

Kansas Department for Children and Families
Referral to Infant and Toddler Services

Date of Mailing:

DCF Office:

TO:

FROM:

TELEPHONE #:

ADDRESS:

Street/P.O. Box

ADDRESS:

Street/P.O. Box

City

State

City

State

ZIP

ZIP

CHILD'S NAME	DATE OF BIRTH

LOCATION OF THE CHILD (if child is in an out of home placement)		NOTE: please do not include information to locate the child on parent's copy if parents are unaware of the child's location	
CARE GIVER'S NAME			
ADDRESS			
CITY		ZIP CODE	
TELEPHONE NUMBER			

PARENTS' NAME			
ADDRESS			
CITY		ZIP CODE	
TELEPHONE NUMBER			

Attention Parent: Federal mandates require DCF to refer your child to the local Infant-Toddler Services as a result of an affirmed or substantiated abuse and/or neglect.

Distribution: An * in the box indicates persons receiving a copy of this notice.

File Parents/Caregiver of child Infant-Toddler Services Contractor Providing Services (If Applicable)

NOTE: please do not include information to locate the child on parent's copy if parents are unaware of the child's location

DCF Department for Children and Family Services Administration, 555 S. Kansas Ave., 4th Floor, Topeka, KS 66603; (785) 296-4653

