Kansas
Department for Children and Families

FACE SHEET
(Must be completed for all reports/referrals)

Date: _____ / _____ / _____

Case # [_____]   Event # [_____]

Section I

	CHILD NAME LAST	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:	