



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
Division of Protection and Permanency
COA Accredited Agency**

Chafee Independence Program
275 East Main Street, 3E-D
Frankfort KY 40621
1-800-232-5437
502-564-5995 (fax)
Chafee.ilp@ky.gov

Date: _____

This letter is to confirm that _____ with DOB _____ was in the custody of the Cabinet for Health and Family Services and was released from our care on _____. If you require additional information, please see the contact information above.

Thank you,

DCBS Representative

