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

UNCOPE

PPS 2005
REV Jan-19

Name:		DOB:	
Date:		FACTS No:	
Event No:		Relationship to Child (living/unborn):	
Completed by:			

U	Have you spent more time drinking or **using** drugs more than you intended to?	☐ Yes	☐ No	☐ Collateral
N	Have you ever **neglected** some of your usual responsibilities because of using alcohol or drugs?	☐ Yes	☐ No	☐ Collateral
C	Have you felt you wanted or needed to **cut** down on your drinking or drug use in the last year?	☐ Yes	☐ No	☐ Collateral
O	Has your family, a friend, or anyone else ever told you they **objected** to your alcohol or drug use?	☐ Yes	☐ No	☐ Collateral
P	Have you found yourself thinking a lot about drinking or using drugs? **(pre-occupied)**	☐ Yes	☐ No	☐ Collateral
E	Have you ever used alcohol or drugs to relieve **emotional** discomfort, such as sadness, anger or boredom?	☐ Yes	☐ No	☐ Collateral

Two or more "Yes" responses indicate possible abuse or dependence and the need for further assessment.

A referral was made to:	
Date of referral:	

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Strong Families Make a Strong Kansas

(This form supersedes CFS 2005 REV 7/10)