

**Section I**

Date:			
To CPS Specialist:		Family Preservation Services Staff Name and Agency:	

**Section II**

Case Head:		Case Head Facts #:		Date of Referral:	
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**Section III**

Date Family Last Seen:		Date Child Last Seen:	
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**Section IV**

Summary of attempts to locate and case progress: *(Please include any new/updated family contact information)*

**Section V**

Safety Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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If yes, please describe safety concerns and consider whether a report to the Kansas Protection Report Center is needed. Include the event number of the report in the narrative below, if applicable.

**Section VI**

Signature of Provider Staff:	
Signature of Provider Supervisor:	

