Rev 09/2024

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES

TO: SRA or designee

THROUGH: FSOS

FROM: SSW, County

DATE:

SUBJECT: KY Adoption Profile Exchange (KAPE) Referral Hold Request
Re: Child:
DOB:
KAPE ID:
Date of Termination of parental rights (TPR):

Hold status is being requested for the following reason (check one):

☐ It is not in the child's best interest to participate in KAPE activities at this time due to emotional and behavioral needs. Please explain in detail below the plan to address these needs and the child's feelings about their permanency plan in therapy. Attach supporting documentation from the child's mental health provider.

☐ The child's current foster family has expressed an interest in adopting the child. Please describe in detail the current situation, how DCBS is supporting the placement, and the plan to monitor the family's commitment.

Please complete the grid below to outline the action plan developed and how the child's permanency will continue to be assessed. Include specific tasks, individuals assigned, timeframes, and required follow-up.

	Required Action by Whom	**Due date**	**Status**
1			
2			
3			

4			
5			
6			

☐ Approved ☐ Denied

SRA or designee Date

cc:
KAPE specialist
CFRM specialist, if applicable