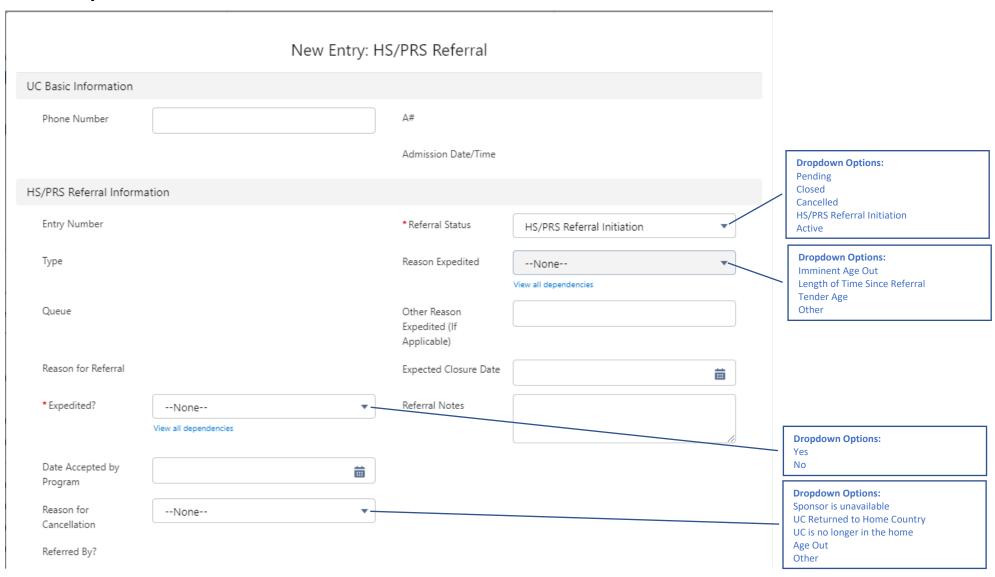
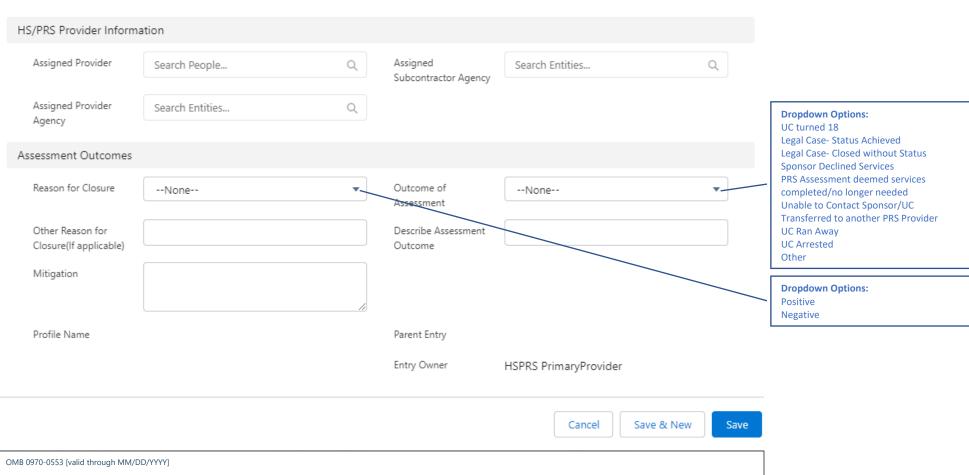
# Home Study/Post-Release Service Referral (Form S-19)

### **Data Entry Window**



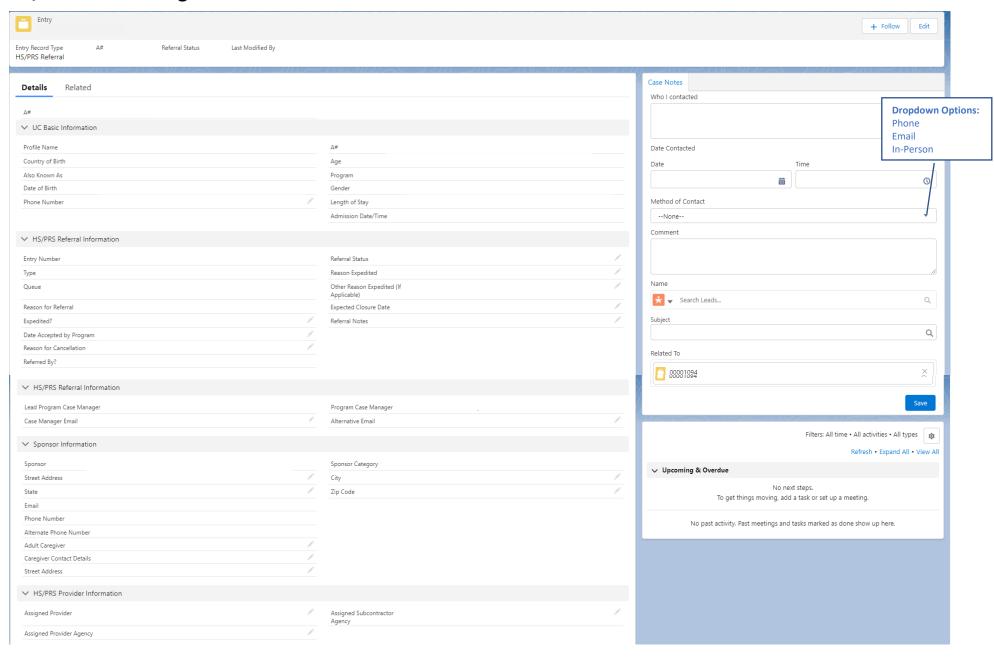
HS/PRS Referral Information					
Case Manager Email			Alternative Email		
Sponsor Information					
Street Address			City		
State	None	•	Zip Code		
Email					
Phone Number					
Alternate Phone Number					
Adult Caregiver		4			
Caregiver Contact Details		4			
Street Address		10			
HS/PRS Provider Inform	ation				
Assigned Provider	Search People	Q	Assigned Subcontractor Agency	Search Entities	Q
Assigned Provider Agency	Search Entities	Q			

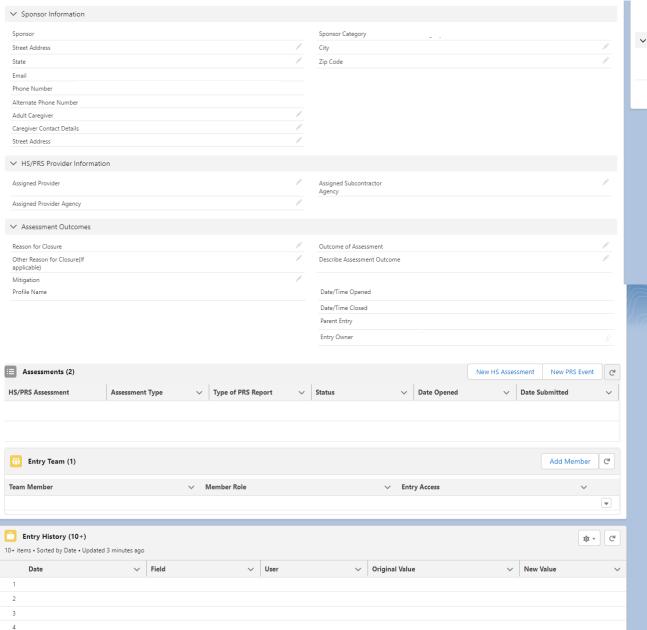


THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow care providers to refer UC for a home study and/or post-release services. Public reporting burden for this collection of information is estimated to average 0.33 hours 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



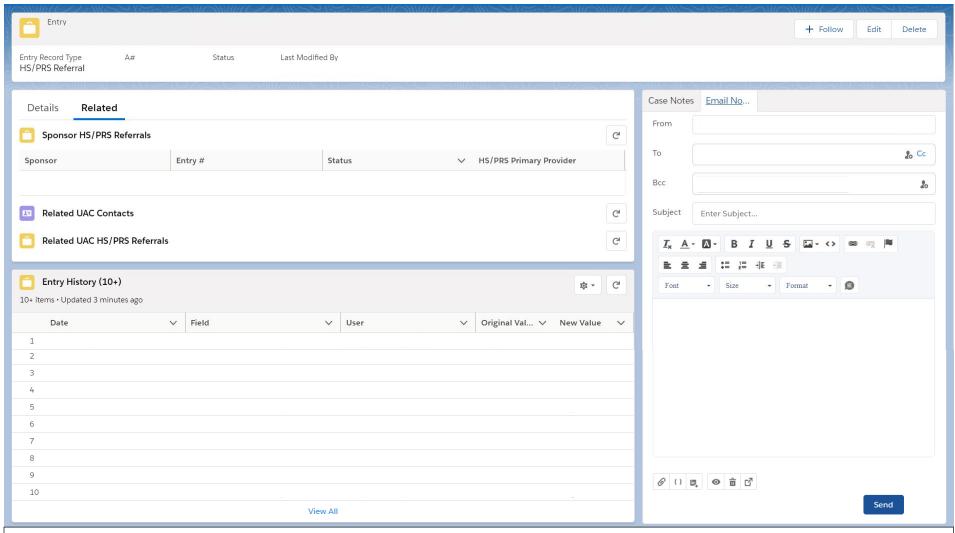






#### **Entry Team – Add Member Data Entry Window Dropdown Options:** Assistant Lead Case Manager Assistant Lead Clinician Search for and add member Attorney **Case Coordinator** Case Manager \* User Clinician **Contractor Field Specialist** Q Search People... **Direct Care Worker Direct Operations Coordinator** \* Role Federal Field Specialist Select an Option Federal Field Specialist Supervisor **HS/PRS Primary Provider HS/PRS Subcontractors** Lead Case Manager Cancel Lead Clinician **Medical Coordinator Program Support Staff** Read Only Supervisor **Supervisory Case Coordinator**

## **HS/PRS** Referral – Related Tab



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