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

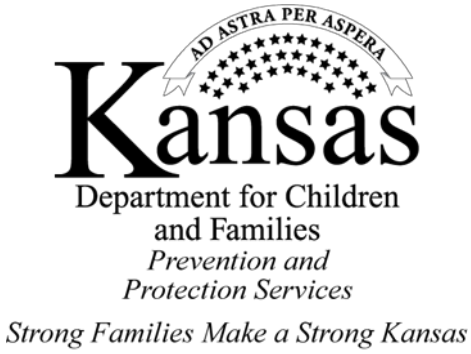
PPS 0410
REV 10/12

# Records Face Sheet

Birth Name of Child:_____

Date of Birth:_____

Service County:_____




(This form supersedes form CFS 9002 REV July 2009)