



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES**

TO: _____, SRA or designee

THROUGH: _____, FSOS

FROM: _____, SSW, _____ County

DATE: _____

SUBJECT: KY Adoption Profile Exchange (KAPE) Referral Hold Request

Re: Child: _____

DOB: _____

Date of Termination of parental rights (TPR): _____

Hold status is being requested for the following reason (check one):

- It is not in the child's best interest to participate in KAPE activities at this time due to emotional and behavioral needs. Please describe in detail below.
- The child's current foster family has expressed an interest in adopting the child. Please describe in detail the current situation, how DCBS is supporting the placement, and the plan to monitor the family's commitment.

Approved: _____

SRA or designee