

State of Kansas Department for Children and Families Prevention and Protection Services	Family Preservation Services Request for Retraction of a Referral	PPS 4260 Rev. April-2026 Page 1 of 2
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Section I: (Completed by CWCMP or DCF CPS Specialist)

Date of Request:		
Request made by (name and title):		Child Welfare Case Management Provider Agency:
Phone Number:		DCF Region:
Family Preservation Provider Staff / DCF Worker		DCF Regional FPS Program Consultant or designee:

Section II

Case Name:		FACTS #:		Date of Referral	
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Name and ages of children in the home:

Name of other adults in the home:

Reason for referral (complete with information from the PPS 5000 or PPS 4200. The referral form may also be attached):

Reason for Request: (Check_box below or explain reason)

Family does not meet criteria for referral
 Family member has open case in FACTS for other services
 Family remains eligible for services to resume in same tier of services without new referral
 Other:

Steps taken by Child Welfare Case Management Provider:

Electronic Signature		Date:	
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Section III (to be completed by DCF Regional FPS Program Consultant or Designee)

Date request received from the CW Case Management Provider/DCF Worker:

Does the DCF Regional FPS Program Consultant or designee agree with the request for retraction? Yes No

Rationale for decision / Additional Comments:

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Retraction Request Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Decision:	
Submit to DCF Escripts Help at DCF.EscriptsHelp@ks.gov			
Electronic Signature:		Date:	
Distribution: <ul style="list-style-type: none"> • Case File • Child Welfare Case Management Provider • DCF Child Protection Specialist 			

