

# PRS Event (Form S-22)

## PRS Event Tab

HS/PRS Referral Assessment  
**00001026**

UC Assessment Status Last Modified By

**PRs Event**

**Case Information**

Assigned Provider Agency	Assigned Provider
Assigned Subcontractor Agency	Assigned Case Worker
Assigned Supervisor	

**Reason for Referral**

Report Type	Referral Type
Date/Time Opened	Referral Description
Date of Contact	Type of Contact
Reason for Referral	

**Placement**

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

Caregiver Name

Caregiver Address

Caregiver City

Caregiver State

Caregiver Zipcode

**Safety Status**

Is there an indication of child abuse or neglect?  
Select an Option

Are there indications of trafficking, exploitation or other safety issues?  
Select an Option

Date Report Created

Type of Report Made  
Select an Option

**Dropdown Options:**  
14 Day Report  
60 Day Report  
Semiannual Report  
Annual Report  
Closing  
Other

**Dropdown Options:**  
Phone  
Email  
In-Person  
Text  
Virtual

**Dropdown Options:**  
Yes  
No

**Dropdown Options:**  
Yes  
No

**Dropdown Options:**  
Law Enforcement  
Child Protective Services  
OTIP  
Other

**UC Basic Information**

UC	A#
Also Known As	Date of Birth
Age	Country of Birth
Discharge Date/Time	Gender
Program	Phone Number

**Sponsor Identifying Information**

Sponsor	Date of Birth	Gender
Country of Birth	Sponsor Category	Street Address
City	State	ZIP Code

Post Poll

Share an update... Share

Search this feed...

Status/Outcome of Investigation

Save

Save and Validate

Collaborate here!

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

**Service Area**

**Placement Stability and Safety**

- Available
- Discussed
  - Educated
  - Referred
  - Monitored

Chosen

Placement Stability and Safety Summary

**Immigration Proceedings**

- Available
- Discussed
  - Educated
  - Referred
  - Monitored

Chosen

Immigration Proceedings Summary

**Guardianship**

- Available
- Discussed
  - Educated
  - Referred
  - Monitored

Chosen

Guardianship Summary

**Legal Services**

- Available
- Discussed
  - Educated
  - Referred
  - Monitored

Chosen

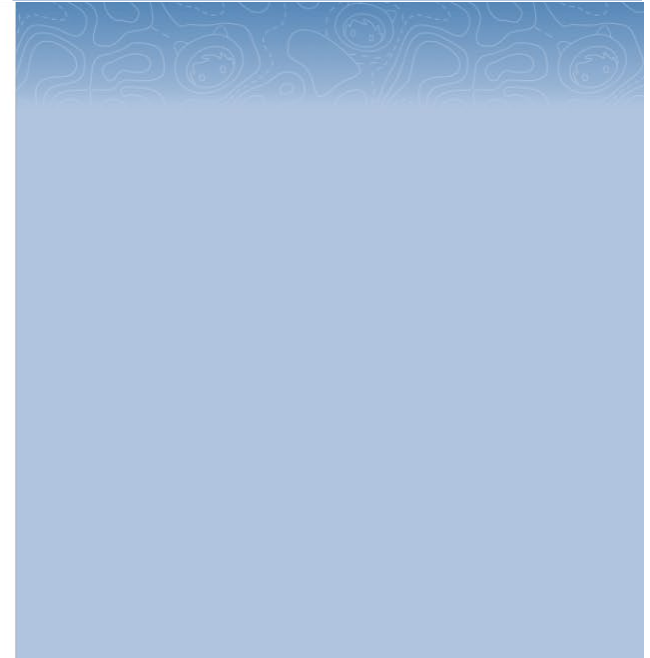
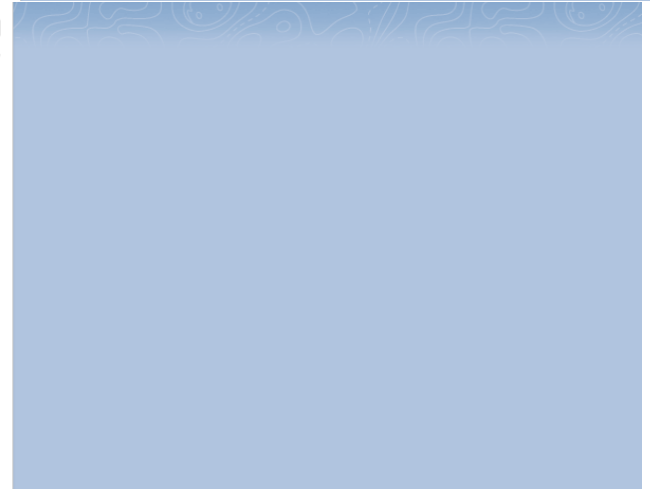
Legal Services Summary

**Education**

- Available
- Discussed
  - Educated
  - Referred
  - Monitored

Chosen

Education Summary



**Medical Services**

Available

- Discussed
- Educated
- Referred
- Monitored

Chosen

Medical Services Summary

**Individual Mental Health Services**

Available

- Discussed
- Educated
- Referred
- Monitored

Chosen

Individual Mental Health Service Summary

**Family Stabilization/Counseling**

Available

- Discussed
- Educated
- Referred
- Monitored

Chosen

Family Stabilization/Counseling Summary

**Substance Abuse**

Available

- Discussed
- Educated
- Referred
- Monitored

Chosen

Substance Abuse Summary

**TVAP**

Available

- Discussed
- Educated
- Referred
- Monitored

Chosen

TVAP Summary

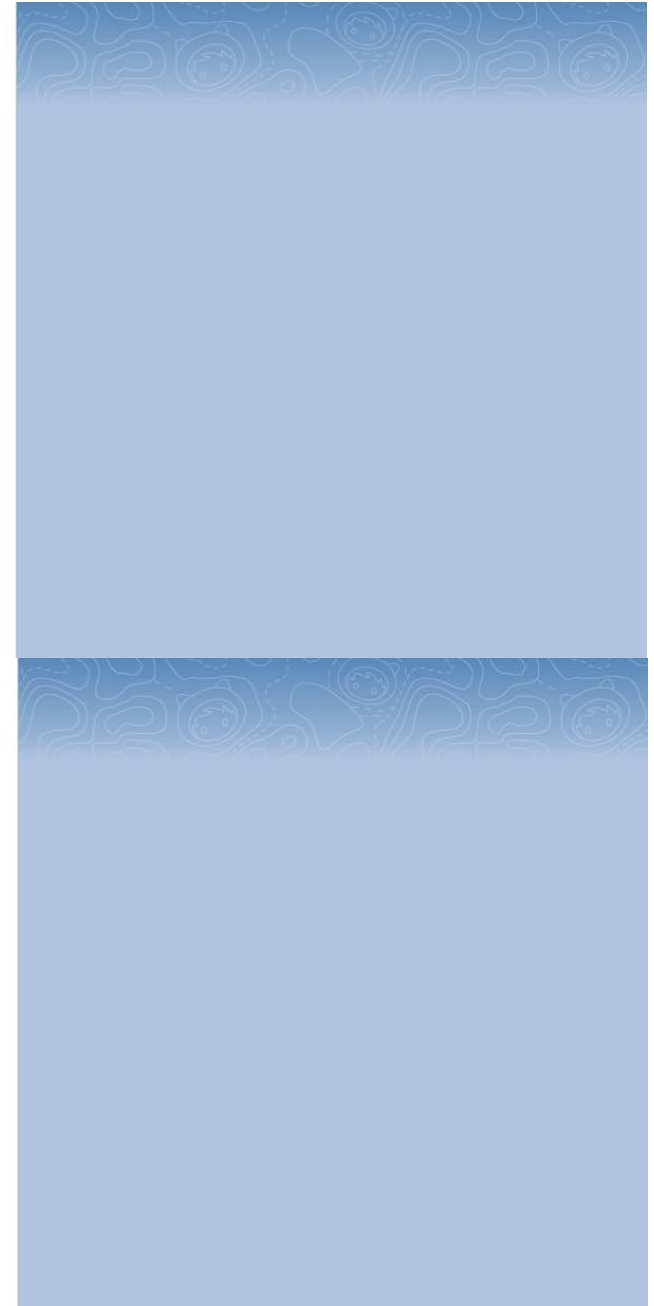
**Other Services**

Available

- Discussed
- Educated
- Referred
- Monitored

Chosen

Other Services Summary



**Certification**

Assessment Status	
HS/PRS Worker Printed Name	
Assessment Completion Date	
HS/PRS Provider Supervisor	
Supervisor Review Completion Date	
Verify and Submit Assessment to ORR <input type="checkbox"/>	
Date Submitted	
Assessment Comments	

- Dropdown Options:**
- Draft
  - Pending Supervisor Approval
  - Approved by Supervisor
  - Submitted

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](mailto:UCPolicy@acf.hhs.gov).

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