State of Kansas
Dept of Social and Rehabilitation Services
Economic & Employment Support

ES- 1008.1
Rev. 01-06

MEMO NOTIFICATION

Date: _____

TO: _____ _____
(Regional/Institution Registry Contact) County Where Incident Occurred

FROM: _____ _____
(Worker's Name) (SRS Service Center/Institution)

RE: Placement of Confirmed Perpetrator's Name on the Central Registry

_____ DOB: _____ SSN: _____
(Name of confirmed perpetrator)

☐ Has not appealed the confirmed finding(s). (Check all that apply.)

☐ Abuse ☐ Neglect ☐ Exploitation ☐ Fiduciary Abuse

This name can be placed on the Adult ANE Central Registry of Confirmed Adult Perpetrators effective date _____

☐ Has appealed the confirmed finding. This name cannot be placed on the Adult ANE Central Registry of Confirmed Adult Perpetrators until due process occurs. _____

For information regarding this form, contact Economic & Employment Support, Docking State Office Building, 681-W, Topeka, KS 66612 (785)296-3349

Distribution:
☐ Original - Addressee Regional/Institution Registry Contract
☐ Copy - Client File
☐ Copy - APS Program Manager (Institution Cases Only)