

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR COMMUNITY BASED SERVICES  
SCREENING AND ASSESSMENT ACKNOWLEDGEMENT FORM

CASE NUMBER:

CASE NAME:

CHILD'S NAME:

I acknowledge that the screening and assessment process was explained to me and I hereby **decline** a screener to be administered for my child.

I acknowledge that my child received a screener and met the clinical requirements for a CANS assessment and I hereby decline an assessment to be administered for my child.

Furthermore, I understand that I have the right to change my mind at any time while the case is open and I may request a screener or assessment be completed.

Client's Signature

Date

Social Service Worker's Signature

Date

Reason for refusal of services: