|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | |  | | | | | |

