

CABINET FOR HEALTH AND FAMILY SERVICES Department for Community Based Services Division of Protection and Permanency

TRANSMITTAL MEMORANDUM FOR PRESENTATION SUMMARY PACKET

Case number:				
County of service: Title IV-E eligible: Yes No				
TO:	(Title/regional designee for presentation summary packet approval)			(Date)
THROUGH: (Supervisor/manager)			(Initials)	(Date)
THROUGH: (Supervisor/manager)			(Initials)	(Date)
FROM: (Social Service Worker/county)			(Initials)	(Date)
SUBJECT: Presentation summary on: (Child's complete name)				
Date of birtl	n: Race:	Sex: Date presentation summary	completed:	
Termination of parental rights (TPR)		Name of court	Date of TPR	
Mother:				
Father:				
Other:				
List the date the termination of parental rights (TPR) judgment was entered.				
PLANS: ☐ Foster parent adoption or ☐ Referral to KY Adoption Profile Exchange (KAPE)				
☐ Siblings are to be placed together				
☐ DCBS foster parent adoption or ☐ PCP foster parent adoption PCP agency:				

Complete name of adopting foster parent(s):

Presentation summary packet retention: Adoption records are digitized effective 4-24-23. Please refer to SOP 13.2 Child Freed for Adoption Procedure for additional information regarding the uploading of the presentation summary packet. Please refer to SOP 13.30 Confidentiality of Closed Agency Adoption Records for information regarding the uploading and sealing of additional adoption records.

^{*} Not applicable if the child has maintained the same foster home placement for twelve (12) months or longer and if the foster parent is adopting the child, or if the child is less than twelve (12) months of age, has maintained the same foster home placement, and the foster parent plans to adopt the child.