Kansas
Department for Children and Families

REPORT/REQUEST FOR SERVICES

PPS 1001
Jul 20

Case Name: Click here to enter text. Case # Click here to enter text. Event # Click here to enter text.

Report Date Click here to Time: Click AM County where incident occurred: Click here to enter te

Person Receiving Report: Click here to enter text. FACTS Wkr # Click here to enter text.

Report Medium: Choose an item.

Section I

Age(s) of the Child(ren): Click here to enter text.

What has happened that led the reporter to call DCF today?

Click here to enter text.

In order to elicit information regarding potential domestic violence between the child's caretakers, the reporter shall be asked the following question.

☐ Yes ☐ No **Is the reporter aware of any verbal and/or physical fights between adults in the home?**

If "Yes"; document reporters responses to questions in Appendix 1D:

Click here to enter text.

Answer "Yes" or "No" to indicate whether the reporter has indicated any of the following situations. If any answer is "Yes" document responses to PPM questions.

☐ Yes ☐ No **Meth Lab:** If "Yes", document reporter's responses to questions in Appendix 1D.

Click here to enter text.

☐ Yes ☐ No **Reporter indicates the maltreatment or concerning situation is occurring NOW.**

IF "YES" above, has law enforcement been notified? ☐ Yes ☐ No ☐ Unknown (Document Date of Report and Case # , if available):

Click here to enter text.

Incident Date:
Incident Time:
Incident Location:

Section II

Location of Child: Where can the child be located now?

Click here to enter text.

Section III

Reporter Name:	Click here to enter text.				
Address (street, apt. #)	Click here to enter text.	City:	Click here to enter text.	State:	Click here to enter text.
County:	Click here to enter	Zip:	Click here to enter text.	Phone:	Click here to enter
Email:		Employer:			
Report Source (Relationship)	Choose an item.				

Section IV

Prior DCF Involvement:

Click here to enter text.