

FAX Transmittal	Kansas Department of Social and Rehabilitation Services Integrated Service Delivery Candy Shively, Deputy Secretary
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TYPE or PRINT LEGIBLY

To	Abuse/Neglect/Exploitation Unit	Fax No.	785-296-7796
Date			
From			
SRS Service Center			
Phone No.			
Incident City & County			
FACTS Case #			Child report only

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Was Law Enforcement involved in the investigation?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES - complete below
Was Law Enforcement forwarded the finding?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES - complete below

Name of Law Enforcement Officer			
Law Enforcement Agency			
Phone No.			

Finding referred to County/District Attorney	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES - complete below
Name of County/District Attorney				
Phone No.				

NUMBER OF PAGES:	Cover Sheet plus _____ pages
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Adult report attachments		Child report attachments	
<input type="checkbox"/>	ES-1008	<input type="checkbox"/>	CFS-2011
<input type="checkbox"/>	ES- 1019, if applicable	<input type="checkbox"/>	CFS-2012
<input type="checkbox"/>	a summary of finding	<input type="checkbox"/>	CFS-1000 page 1
<input type="checkbox"/>	ES-1000, page 1	<input type="checkbox"/>	

Information contained in the attached Adult Protective Services Intake document (ES-1000) or Face Sheet (CFS-1000) was provided by the individual making the report. The accuracy of the information has not been verified or confirmed by SRS.