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| --- |
| Section I |
| Date: |  |  |
| To CPS Specialist: |  | Family Preservation Services Staff Name and Agency: |  |
| Section II |
| Case Head: |  | Case Head Facts #: |  | Date of Referral: |  |
| Section III |
|  |  |
| Date Family Last Seen: |  | Date Child Last Seen: |  |
| Section IV |
| Summary of attempts to locate and case progress: *(Please include any new/updated family contact information)* |
| Section V |
| Safety Concerns: | [ ]  Yes[ ]  No |  |
| 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: |  |

