



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR COMMUNITY BASED SERVICES**

Date:

This letter is to confirm that \_\_\_\_\_ with DOB \_\_\_\_\_ was in the custody of the Cabinet for Health and Family Services and was released from our care on \_\_\_\_\_.

If you require additional information, please contact:

Chaffee Independence Program

275 East Main Street, 3E-D

Frankfort, KY 40621

1-800-232-5437

502-564-5995 (fax)

[Chaffee.ilp@ky.gov](mailto:Chaffee.ilp@ky.gov)

Thank you,

\_\_\_\_\_  
DCBS Representative

