



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

DPP-243 APS Guardian Notification Letter

Date: \_\_\_\_\_

Guardians Name & Address:

Dear \_\_\_\_\_

Per our records, you are the court appointed guardian of \_\_\_\_\_ (Victim's name). On \_\_\_\_\_, the Cabinet for Health and Family Services, Department for Community Based Services, received a report of abuse, neglect, and/or exploitation as defined in Kentucky Revised Statute (KRS) 209.020 regarding \_\_\_\_\_ (victim's name). The alleged perpetrator was reported as: \_\_\_\_\_. Based on the information received through the investigation of this report, the allegations have been \_\_\_\_\_. You are not required to take any action. You are receiving this letter so you are aware of the Cabinet's finding.

The role of the Department for Community Based Services is investigating reports of adult abuse, neglect and/or exploitation and to assess the risk to the vulnerable adult and make efforts to protect the vulnerable adult from further risk. The department is not responsible for criminal prosecution. However, a substantiated finding might deny the alleged perpetrator certain rights and privileges such as employment required by state and federal law. A substantiated finding may also result in the perpetrator's name being placed on the Caregiver Misconduct Registry in accordance with state law KRS 209.032.

If you have any questions or concerns regarding this letter or the investigation, please call me at \_\_\_\_\_ (staff telephone number).

Sincerely,

\_\_\_\_\_ Staff name and title



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Office address and phone