

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Community Based Services

KENTUCKY ADOPTION PROFILE EXCHANGE (KAPE) REFERRAL

To: Central Office Adoption Services Branch

Through: ,FSOS

From: , SSW or Child Focused Recruitment Model (CFRM) specialist

Email Address:

County with case responsibility:

Region with case responsibility:

Date:

SECTION I:

This section to be completed by SSW or CFRM specialist.

Child's name:

Child's DOB:

Is the child to be placed with siblings?

☐ Yes ☐ No

If siblings are to be placed together, list the names of those to be placed together:

TWIST number:

Child's placement and type (foster home, private child-care, hospital, etc.):

Regional permanency out-of-home care (OOHC) specialist name and email address:

The following must be included for the KAPE referral to be accepted:

- ☐ KAPE Referral Presentation Sheet;
- ☐ Profile narrative (for websites—No HIPAA information);
- ☐ Current color photo, (digital copy required in.JPEG format); and
- ☐ Termination of parental rights (TPR) order.

Please email the completed referral packet to the Adoption Services Branch.
Please call 502-564-2147 to obtain the correct email address.

SECTION II:

This section to be completed by KAPE staff

KAPE referral response:

Date accepted:

Date held:

Date returned:

KY website number

AdoptUSKids website number