State of Kansas Department for Children and Families Prevention and Protection Services

## Child Support Services Genetic Test Referral Form

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	CONTACT IN	FORMATION					
Date Referral Made		IV-D # (if known)					
DCF Foster Care Liaison		Phone					
*All contact should be coordinated directly with the referring Liaison or FC Administrator.*							
Juvenile Court #		Juvenile Court Judge					
Date & time of next hearing							
Assigned Attorney (GAL)		CSO					
Contractor Caseworker		DCF/PPS Investigator					
NOTE: A copy of the juvenile court determination authorizing buccal (mouth) swab test is mandatory.							
	CHILD'S INI	FORMATION					
Name							
DOB []		SSN []					
Tested at Court?	Yes	No []	Date				
*Provide a copy of t	the child's birth certifica	te.					
FOSTER PARENT INFORMATION							
Name							
Current address							
City []	State []		ZIP Code				
MOTHER'S INFORMATION							
Name							
DOB		SSN					
Current address							
City []	State []		ZIP Code				
Tested at Court?	Yes	No	Date				
Department of Corrections ID (if applicable):							
Was the mother marr born?	ied when the child was co	onceived or	Yes [] No []				
If yes, name of husband							
FATHER'S INFORMATION							
Name							
DOB		SSN					
Current address							

State of Kansas	
Department for Children and Familie	2:
Prevention and Protection Services	

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City []	State			ZIP Code				
Tested at Court? Yes			No   [ ]	Date				
Department of Corrections ID (if applicable):								
FATHER'S INFORMATION								
Name								
DOB []			SSN []					
Current address								
City	State			ZIP Code				
Tested at Court? Yes			No   [ ]	Date				
Department of Corrections ID (i applicable):	f [							

- 1. The Journal Entry must be attached to this form and must list the mother and alleged father(s) by their name(s). \*\*Referral cannot be processed if alleged parent is listed as unknown in the Journal Entry.
- 2. CSS staff will send letters stating appointment times and results of the tests to the above-named persons that were not tested at a court hearing or their attorney. The referring Liaison will be notified of any problems.
- 3. LabCorp requires that the child's SSN and parent photo identification be presented at appointment time.
- 4. If any father is presumed pursuant to K.S.A. 23-2208 and there is an alleged father as well, the court must have conducted a *Ross* hearing to determine that genetic testing is in the best interest of the child before CSS will process the request for testing. The JE showing that the court made this best interest determination must be provided with the form.

