

State of Kansas Department for Children and Families Prevention and Protection Services	Family Preservation Services Lack of Contact Notification	PPS 4250 January-2025 Page 1 of 1
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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: <i>(Please include any new/updated family contact information)</i>					
Section V					
Safety Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:					

