DPP-155
922 KAR 1:480
(R. 6/2019)

ATTENTION TO PERSONS WHO ARE NOT ELIGIBLE FOR AN ADMINISTRATIVE HEARING:

FOR RESOLUTION OF A MATTER NOT SUBJECT TO REVIEW THROUGH AN ADMINISTRATIVE HEARING, YOU MAY CONTACT THE OFFICE OF THE OMBUDSMAN AT 1-800-372-2973. IF YOU DO NOT WISH TO SPEAK WITH THE OFFICE OF THE OMBUDSMAN, YOU MAY SUBMIT YOUR GRIEVANCE IN WRITING TO A SERVICE REGION ADMINISTRATOR OR DESIGNEE NO LATER THAN 30 DAYS FROM THE DATE OF A CABINET ACTION TO WHICH YOU OBJECT.

KentuckyUnbridledSpirit.com

TO REQUEST AN ADMINISTRATIVE HEARING FOR APPEAL OF A CABINET FINDING OF CHILD ABUSE OR NEGLECT, PLEASE COMPLETE THIS FORM AND MAIL TO:

Quality Advancement Branch
275 East Main Street, 2E-O
Frankfort KY 40621

IF YOU NEED ASSISTANCE WITH COMPLETION OF THIS FORM, PLEASE CONTACT THE LOCAL OFFICE AT:

A REQUEST FOR AN ADMINISTRATIVE HEARING SHALL BE POSTMARKED WITHIN 30 DAYS RECEIPT OF THE SUBSTANTIATED INVESTIGATION NOTIFICATION LETTER.

IF AVAILABLE, PLEASE SUBMIT A COPY OF THE SUBSTANTIATED INVESTIGATION NOTIFICATION LETTER WITH THIS FORM.

Kentucky UNBRIDLED SPIRIT

Request for Appeal of Child Abuse or Neglect Investigative Finding

In Accordance
with 45 CFR 205.10,
42 USC 5106a,
and 922 KAR 1:480

CABINET FOR HEALTH AND FAMILY SERVICES

Department for Community Based Services
275 East Main Street
Frankfort KY 40621

FOR V/TDD SERVICES
Call the CHFS Office of the Ombudsman
Toll Free at 1-800-627-4702

An Equal Opportunity Employer M/F/D

REQUEST FOR APPEAL OF CHILD ABUSE OR NEGLECT INVESTIGATIVE FINDING

Name of Person Found by the Cabinet to Have Abused or Neglected a Child (Please print) Date

Street/P.O. Box No. City State Zip Code

Telephone Number County of Residence

PLEASE STATE IN DETAIL THE NATURE OF THE INVESTIGATIVE FINDING AND PROVIDE THE REASON WHY YOU WISH TO DISPUTE THE CABINET'S FINDING OF CHILD ABUSE OR NEGLECT. (ADDITIONAL PAPER MAY BE USED IF NECESSARY.)

PLEASE IDENTIFY THE DATE THE SUBSTANTIATED INVESTIGATION NOTIFICATION LETTER WAS RECEIVED:

MONTH_____ DAY_____ YEAR_____

PLEASE IDENTIFY EACH CABINET STAFF PERSON INVOLVED WITH THE SUBJECT MATTER OF YOUR APPEAL. (ADDITIONAL PAPER MAY BE USED IF NECESSARY.)

Name:	Title, if known:
Work Address:	
City:	County:

Name:	Title, if known:
Work Address:	
City:	County:

SIGNATURE OF APPELLANT DATE

SIGNATURE OF APPELLANT'S COUNSEL, IF APPROPRIATE DATE