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

## UC Basic Information


Photo of Child

| | | | |
|---|---|---|---|
| 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 (Email Address): | auto-populated | Referral Status: | system-generated |
| 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** `auto-populated`
**(Email Address):**                    **Referral Status:**   system-generated

**Alternative Email Addr:** [ ]

**Acceptance Date:**   system-generated       **Expected Closure Date:** system-generated

**Sponsor Information**

**Sponsor Name:**                        **Sponsor Category:**

**Sponsor City:**                            **Sponsor State:**

**Sponsor Zip Code:**                      **Primary Sponsor:**

**Reason for Referral:** `-- Select -- ▼`

**Referral Date:** [ ]       **Planned Discharge 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-TVPRA" or "PRS" is selected*

**Cross-Referenced Case**

**Relationship Group ID:**

`system-generated` ▲

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

**Document Upload**

**File to attach:** [ ] [🔍 Select File]

[ >| Upload ] [ >| Cancel ]

**Cancel Referral**                    Close

**Reason for Cancellation** [ ]

[ >| Save ]