# Non-Critical Death Notification

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| **KIPS #:** Click or tap here to enter text. | |
| **ASSIGNED APS SPECIALIST:** Click or tap here to enter text. | |
| **INVOLVED ADULT (IA) NAME:** Click or tap here to enter text. | |
| **IA DOB/AGE:** Click or tap here to enter text. | **DATE OF IA'S DEATH:** Click or tap here to enter text. |

1. Allegation(s) on current or most recent report (check all that apply)

☐ Abuse ☐ Financial Exploitation ☐ Self-Neglect

☐ Neglect

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2. Was an initial assessment done before death occurred?

☐ Yes

☐ No

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3. Finding, if investigation was completed

☐ Unsubstantiated

☐ Substantiated

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4. Is there an indication that the death was related to an allegation of abuse or neglect?

☐ No, please explain: Click or tap here to enter text.

☐ Yes, please explain: Click or tap here to enter text.

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Please attach a copy of the obituary if it is available.


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Kansas
Department for Children
and Families
Prevention and
Protection Services