



**CABINET FOR HEALTH AND FAMILY SERVICES
COMMONWEALTH OF KENTUCKY
275 EAST MAIN STREET, 3E-A
FRANKFORT, KY 40621
(502) 564-6852 Phone (502) 564-3096 Fax
DEPARTMENT FOR COMMUNITY BASED SERVICES
DIVISION OF PROTECTION AND PERMANENCY
AN EQUAL OPPORTUNITY EMPLOYER**

DPP-153
(R. 07/05)

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

Local Office Address:

Date: _____

Name and Address of: (Alleged perpetrator, Parent or Caretaker, Facility Director, Alleged Victim (if appropriate)).

Dear _____,

Based on the information gathered from meeting with your family, as well as others, who were present at your request or were consulted, it appears that your family needs the following services:

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

If you have any questions or concerns regarding this letter or the assessment, please call me at _____ (Staff telephone number).

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 Department for Community Based Services office. You may also contact the Office of the Ombudsman at 1(800) 372-2973.

Sincerely,

(Staff Name)
(Title)

