

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Community Based Services

KENTUCKY ADOPTION PROFILE EXCHANGE (KAPE) REFERRAL

To: Central Office Adoption Services Branch

Through: _____ Child Focused Recruitment Model (CFRM)
specialist

CFRM specialist contact phone: _____

Through: _____, FSOS

From: _____, SSW County with case responsibility:

Date: _____ Region with case responsibility:

SECTION I:

This section to be completed by SSW or CFRM specialist

Child's name: _____ Child's DOB: _____

Is the child to be placed with siblings? Yes No

If siblings are to be placed together, list the names of those to be placed together: _____

TWIST number: _____

Child's placement and type (FH, PCC, hospital, etc.): _____

Regional permanency out-of-home care specialist name and email address: _____

The following must be included for the KAPE referral to be accepted:

- KAPE Referral Presentation Sheet;
- Profile narrative (for websites—No HIPAA information);
- Current color photo, (digital copy required in JPEG); and
- Termination of parental rights (TPR) order.

Please email the completed referral packet to the Adoption Services Branch.
Please call 502-564-2147 to obtain the correct email address.

SECTION II:

This section to be completed by KAPE staff

DPP-196
(Rev. 8/2020)

KAPE referral response: _____

Date accepted: _____

Date held: _____

Date returned: _____

KY website number

AdoptUSKids website number