



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

DPP-153

Child Protective Service (CPS) Family In Need of Services Assessment Notification Letter

Date:

Local Office Address:

Name and Address of: (Alleged perpetrator, parent, caretaker, alleged victim)

Dear

After meeting with you and your family, as well as others who were present at your request or who were consulted, it was determined that your family could benefit from the following services:

The role of the Department for Community Based Services (DCBS) in assessing reports alleging child abuse, neglect, or dependency is to assess for safety threats and risk factors to the child and to make efforts to protect children from further safety threats and minimize risk factors.

If you have any questions or concerns regarding this letter or the investigation, please contact me. You can reach me by phone or email utilizing the contact information below.

Phone number:

Email address:

You have the right to file a service complaint if you feel that you have not been treated fairly during the investigation. To file a service complaint, submit your grievance in writing, postmarked within thirty (30) calendar days of receipt of this letter to the attention of the Service Region Administrator at your local DCBS office. You may also contact the Office of the Ombudsman at 1(800) 372-2973.

Sincerely,

Staff Name

Staff Title