Kansas
Department for Children and Families

PPS 1000
Jul 20

FACE SHEET

(Must be completed for all reports/referrals)

Date: / /

Case # Event #

Section I

	LAST	CHILD NAME FIRST	MI	DOB	Est Y	SSN	S	R	ETHN/ TRIBE	LIVES WITH	SCHOOL ATTENDS	SCHL DIST	DISAB TYPE	ROLE
A					☐									
B					☐									
C					☐									
D					☐									
E					☐									
F					☐									
G					☐									

Section II

	ADULT NAME LAST	FIRST	MI	DOB	Est Y	SSN	S	R	ETHN/ TRIBE	MARIT STAT	RELATIONSHIP TO CHILD	DISAB TYPE	ROLE
1					☐								
2					☐								
3					☐								
4					☐								

ADULT # OR CHILD LETTER	STREET #	APT #	CITY	ST	ZIP	CO	TYPE	PHONE # Home	Work

RISKS TO PPS Staff:		
LANGUAGE SPOKEN AND WRITTEN:	☐ ENGLISH	☐ OTHER (Specify):
OTHER MEDIA USED: (E.G. BRAILLE, AMERICAN SIGN, ETC. (Specify):		☐ NONE

Section III – Collateral Contacts

Child(ren) Name:				**Child(ren) Name:**			
Name/ Relationship		Phone #		Name/ Relationship		Phone #	
Address				Address			
Name/ Relationship		Phone #		Name/ Relationship		Phone #	
Address				Address			
Child(ren) Name:				**Child(ren) Name:**			
Name/ Relationship		Phone #		Name/ Relationship		Phone #	
Address				Address			
Name/ Relationship		Phone #		Name/ Relationship		Phone #	
Address				Address			

Section IV Relative/Non-related Kin

Child(ren) Name:				**Child(ren) Name:**			
Name/ Relationship		Phone #		Name/ Relationship		Phone #	
Address				Address			
Name/ Relationship		Phone #		Name/ Relationship		Phone #	
Address				Address			
Child(ren) Name:				**Child(ren) Name:**			
Name/ Relationship		Phone #		Name/ Relationship		Phone #	
Address				Address			
Name/ Relationship		Phone #		Name/ Relationship		Phone #	
Address				Address			

Section V Service Providers

Name of family member receiving service:				**Name of family member receiving service:**			
Name/Agency		Phone #		Name/ Agency		Phone #	
Address		Service Type:		Address		Service Type:	
Name/ Agency		Phone #		Name/ Agency		Phone #	
Address		Service Type:		Address		Service Type:	