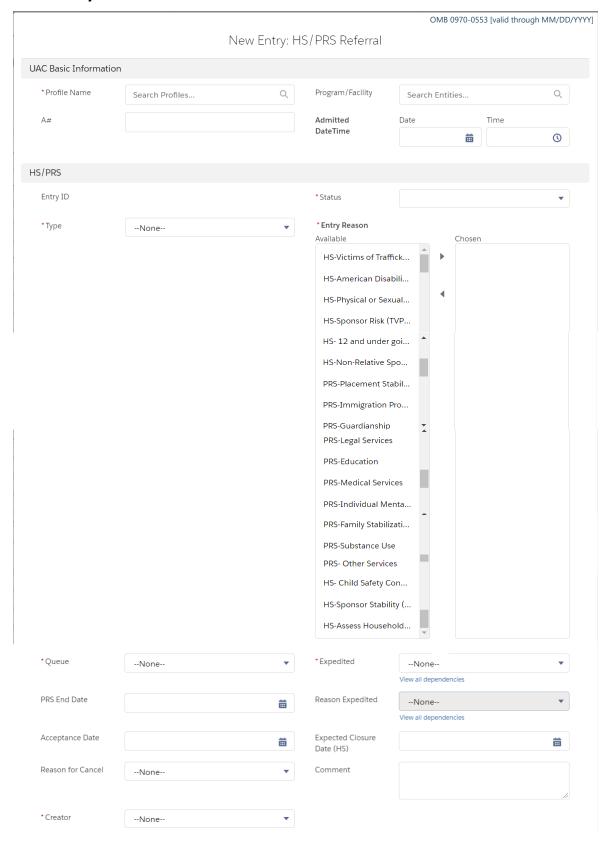
Home Study/Post-Release Service Referral (Form S-19)

Data Entry Window

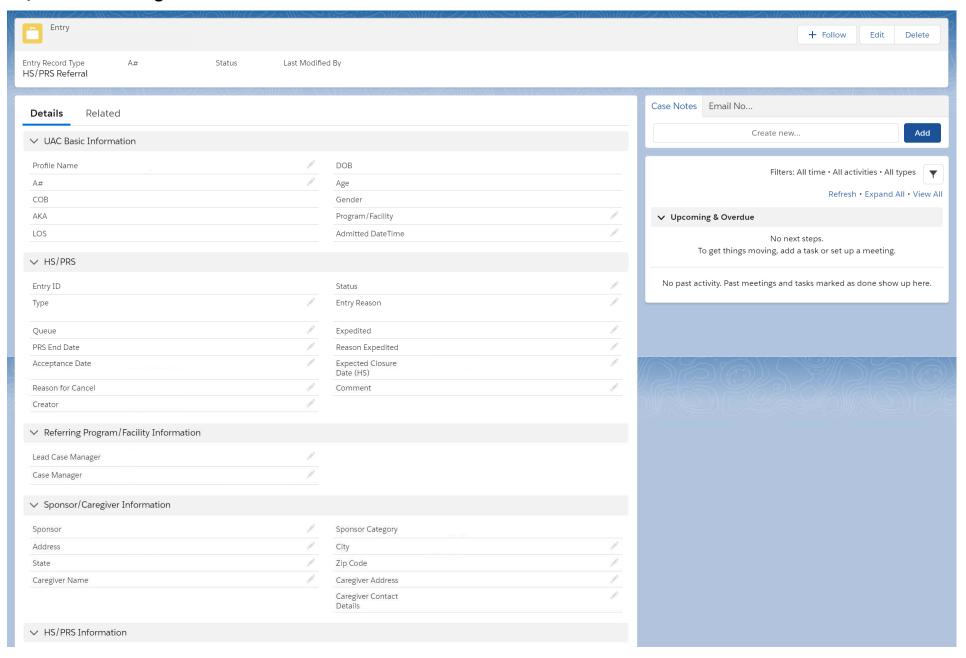


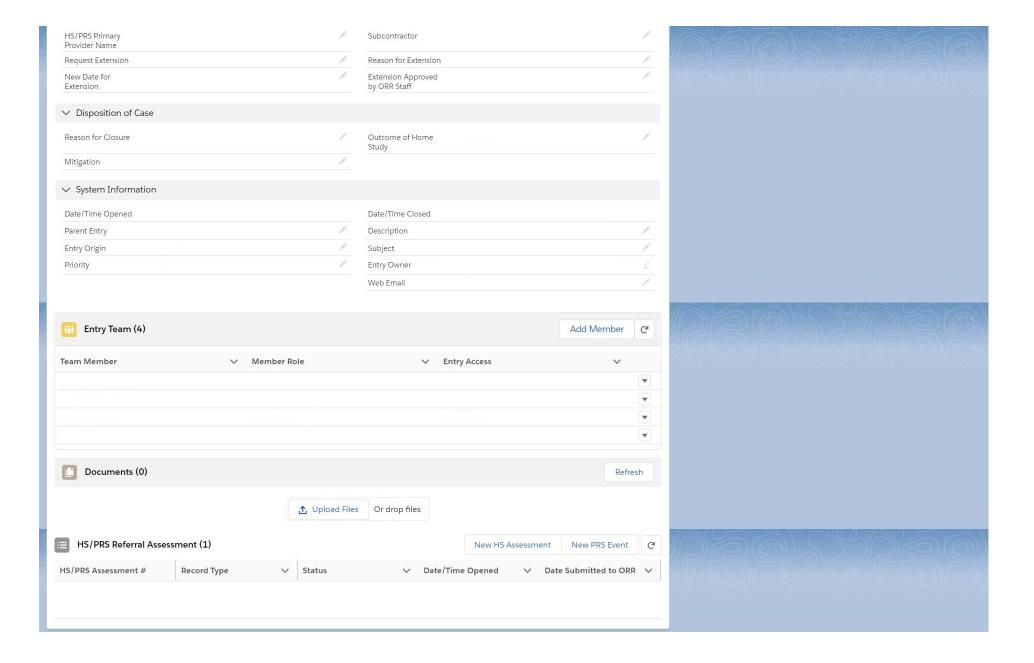
Referring Program/Faci	ility Information				
* Lead Case Manager	Search People	Q			
* Case Manager	Search People	Q			
Sponsor/Caregiver Info	ormation				
Sponsor	Search Profiles	Q	City		
Address			Zip Code		
State	None	₩	Caregiver Address		
Caregiver Name			Caregiver Contact Details		
HS/PRS Information					
HS/PRS Primary Provider Name	Search People	Q	Subcontractor	Search Entities Q	
Request Extension	None	•	Reason for Extension		
New Date for Extension	Date Time	0	Extension Approved by ORR Staff	None ▼	
Disposition of Case					
Reason for Closure	None	•	Outcome of Home Study	None ▼	
Mitigation					
System Information					
Parent Entry	Search Entries	Q	Description		
* Entry Origin	None	•	Subject		
Priority		•	Entry Owner		
			Web Email		
				Cancel Save & New Sa	ve
providers to refer UC for a ho	ome study and/or post-release services. If g the time for reviewing instructions, gat	Public repor hering and	rting burden for this collect maintaining the data need	se of this information collection is to allow care ction of information is estimated to average 0.33 ded, and reviewing the collection of information. The ction Reauthorization Act, 8 U.S.C. 1232). An agenc	is

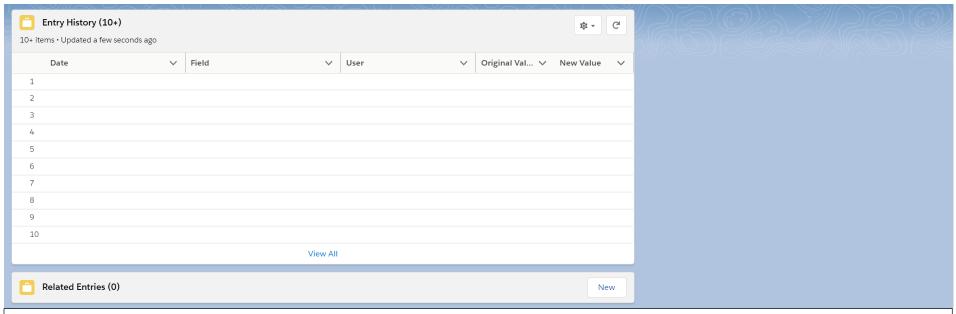
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow care providers to refer UC for a home study and/or post-release services. Public reporting burden for this collection of information is estimated to average 0.33 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279, and Trafficking Victims Protection Reauthorization Act, 8 U.S.C. 1232). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UCPolicy@acf.hhs.gov.

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HS/PRS Referral Page – Details Tab





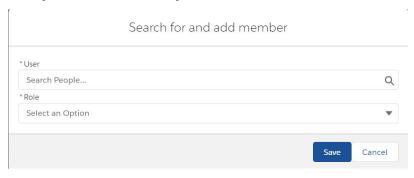


OMB 0970-0553 [valid through MM/DD/YYYY]

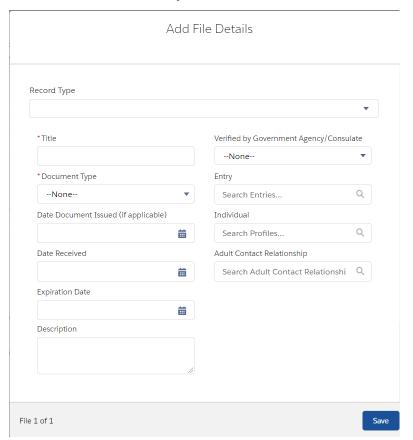
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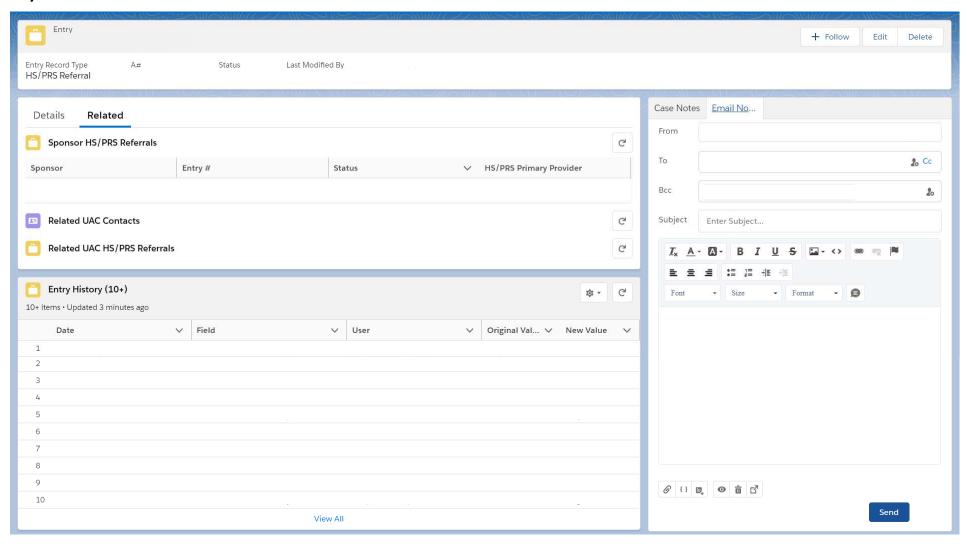
Entry Team Data Entry Window



Documents Data Entry Window



HS/PRS Referral – Related Tab





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