

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

## Data Entry Window

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

New Profile: HS/PRS Primary Provider

**Profile Information**

* Entity Name	<input type="text" value="Search Entities..."/>	Profile Record Type	HS/PRS Primary Provider
* Name	Salutation <input type="text" value="--None--"/>	Email	<input type="text"/>
	* First Name <input type="text"/>		
	Middle Name <input type="text"/>		
	* Last Name <input type="text"/>		
Type	<input type="text" value="--None--"/>	Phone	<input type="text"/>

**Address Information**

Address

Mailing Country

Address

City

State

Zip Code

**System Information**

User Name	<input type="text" value="Search People..."/>	Profile Owner	<input type="text"/>
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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 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 [UACPolicy@acf.hhs.gov](mailto:UACPolicy@acf.hhs.gov).

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# HS/PRS Primary Provider Profile Page

Profile + Follow Edit Delete Clone ▾

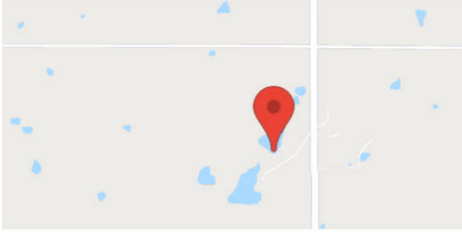
Entity Name	Phone	Email	Profile Record Type
HS/PRS Primary Provider			

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Entity Name	<input type="text"/>	Profile Record Type	HS/PRS Primary Provider
Name	<input type="text"/>	Email	<input type="text"/>
Type	<input type="text"/>	Phone	<input type="text"/>

▼ Address Information

Address United States



▼ System Information

Created By	<input type="text"/>	Last Modified By	<input type="text"/>
User Name	<input type="text"/>	Profile Owner	<input type="text"/>

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