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

PPS 10500
July 2016

Adult Protective Service Plan

Adult's Name _____ Date _____

APS Specialist _____

Reported Concerns/Problems _____

Desired Outcome: What does the adult see as the need/problem _____

Desired Outcome: What does the family member, care provider, guardian/conservator and APS Specialist see as the need or problem? _____

Actions needed by Adult	Date Completed
1.	
2.	
3.	

Comments: _____

Actions needed by Family Member/Care Provider	Date Completed
1.	
2.	
3.	

Comments: _____

Actions needed by APS Specialist | Date Completed

1. _____
2. _____ _____
3. _____ _____

Adult or Guardian's Signature _____ Date _____

If refused to sign, check here ☐ If form not signed, state reason(s) below:

_____

_____

_____

_____

_____

APS Specialist signature _____ Date _____

Supervisor/designee _____ Date

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Kansas

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Strong Families Make a Strong Kansas