Referral for Services

Child Sexual Behavioral Problems

PPS 2014 B

REV Jan 21

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Attention Referral Agency: The Kansas Department for Children and Families (DCF) is providing this referral in accordance with K.S.A. 38 2290. Per K.S.A. 38-2290, upon DCF's receipt of a report of child abuse or neglect a child/youth having problematic sexual behaviors (defined in the statute), DCF shall immediately provide a referral of the child/youth to a child advocacy center or other mental health provider. Thank you for accepting this referral  and our agency is aware the ability to provide services is based on your agency’s capacity. | | | | | | | | | | |
| Case Number: |  | | | Event Number: | | | |  | | |
| Date of Referral: |  | | | DCF Office: | | | |  | | |
| TO: |  | | | FROM: | | | |  | | |
| EMAIL: |  | | | TELEPHONE #: | | | |  | | |
| CHILD’S NAME | | | DATE OF BIRTH | | | | | | | |
|  | | |  | | | | | | | |
|  | | |  | | | | | | | |
| LOCATION OF THE CHILD  **(NOTE: please do not include information to locate the child on parent’s copy if parents are unaware of the child’s location.)** | | | | | | | | | | |
| PARENT/ CARE GIVER’S NAME | |  | | | | | | | | |
| ADDRESS | |  | | | | | | | | |
| CITY | |  | | | ZIP CODE | | | |  | |
| TELEPHONE NUMBER | |  | | | | | | | | |
| PARENT/CAREGIVER’S NAME | |  | | | | | | | | |
| ADDRESS | |  | | | | | | | | |
| CITY | |  | | |  | ZIP CODE | | | |  |
| TELEPHONE NUMBER | |  | | | | | | | | |
| Distribution: An  in the box indicates persons receiving a copy of this notice. | | | | | | | | | | |
| File | Parents/Caregiver of child | | Child Advocacy Center | | | | Mental Health Provider | | | |
| Contractor Providing Services (If Applicable) | | | | | | | Other | | | |

Copy to FACTS