW Case Management Provider: _____

Does the DCF Regional Contract Specialist agree with the request for retraction? Yes No

Rationale for Decision/Additional Comments: _____

Retraction Request Approved? Yes No Date of Decision: _____

(Submit to **EscriptsHelp@srs.ks.gov**)

Electronic Signature

Date

CC: Case file

