

# 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

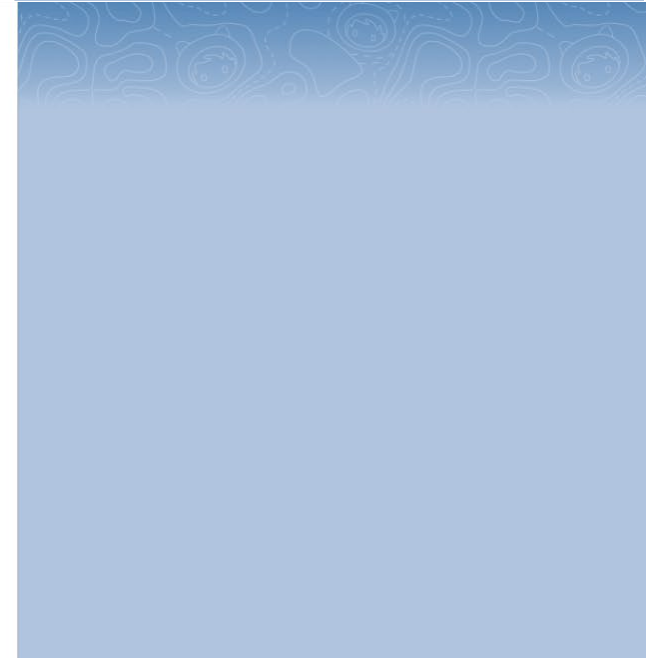
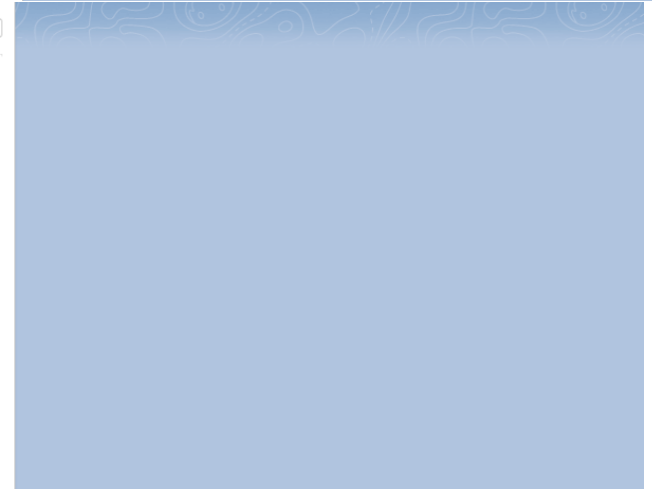
**Education**

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

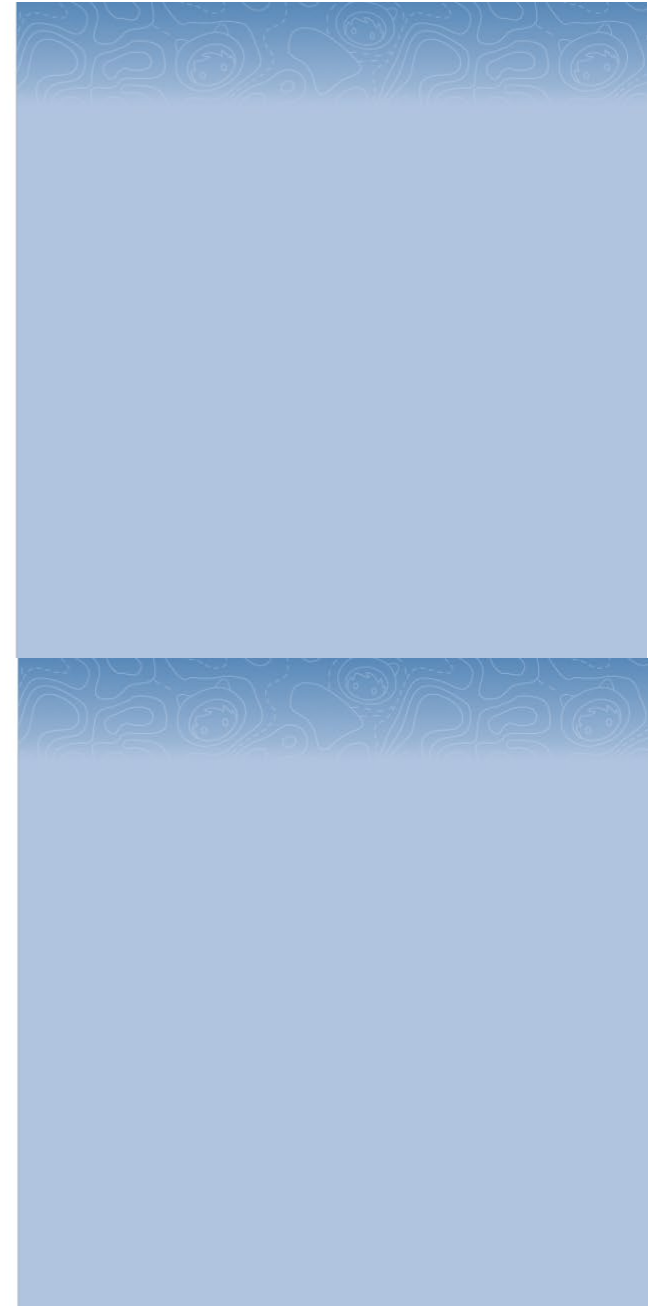
**Other Services**

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]

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