
KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
NOTICE OF TERMINATION OF CORRECTIVE ACTION

Date of Mailing:	SRS Service Center:
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TO:	FROM:
ADDRESS:	ADDRESS:
City, State, Zip:	City, State, Zip:
	TELEPHONE:

This is your notice that the corrective action plan _____ is terminated effective _____ the date of this notice.
(Date)

It is the decision of SRS that:

You have successfully complied with the corrective action plan and your name will not be entered into the adult abuse, neglect, exploitation central registry. (Note: there is no right to appeal this

You have not successfully complied with the corrective action plan and your name will be entered into the registry of confirmed adult perpetrators, subject to due process, as a confirmed perpetrator of _____ (type of abuse, neglect, exploitation, fiduciary abuse) of _____ (name of adult(s)).

(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)

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 or 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, Docking State Office Building, 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