



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

DPP-153A
(R. 07/05)

**Child Protective Service (CPS) Family Not 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 the assessment, we have concluded that your family does not need services at this time.

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 if a child is determined to be at 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 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)