

# HS/PRS Primary Provider Entity (Form S-21A)

## Data Entry Window

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

New Entity: HS/PRS Primary Provider

**Entity Information**

Entity Record Type	HS/PRS Primary Provider	Entity Owner	
* Entity Name	<input type="text"/>	Parent Entity	<input type="text" value="Search Entities..."/>
HS/PRS Primary Provider Name	<input type="text"/>	Phone	<input type="text"/>
PRS Capacity	<input type="text"/>	Email	<input type="text"/>
HS Capacity	<input type="text"/>		

**Address Information**

**Address**

Country:

Street:

City:  State:

Zip/Postal Code:

**Billing Address**

Billing Country:

Billing Street:

Billing City:  Billing State/Province:

Billing Zip/Postal Code:

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow home study and post-release service providers to add identifying information about their organization into the system. Public reporting burden for this collection of information is estimated to average 0.08 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 [UACPolicy@acf.hhs.gov](mailto:UACPolicy@acf.hhs.gov).

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# HS/PRS Primary Provider Entity Page – Details Tab

Entity

+ Follow
View Entity Hierarchy
Edit
Delete

Phone
Email
Billing Address  
[United States](#)
Entity Record Type  
HS/PRS Primary Provider

**Details**
Subcontractors

Entity Record Type	HS/PRS Primary Provider	✎	Entity Owner	👤
Entity Name		✎	Parent Entity	✎
HS/PRS Primary Provider Name		✎	Phone	✎
PRS Capacity		✎	Email	✎
HS Capacity		✎		

▼ Address Information

Address

[United States](#)

✎

▼ System Information

Created By

Last Modified By

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Primary Pr...
New Primary Provider Profile
↻

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# HS/PRS Primary Provider Entity Page – Subcontractors Tab

Entity + Follow View Entity Hierarchy Edit Delete ▼

Phone      Email      Billing Address: **United States**      Entity Record Type: HS/PRS Primary Provider

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**Details**      **Subcontractors**

**Subcontractor (1)** ↻

Name	Subcontractor Agency	Type	Phone	Email

**Subcontractor (0)** ↻

**Primary Pro...** New Primary Provider Profile ↻

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