

HS/PRS Primary Provider Entity (Form S-21A)

Data Entry Window

OMB 0970-#### [valid through MM/DD/YYYY]

New Entity: HS/PRS Primary Provider

Entity Information

Entity Record Type	HS/PRS Primary Provider	Entity Owner	
* Entity Name	<input type="text"/>	Parent Entity	<input type="text" value="Search Entities..."/>
HS/PRS Primary Provider Name	<input type="text"/>	Phone	<input type="text"/>
PRS Capacity	<input type="text"/>	Email	<input type="text"/>
HS Capacity	<input type="text"/>		

Address Information

Address

Country

Street

City State

Zip/Postal Code

Billing Address

Billing Country

Billing Street

Billing City Billing State/Province

Billing Zip/Postal Code

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow home study and post-release service providers to add identifying information about their organization into the system. Public reporting burden for this collection of information is estimated to average 0.08 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279, and Trafficking Victims Protection Reauthorization Act, 8 U.S.C. 1232). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

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HS/PRS Primary Provider Entity Page – Details Tab

Entity + Follow View Entity Hierarchy Edit Delete

Phone Email Billing Address **United States** Entity Record Type
HS/PRS Primary Provider

Details Subcontractors

Entity Record Type	HS/PRS Primary Provider	Entity Owner
Entity Name		Parent Entity
HS/PRS Primary Provider Name		Phone
PRS Capacity		Email
HS Capacity		

Address Information

Address **United States**



System Information

Created By _____ Last Modified By _____

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HS/PRS Primary Provider Entity Page – Subcontractors Tab

Entity + Follow View Entity Hierarchy Edit Delete ▼

Phone Email Billing Address: **United States** Entity Record Type: HS/PRS Primary Provider

Details **Subcontractors**

Subcontractor (1) ↻

Name	Subcontractor Agency	Type	Phone	Email

Subcontractor (0) ↻

Primary Pro... New Primary Provider Profile ↻

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