



Referral for Services Child Sexual Behavioral Problems

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.			
<input type="checkbox"/> File	<input type="checkbox"/> Parents/Caregiver of child	<input type="checkbox"/> Child Advocacy Center	<input type="checkbox"/> Mental Health Provider
<input type="checkbox"/> Contractor Providing Services (If Applicable)			<input type="checkbox"/> Other

Copy to FACTS