This referral form is for the Parent Advocate Program pilot project with Kansas Legal Services (KLS). This pilot provides high-quality legal representation to families. All assigned events in the following counties are eligible to receive services from this pilot, except 3<sup>rd</sup> party investigations, daycare investigations, or foster home investigations. Pilot counties below:

Butler, Cowley, Douglas, and Sumner, Leavenworth, Kingman. Coming Soon- Reno

<u>Verbal consent from family/client required prior to a referral</u>. Did the family/client consent to this referral?

□Yes (continue with referral) □No (STOP, obtain verbal consent before referring)

SECTION I: Identifying Information – Completed by DCF CPS Specialist					
Case Head Name:	FACTS Case #:		FACTS Event #:		
Date of Intake Assignment: Click or tap to enter	er Assignment Type:		Date of Referral: Click or tap to enter a		
a date.	□ FINA □ Abuse/Neglect		date.		
Are children residing with someone other than Case Head?		lNo	Non-custodial Parent(s) Name:		
□Yes, Provide name & role					
Information for parent/caregiver accepting services		Is any child currently in PPC? □No			
Name:		□Yes; If yes, date entered PPC			
Address of Family:		Is there a current CINC case? $\Box$ No			
City, State, Zip:		□Yes; If yes:			
County where family resides:		Court Number:			
Phone number:Click or tap here to enter text.Best way to contact family (phone, text, person, other):		Next Court Hearing/Division:			
		Any child in the family in DCF custody: $\Box$ No			
		□Yes; If yes, child's name:			
Referring CPS Specialist Email:		Phone number(s):		DCF Office Region &	
				County:	
SECTION II: KLS Client & Family Needs - Completed by DCF CPS Specialist					
Once a family has voluntarily agreed to the Parent Advocate Program pilot services, CPS will gather preliminary					
information for KLS to determine next steps for the family.					
If family is currently receiving services (Community or DCF) provide name of service. If known, provide worker name/contact info.					
What, if any, legal or service needs were identified by the family?					
C C		nishments/credit $\Box$ Help with legal documentation (ex.			
□ Truancy issues/debt c			Driver's License, Social Security card,		
		Housing issues (unsafe,		Citizenship, etc.)	
U Uragnant waman uging substanded	meless, evictions, landlord sputes, etc.)		□ Expungements		
	-	Domestic violence		□ Unknown	
$\Box$ Low income and/or employment $\Box$ Cus		ustody dispute between		$\Box$ Other (specify)	
difficulties caregivers					
	0				

KLS Parent Advocate Program Pilot Referral/Case Status Form

## DCF sends the required attachments to KLS for the Parent Advocate Program pilot referral:

□ A/N referrals; PPS 1000, if available at time of referral PPS 2020 Kansas DCF Assessment Map

□ FINA referrals; PPS 1000, if available at time of referral PPS 2020 Kansas DCF Assessment Map

□ All cases; PPS 2021 Immediate Safety plan if applicable

□ Attach and email all forms to the Kansas Legal Services Parent Advocate for your county:

## SEND TO

parentadvocatedouglas@klsinc.org parentadvocatebutler@klsinc.org parentadvocatesumner@klsinc.org parentadvocatecowley@klsinc.org parentadvocatekingman@klsinc.org paleavenworth@klsinc.org (Reno County coming soon)

Kansas Legal Services: Acknowledge receipt of referral within 24 hours

