

KANSAS PROTECTION REPORT CENTER

Telephone: 1-800-922-5330 FAX: 1-866-317-4279

URGENT-Police Protective Custody (PPC) Related Request-ONE REQUEST FOR EACH CHILD

TO: KPRC FAX NUMBER: 1-866-317-4279

FROM: REQUESTING LAW ENFORCEMENT (LE) AGENCY: _____

REQUESTING LAW ENFORCEMENT OFFICER: _____

LE AGENCY FAX NUMBER: _____ LE AGENCY ORI# OR ID# _____

CONTACT TELEPHONE NUMBER FOR DISPATCH/OFFICER: _____

(See below: The entity responsible to respond is indicated in left hand column)

LE: 1. Child's Name, Date of Birth, Social Security Number and Address (if known):

DCF: 2. Is the child currently in DCF custody? Yes _____ No _____

(If Yes, JIAS or Law Enforcement should immediately contact Saint Francis Community Services (West or Wichita region) at 1-888-732-4673 or KVC (East or KC region) at 913-621-5753 to obtain further information about the child.

DCF: 3. Does the child have history with DCF? Yes _____ No _____

Search was Inconclusive based upon information provided

LE: 4. Mother's Name, Date of Birth, Social Security Number and Address (if known):

DCF: 5. Does mother have history with DCF?

Assigned intake reports: Number assigned _____ (1-5) _____ (6 or more)

Name on Central Child Abuse/Neglect Registry

Search was Inconclusive based upon information provided

LE: 6. Father's Name, Date of Birth, Social Security Number and Address (if known):

DCF: 7. Does father have history with DCF?

- Assigned intake reports: Number assigned ____ (1-5) ____ (6 or more)
- Name on Central Child Abuse/Neglect Registry
- Search was Inconclusive based upon information provided

LE: 8. Information about relative LE is considering as a prospective placement: Name, Date of Birth, Social Security Number, Address:

Relative _____

DCF: 9. Does the known Relative who is prospective placement have history with DCF?

- Assigned intake reports: Number assigned ____ (1-5) ____ (6 or more)
- Name on Central Child Abuse/Neglect Registry
- Search was Inconclusive based upon information provided

AUTHORIZATION FOR RELEASE OF INFORMATION TO BE EXECUTED BY PROSPECTIVE PLACEMENT

I hereby authorize release of all documentation connected to my identifying information as provided and related to the above questions and in the possession of DCF from DCF to Juvenile Intake and Assessment Services (JIAS) or law enforcement agency submitting the above request for information.

Relative-Full Name-PRINTED
(Please include maiden name and all aliases used
in the past, if applicable)_____

Full Name-Signature

DATE: _____

NOTE: DCF has no responsibility for children in police protective custody and not in the custody of the DCF Secretary. Any information provided above should be considered as a factor for law enforcement to make decisions during PPC regarding safety and placement.