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

PPS 10322a
Jun-23

APS Confirmation/Finding for Crisis Exception Requests

Waiver Type:

- ☐ Frail Elderly
- ☐ Brain Injury
- ☐ Intellectual Developmental Disability
- ☐ Physical Disability

Person Making Confirmation:

Name: _____ Date: _____

Phone Number: _____ Email: _____

Consumer Information:

Name: _____ DOB: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Medicaid ID #: _____

Vulnerability preventing individual from being able to care for themselves: _____

APS Investigation Information:

Source of Request to APS: _____ Date of Request to APS: _____

Reason for Crisis Exception: _____

Finding: ☐ Substantiated A/N/E

☐ Unsubstantiated A/N/E

☐ Open A/N/E investigation

Date of Finding: _____

Finding Due Date if investigation is not complete: _____

Additional Information/Comments:

_____
Signature


AD ASTRA PER ASPERA
Kansas
Department for Children
and Families
Prevention and
Protection Services