

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

Data Entry Window

New Entry: HS/PRS Referral

UC Basic Information

Phone Number A#

Admission Date/Time

HS/PRS Referral Information

Entry Number *Referral Status

Type Reason Expedited
[View all dependencies](#)

Queue Other Reason Expedited (If Applicable)

Reason for Referral Expected Closure Date

* Expedited?
[View all dependencies](#)

Referral Notes

Date Accepted by Program

Reason for Cancellation

Referred By?

Dropdown Options:
Pending
Closed
Cancelled
HS/PRS Referral Initiation
Active

Dropdown Options:
Imminent Age Out
Length of Time Since Referral
Tender Age
Other

Dropdown Options:
Yes
No

Dropdown Options:
Sponsor is unavailable
UC Returned to Home Country
UC is no longer in the home
Age Out
Other

HS/PRS Referral Information

Case Manager Email

Alternative Email

Sponsor Information

Street Address

City

State

Zip Code

Email

Phone Number

Alternate Phone
Number

Adult Caregiver

Caregiver Contact
Details

Street Address

HS/PRS Provider Information

Assigned Provider

Assigned
Subcontractor Agency

Assigned Provider
Agency

HS/PRS Provider Information

Assigned Provider

Search People...



Assigned Subcontractor Agency

Search Entities...



Assigned Provider Agency

Search Entities...



Assessment Outcomes

Reason for Closure

--None--

Outcome of Assessment

--None--

Other Reason for Closure (If applicable)

Describe Assessment Outcome

Mitigation

Profile Name

Parent Entry

Entry Owner

HSPRS PrimaryProvider

Dropdown Options:

UC turned 18
Legal Case- Status Achieved
Legal Case- Closed without Status
Sponsor Declined Services
PRS Assessment deemed services completed/no longer needed
Unable to Contact Sponsor/UC
Transferred to another PRS Provider
UC Ran Away
UC Arrested
Other

Dropdown Options:

Positive
Negative

Cancel

Save & New

Save

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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 + Follow Edit

Entry Record Type: HS/PRS Referral | A# | Referral Status | Last Modified By

Details | Related

A#

UC Basic Information

Profile Name	A#
Country of Birth	Age
Also Known As	Program
Date of Birth	Gender
Phone Number	Length of Stay
	Admission Date/Time

HS/PRS Referral Information

Entry Number	Referral Status
Type	Reason Expedited
Queue	Other Reason Expedited (if Applicable)
Reason for Referral	Expected Closure Date
Expedited?	Referral Notes
Date Accepted by Program	
Reason for Cancellation	
Referred By?	

HS/PRS Referral Information

Lead Program Case Manager	Program Case Manager
Case Manager Email	Alternative Email

Sponsor Information

Sponsor	Sponsor Category
Street Address	City
State	Zip Code
Email	
Phone Number	
Alternate Phone Number	
Adult Caregiver	
Caregiver Contact Details	
Street Address	

HS/PRS Provider Information

Assigned Provider	Assigned Subcontractor Agency
Assigned Provider Agency	

Case Notes

Who I contacted

Date Contacted

Date Time

Method of Contact: --None--

Comment

Name

Search Leads...

Subject

Related To

00001094

Save

Filters: All time • All activities • All types

Refresh • Expand All • View All

Upcoming & Overdue

No next steps.
To get things moving, add a task or set up a meeting.

No past activity. Past meetings and tasks marked as done show up here.

Dropdown Options:
Phone
Email
In-Person

▼ Sponsor Information

Sponsor	Sponsor Category
Street Address	City
State	Zip Code
Email	
Phone Number	
Alternate Phone Number	
Adult Caregiver	
Caregiver Contact Details	
Street Address	

▼ HS/PRS Provider Information

Assigned Provider	Assigned Subcontractor Agency
Assigned Provider Agency	

▼ Assessment Outcomes

Reason for Closure	Outcome of Assessment
Other Reason for Closure(if applicable)	Describe Assessment Outcome
Mitigation	
Profile Name	Date/Time Opened
	Date/Time Closed
	Parent Entry
	Entry Owner

Assessments (2) New HS Assessment New PRS Event

HS/PRS Assessment	Assessment Type	Type of PRS Report	Status	Date Opened	Date Submitted

Entry Team (1) Add Member

Team Member	Member Role	Entry Access

Entry History (10+) Settings Refresh

10+ items • Sorted by Date • Updated 3 minutes ago

Date	Field	User	Original Value	New Value
1				
2				
3				
4				

Filters: All time • All activities • All types

[Refresh](#) • [Expand All](#) • [View All](#)

▼ Upcoming & Overdue

No next steps.
To get things moving, add a task or set up a meeting.

No past activity. Past meetings and tasks marked as done show up here.



5
6
7
8
9
10

[View All](#)

Related Entries (0) [New](#)

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Entry Team – Add Member Data Entry Window

Search for and add member

*** User**

*** Role**

- Dropdown Options:**
- Assistant Lead Case Manager
 - Assistant Lead Clinician
 - Attorney
 - Case Coordinator
 - Case Manager
 - Clinician
 - Contractor Field Specialist
 - Direct Care Worker
 - Direct Operations Coordinator
 - Federal Field Specialist
 - Federal Field Specialist Supervisor
 - HS/PRS Primary Provider
 - HS/PRS Subcontractors
 - Lead Case Manager
 - Lead Clinician
 - Medical Coordinator
 - Program Support Staff
 - Read Only
 - Supervisor
 - Supervisory Case Coordinator

HS/PRS Referral – Related Tab

Entry
+ Follow Edit Delete

Entry Record Type
HS/PRS Referral
A#
Status
Last Modified By

Details
Related

Sponsor HS/PRS Referrals
↻

Sponsor	Entry #	Status	HS/PRS Primary Provider

Related UAC Contacts
↻

Related UAC HS/PRS Referrals
↻

Case Notes
Email No...

From

To

 Cc

Bcc

Subject

Font
Size
Format

Send

Entry History (10+)
⚙️ ↻

10+ Items
Updated 3 minutes ago

Date	Field	User	Original Val...	New Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

View All

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