Notification to Regional Adult Abuse, Neglect and Exploitation Central Registry Contact

Date: _____

TO: _____ _____
(Regional Registry Contact) County Where Incident Occurred

FROM: _____ _____
(APS Specialist) (DCF Region)

RE: Placement of Substantiated Perpetrator's Name on the Central Registry

_____ SEX: _____ DOB: _____ SSN: _____
(Name of substantiated perpetrator)

Date of Finding _____

☐ Has not appealed the substantiated finding(s) or substantiated finding was upheld through full appeal process.

☐ Abuse ☐ Neglect ☐ Financial Exploitation

This name can be placed on the Adult Abuse, Neglect, and Exploitation Central Registry of Substantiated Perpetrators

Due Process Completion Date: _____

Investigation Number: _____

County: _____

Involved Adult: _____

For information regarding this form, contact Prevention and Protection Services, DCF Administrative Office, 555 S. Kansas, 4th Floor, Topeka, KS 66603-3444 (785)296-4653

Distribution: ☐ Original - Regional/ - Registry Contact ☐ Copy –Note Section of KIPS record

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Kansas
Department for Children
and Families
Prevention and
Protection Services