

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

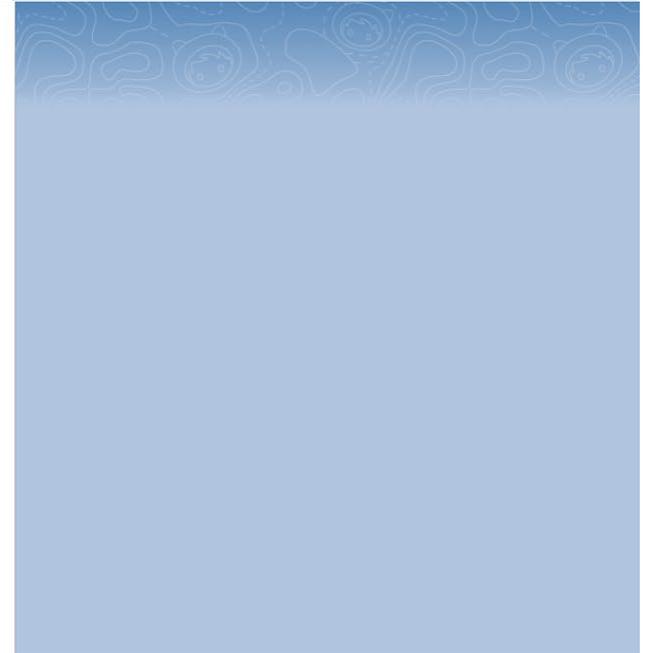
Legal Services Summary

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

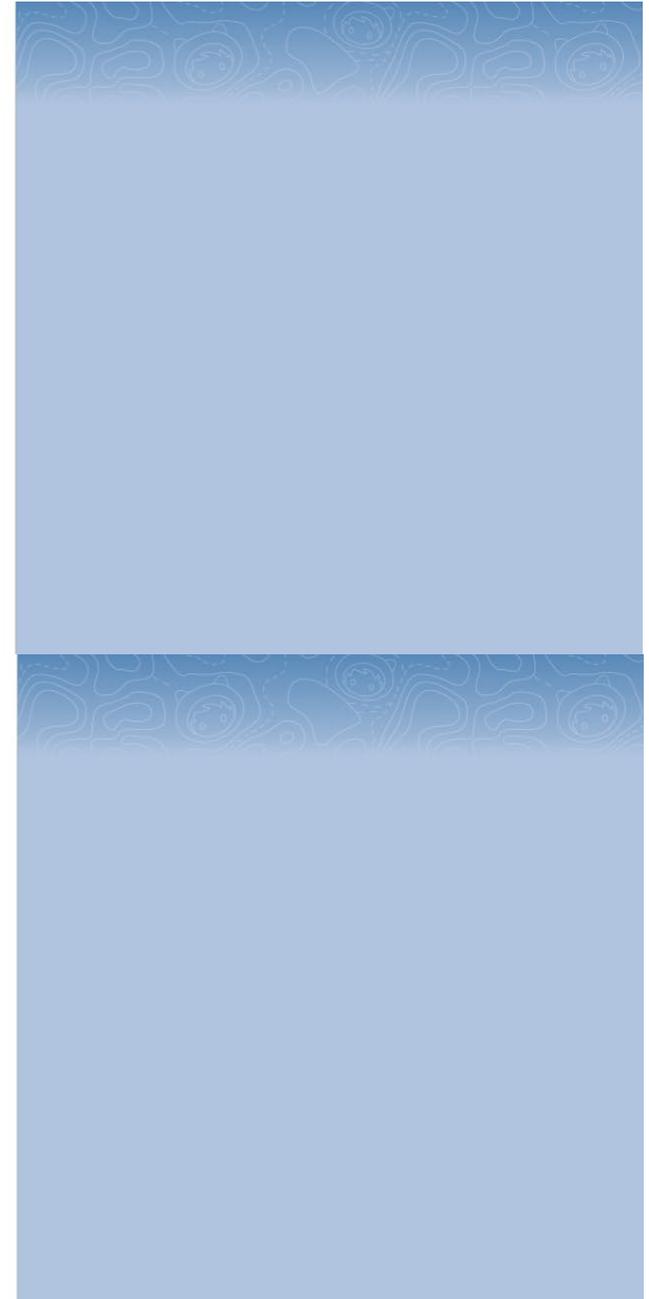
Other Services

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]

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow post-release service caseworkers to document information about the UC's placement with their sponsor, safety status, and service areas addressed. Public reporting burden for this collection of information is estimated to average 1 hour 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 UCPolicy@acf.hhs.gov.

S-22 [Rev. MM/DD/YYYY]