HS/PRS Primary Provider Profile (Form S-21C)

Data Entry Window

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* Entity Name	Search Entities	Q	Profile Record Type	HS/PRS Primary Provider				
* Name	Salutation		Email					
	None	*						
	* First Name							
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HS/PRS Primary Provider Profile Page

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Enti	ty Name	Phone	Email	Profile Record Type HS/PRS Primary Provider								
~	Entity Name Name Type Address Information				///////////////////////////////////////	Profile Record Type Email Phone	HS/PRS Prii	mary Provider			8 1 1	-
	Address	United Sta	tes		/							
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OMB 0970-#### [valid through MM/DD/YYYY] 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 caseworkers employed by their organization. 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 <u>UACPolicy@acf.hhs.gov</u> . UAC-S-21C [Rev. MM/DD/YYYY]												