

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:	auto-populated *	Referral ID:	system-generated
Facility/Case Manager	auto-populated	Referral Status:	system-generated
(Email Address):			
Alternative Email Addr:			
Acceptance Date:	system-generated	Expected Closure 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: -- Select --

Reason for Referral: -- Select --

Special Instructions: -- 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: auto-populated	Referral ID: system-generated
Facility/Case Manager (Email Address): auto-populated	Referral Status: system-generated
Alternative Email Addr:	Expected Closure Date: system-generated
Acceptance Date: system-generated	
Sponsor Information	
Sponsor Name:	Sponsor Category:
Sponsor City:	Sponsor State:
Sponsor Zip Code:	Primary Sponsor:
Reason for Referral: -- Select --	Planned Discharge Date:
Referral Date:	
Special Instructions: -- 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: system-generated

Document Upload

File to attach:

Cancel Referral

Reason for Cancellation: