

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
NOTICE OF AGENCY DECISION

Date of Mailing:	SRS Service Center:	SRS Institution

TO: _____	FROM: _____
ADDRESS: _____	ADDRESS: _____
City, State, Zip: _____	City, State, Zip: _____
DOB: _____	SSN: _____
TELEPHONE: _____	

For your information, the _____, Kansas Department of Social and
(SRS Service Center/Institution)
Rehabilitation Services, has completed its investigation concerning a report on _____ that
(Date)
_____ of _____ has been
(Name of involved adult) County

Abused Neglected Exploited Fiducially Abused

by you. SRS has found the report to be:

Unconfirmed
 Confirmed
 Confirmed and Corrective Action Plan initiated. Corrective Action Plan shall be
completed by _____ If Corrective Action Plan is completed, your name
(Date)
will not be entered into the registry of confirmed adult perpetrators, after the due process.

(See reverse side of form for Due Process instructions)

The basis of the finding (refer to KSA 39-1430) is as follows:

If you have any question concerning this notice or the fair hearing process, please feel free to call
_____ at _____
(Name) (Phone Number)

Distribution: Addressee CFS Social Worker File
 SRS Economic & Employment Support, Docking State Office Building, 681-W, Topeka, KS 66612; (785-296-3349)

RIGHT TO APPEAL DECISION

You may appeal a finding identifying you as a confirmed perpetrator by filing a written request for fair hearing pursuant to K.A.R. 30-7-68 *et seq.* with the Office of Administrative Hearings, 1020 South Kansas Avenue, Topeka, Kansas 66612-1311 within 30 days from the date of this notice. Fair hearing request forms may be obtained from your local SRS office. You may have legal counsel or others to represent you at a hearing. If you are dissatisfied with the hearing decision, you may request a review of the decision by the State Appeals Committee. The decision of the State Appeals Committee may be appealed to the district court.

Unless you appeal this determination within such 30 day time period and prevail in the appeal, your name will be placed in the department's central registry concerning the abuse, neglect, exploitation and fiduciary abuse. An individual placed in the registry may be barred from employment. Further, the results of our investigation may be given to other governmental agencies with responsibility for investigation of alleged adult abuse, neglect, exploitation or fiduciary abuse.

If your name is placed in the central registry, you may apply to the Secretary of SRS after three years to have your name expunged from the registry. Your application shall be in writing and shall be directed to the Secretary of Social and Rehabilitation Services, Attention: Economic and Employment Support, DSOB 681-W, 915 SW Harrison, Topeka, KS 66612.

CIVIL RIGHTS

No person shall, on grounds of race, color, national origin, age, handicap, religion, or gender, be excluded from participation in, be denied the benefits of, or subject to discrimination under any program or activity of the Department of Social and Rehabilitation Services. If you feel that you have been discriminated against on the above grounds, you may make a complaint in writing to Civil Rights/EEO Section, Department of Social and Rehabilitation Services, DSOB 6th Floor, 915 SW Harrison, Topeka, KS 66612