

Post-Release Services (PRS) Referral (Form S-19)

UC Basic Information



First Name:	auto-populated	AKA:	auto-populated
Last Name:	auto-populated	Status:	system-generated
Date of Birth:	auto-populated	Admitted Date:	auto-populated
A#:	auto-populated	Length of Stay:	system-generated
Country of Birth:	auto-populated	Current Program:	auto-populated
Gender:	auto-populated	Portal ID:	system-generated

Post Release Services

PRS - TVPRA PRS

PRS Level:

- Level 1
- Level 2
- Level 3

Populates when "PRS-TVPRA" is selected

PRS-TVPRA

Referring Facility Information

Referring Facility Name:	<input type="text" value="auto-populated"/>	Referral ID:	system-generated
Facility/Case Manager	<input type="text" value="auto-populated"/>	Referral Status:	system-generated
(Email Address):	<input type="text"/>	Expected Closure Date:	system-generated
Alternative Email Addr:	<input type="text"/>		
Acceptance Date:	system-generated		

Sponsor Information

Sponsor Name:	auto-populated	Sponsor Category:	auto-populated
Sponsor City:	auto-populated	Sponsor State:	auto-populated
Sponsor Zip Code:	auto-populated	Primary Sponsor:	auto-populated

Provider Information

What Provider Conducted the Home Study:	<input type="text" value="-- Select --"/>
Reason for Referral:	<input type="text" value="-- Select --"/>
Special Instructions:	<input type="text" value="-- Select --"/>

List of all home study providers

- RTC Placement
- Medically Fragile
- Pregnant
- Parenting
- Tender Age
- Sibling Group
- Related

- Victims of Trafficking (TVPRA)
- American Disability Act (TVPRA)
- Physical or Sexual Abuse by Caregiver (TVPRA)
- Sponsor Risk (TVPRA)
- 12 and Under Going to Non-Relative Sponsor (ORR Mandated)
- Non-Relative Sponsor Multiple Sponsorship (ORR Mandated)
- ORR Discretionary

Populates when "PRS" is selected

PRS	
Referring Facility Information	
Referring Facility Name: <input type="text" value="auto-populated"/> *	Referral ID: system-generated
Facility/Case Manager: <input type="text" value="auto-populated"/>	Referral Status: system-generated
(Email Address): <input type="text"/>	
Alternative Email Addr: <input type="text"/>	
Acceptance Date: system-generated	Expected Closure Date: system-generated
Sponsor Information	
Sponsor Name: <input type="text"/>	Sponsor Category: <input type="text"/>
Sponsor City: <input type="text"/>	Sponsor State: <input type="text"/>
Sponsor Zip Code: <input type="text"/>	Primary Sponsor: <input type="text"/>
Reason for Referral: <input type="text" value="-- Select --"/>	Planned Discharge Date: <input type="text"/>
Referral Date: <input type="text"/>	
Special Instructions: <input type="text" value="-- Select --"/>	

- RTC Placement
- Medically Fragile
- Pregnant
- Parenting
- Tender Age
- Sibling Group
- Related

- 12 and Under Going to Non-Relative Sponsor - ORR Mandated Home Study
- Non-Relative Sponsor Multiple Sponsorship - ORR Mandated Home Study
- ORR Discretionary Home Study
- UC Going to Non-Relative Sponsor - ORR Mandated No Home Study
- Other - No Home Study

Populates when either "PRS-TVPR" or "PRS" is selected

Cross-Referenced Case
Relationship Group ID: <input type="text" value="system-generated"/>

>| Save >| Send Case Referral >| Close Case Referral >| Cancel Case Referral >| Reset

Document Upload
File to attach: <input type="text"/> <input type="button" value="Select File"/>
> Upload > Cancel

Cancel Referral	Close
Reason for Cancellation: <input type="text"/>	
> Save	