

# 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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# HS/PRS Referral Page – Details Tab

Entry + Follow Edit

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

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**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+)

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

[Settings](#) [Refresh](#)

Date	Field	User	Original Value	New Value
1				
2				
3				
4				

Filters: All time • All activities • All types

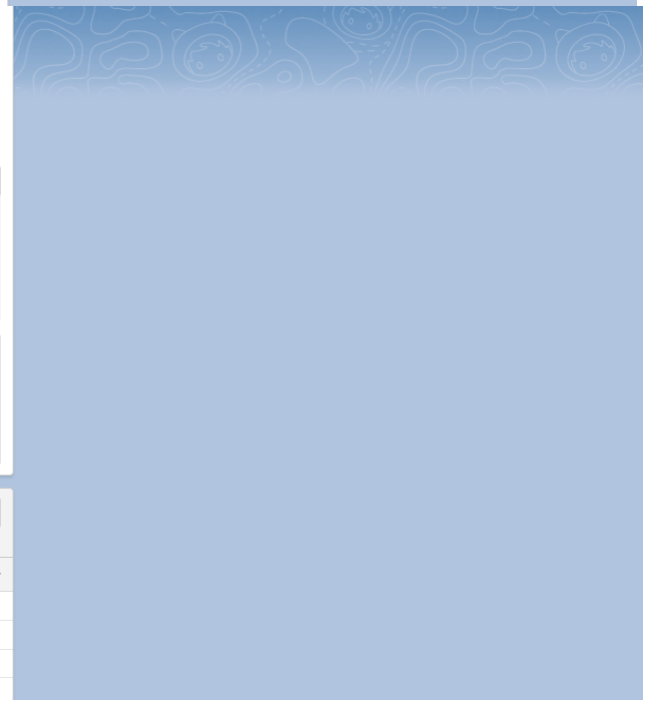
[Refresh](#) • [Expand All](#) • [View All](#)

▼ 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

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**\* User**

 Q

**\* 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:  + Cc

Subject:

**I** **A** **A** **B** **I** **U** **S**

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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