

Post-Release Service Event (Form S-22)

Data Entry Window

New HS/PRS Referral Assessment: PRS Event

HS/PRS Assessment #
*Entry

PRS Event Page

UAC Basic Information

UAC Profile Name	A#
AKA	DOB
Age	COB
Date/Time of Discharge	Gender
Program / Facility	

HS/PRS Referral Assessment **Entry-00001534**

HS/PRS Assessment #	Record Type	UAC Profile Name	Status	Last Modified By
HS/PRS Assessment-00000040	PRS Event	-	-	-

Sponsor Identifying Information

Sponsor	DOB	Gender
COB	Marital Status	Sponsor Category
Address	City	State
Email	Contact Number	Zipcode

PRS Event

Case Information

HS/PRS Primary Provider Name	Assigned Provider Name
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Draft > Draft-Approved by... > Submitted

Status:

HS/PRS Subcontractor

HS/PRS Supervisor

HS/PRS Case Worker

Reason for Referral

Type of Report

Date/Time Opened

Date of Contact

Primary Reason for Referral

Type

Describe Reason(s) for Referral

Type of Contact

Placement

* Are there significant changes in the household composition or sponsor's life expected in the near future?

Select an Option

If yes, please describe (e.g. career/job change, change of residence, other relatives coming to live with sponsor, changes in relationships, any members moving out of the household, health needs, etc.):

Will these changes affect the sponsor's ability to care for the minor

Select an Option

Caregiver Name

Caregiver Address

Caregiver City

Caregiver State

Caregiver Zipcode

Safety Status

* Indication of Child Abuse or Neglect

Select an Option

Save

Share an update... Share

Search this feed...



Collaborate here!

Here's where you start talking with your colleagues about this record.

* Indications of Trafficking, Exploitation or Other Safety Issues

Select an Option

If Selected Yes to Prior Questions - Please Describe

Date Report Made

Type of Report Made

Select an Option

Status/Outcome of Investigation

Save

Service Area

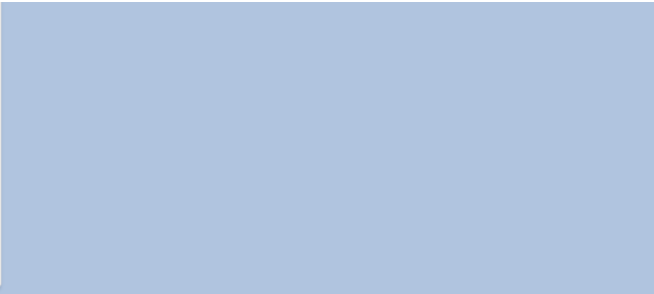
Placement Stability and Safety	/	Placement Stability and Safety Summary	/
Immigration Proceedings	/	Immigration Proceedings Summary	/
Guardianship	/	Guardianship Summary	/
Legal Services	/	Legal Services Summary	/
Education	/	Education Summary	/
Medical Services	/	Medical Services Summary	/
Individual Mental Health Services	/	Individual Mental Health Services Summary	/
Family Stabilization/Counseling	/	Family Stabilization/Counseling Summary	/
Substance Abuse	/	Substance Abuse Summary	/

Certification

Status	/
HS/PRS Worker Printed Name	/



HS/PRS Worker Completed Date	
HS/PRS Supervisor Printed Name	
HS/PRS Supervisor Completed Date	
Verify and Submit	<input type="checkbox"/>
Date Submitted to ORR	
Comments	



OMB 0970-0553 [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 post-release service caseworkers to document information about the UC's placement with their sponsor, safety status, and service areas addressed. Public reporting burden for this collection of information is estimated to average 1 hour 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.

UC-S-22 [Rev. MM/DD/YYYY]