Administration for Children and Families
Office of Refugee Resettlement

Post-Release Services (PRS) Referral (Form S-19)
UAC Portal Version

UAC Basic Information

Photo of Child

First Name: *(Auto Populate)*	**AKA:** *(Auto Populate)*
Last Name: *(Auto Populate)*	**Status:** *(Auto Populate)*
Date of Birth: *(Auto Populate)*	**Admitted Date:** *(Auto Populate)*
A#: *(Auto Populate)*	**Length of Stay:** *System Generated*
Country of Birth: *(Auto Populate)*	**Current Program:** *(Auto Populate)*
Sex: *(Auto Populate)*	**Portal ID:** *(Auto Populate)*

Physical Location of the Child: *(Auto populate – Source UAC Portal Discharge Tab)*

Post Release Services

All fields required to submit a referral.

☐ PRS-TVPRA[1] ☐ PRS[2]

PRS Level: <Single-Select Dropdown Menu>
- Level 1
- Level 2
- Level 3
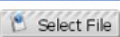
Referral ID:	*SYSTEM GENERATED*	**Referral Status:**	*SYSTEM GENERATED*
Acceptance Date:	*SYSTEM GENERATED*	**Expected Closure Date:**	*SYSTEM GENERATED*

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR grantee case managers to refer a child for a home study and/or post-release services. Public reporting burden for this collection of information is estimated to average 0.5 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. The OMB control number is 0970-XXXX and the expiration date is MM/DD/YYYY. If you have any comments on this collection of information, please contact UACPolicy@acf.hhs.gov.

PRS-TVPRA

[1] *CONDITIONAL LOGIC:* When "PRS-TVPRA" is selected, the PRS-TVPRA window opens
[2] *CONDITIONAL LOGIC:* When "PRS" is selected, the PRS window opens

Referring Facility Information			
Referring Facility Name:	*(Auto Populate)*	**Alternative Email:**	*(Open Text)*
Case Manager Name:	*(Auto Populate)*	**Case Manager Email:**	*(Auto Populate)*
Unification Specialist Name:	*(Auto Populate)*	**Unification Specialist Email:**	*(Auto Populate)*

Sponsor Information			
Sponsor Name:	*(Auto Populate)*	**Sponsor Category:**	*(Auto Populate)*
Sponsor City:	*(Auto Populate)*	**Sponsor State:**	*(Auto Populate)*
Sponsor Zip Code:	*(Auto Populate)*	**Primary Sponsor:**	*(Auto Populate)*
Sponsor Phone Number:	*(Auto Populate)*	**Sponsor Relationship to Child:**	*(Auto Populate)*
Sponsor Email:	*(Auto Populate)*		

Referral Information			
What Provider Conducted the Home Study:	**<Single-Select Dropdown Menu>** *List of all HS Providers*		
Reason for Referral	**<Single-Select Dropdown Menu>** • *Victims of Trafficking (TVPRA)* • *American Disability Act (TVPRA)* • *Physical or Sexual Abuse (TVPRA)* • *Sponsor Risk (TVPRA)*		
Special Instructions:	**<Single-Select Dropdown Menu>** • *RTC Placement* • *Medically Fragile* • *Pregnant* • *Parenting* • *Tender Age* • *Sibling Group* • *Related*	***Additional Details:***	*(Open Text)*

Cross-Referenced Case:	
Relationship Group ID: *SYSTEM GENERATED*	

>| Save	>| Send Case Referral	>| Close Case Referral[3]	>| Cancel Case Referral[4]	>|Reset

Document Upload		
File to Attach:	***<Auto-Populate File Upload Address Bar>***	⬆ Select File
>| Upload		>| Cancel

Cancel Referral	Close
Reason for Cancellation:	*(Open Text)*
>| Save	

Referring Facility Information

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[3] *CONDITIONAL LOGIC:* When "Close Case Referral" is selected, the Document Upload window opens
[4] *CONDITIONAL LOGIC:* When "Cancel Case Referral" is selected, the Cancel Referral window opens
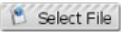
Referring Facility Name:	*(Auto Populate)*	**Alternative Email Address:**	*(Open Text)*
Case Manager Name:	*(Auto Populate)*	**Case Manager Email:**	
Unification Specialist Name:		**Unification Specialist Email:**	

Sponsor Information			
Sponsor Name:	*(Auto Populate)*	**Sponsor Category:**	*(Auto Populate)*
Sponsor City:	*(Auto Populate)*	**Sponsor State:**	*(Auto Populate)*
Sponsor Zip Code:	*(Auto Populate)*	**Primary Sponsor:**	*(Auto Populate)*
Sponsor Phone Number:	*(Auto Populate)*	**Sponsor Relationship to Child:**	*(Auto Populate)*
Sponsor Email:	*(Auto Populate)*		

Referral Information

What Provider Conducted the Home Study:	**<Single-Select Dropdown Menu>** *List of all HS Providers*
Reason for Referral	**<Single-Select Dropdown Menu>** • *12 and Under, Going to Non-relative Sponsor (ORR Mandated)* • *Multiple concurrent sponsorships with at least one unrelated child (ORR Mandated)* • *Previously sponsored two or more children (ORR Mandated)* • *ORR Discretionary Home Study* • *Child Going to Non-Relative Sponsor (No Home Study)* • *Other (No Home Study)*
Special Instructions:	**<Single-Select Dropdown Menu>** • *RTC Placement* • *Medically Fragile* • *Pregnant* • *Parenting* • *Tender Age* • *Sibling Group* *Related*

For Special Instructions: **Additional Details:** *(Open Text)*

Cross-Referenced Case:

Relationship Group ID:
SYSTEM GENERATED

>| Save	>| Send Case Referral	>| Close Case Referral[3]	>| Cancel Case Referral[4]	>|Reset

Document Upload		Cancel Referral	Close
File to Attach: *<Auto-Populate File Upload Address Bar>* [Select File]		**Reason for Cancellation:**	*(Open Text)*
>| Upload	>| Cancel	>| Save	