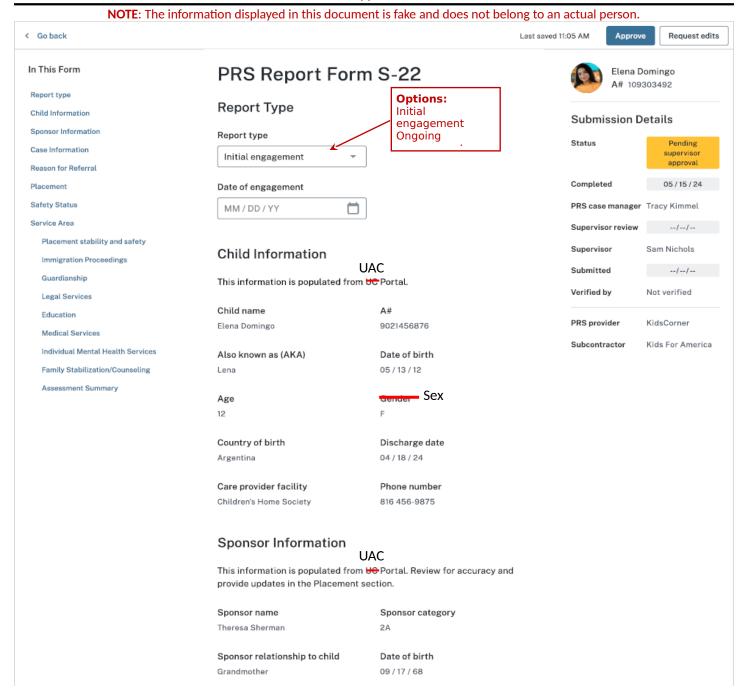


Administration for Children and Families Office of Refugee Resettlement

PRS Report (Form S-22)

PRS App Version



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 referrals made and services provided at critical junctures of service provision, such as 14 day, 6 month, 12 month, and closure. Public reporting burden for this collection of information is estimated to average 1.08 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 <u>UACPolicy@acf.hhs.gov</u>.

Sex		OMB 0970-####; Valid Through MM/DD/YYYY
- Gender	Country of birth	
F	Argentina	
Address	City	
110 Southern Pkwy	Kingston	
Apartment 2L		
State	7in aada	
NY	Zip code 11232	
NT	11232	
Primary phone	Backup phone number	
212 201-2200	917 201-2200	
Case Information		
Assigned provider agency	Assigned subcontractor agency	
KidsCorner	Children's Alliance of the Bronx	
11333113	omarono y trio bronx	
Assigned case worker	Assigned supervisor	
Tracy Kimmel	Sam Nichols	
Reason for Referral		
Referral type	Referral acceptance	
2-TVPRA	08/02/24	
Reason for referral		
Tracy Kimmel		
Referral description		_
Placement		
rtacement		
Is the child living with their sponsor?		
O Yes		Options:
No		With alternate caregiver (ACG) or
9 110		non-sponsor Living independently
Is the child still living at the address	on file?	Known runaway
O Yes		Returned to home country
No		Location unknown
		Other
What changed?		
Location unknown Other	K	*
More information about unknown loc	ation (optional)	
Other change		
Other change		

		OIVIB 0970-####; Valid Tilrough MiVI/DD/TTTT
Who are they living with?		
First Name	Last Name	
Relationship to child	Phone number	
Where are they living?		
Address		
City	tate Zip code	
	•	
Safety Status		
Is there an indication of child abu	se or neglect?	
Yes		
○ No		
Are there indicators of trafficking	g, exploitation, or other safety concerns	?
Yes		
○ No		
Did you file a report?		
Yes		
O No		

Date report created	
Type of report made	
	Options:
Other	Law enforcement Child Protective Services
	Office of Trafficking in Persons
Status/outcome of investigation	
Service Area	
Placement stability and safety	
Actions taken	
☐ Discussed ☐ Educated ☐ Referred	d Monitored
Placement stability and safety summary	
Immigration proceedings	
Actions taken	
☐ Discussed ☐ Educated ☐ Referred	d Monitored
mmigration proceedings summary	
Guardianship	
Actions taken Discussed Educated Referred	d Monitored

OMB 0970-###; Valid Through MM/DD/YYYY

Guardianship sumr	mary		
Legal services			
Actions taken			
Discussed	☐ Educated	Referred	■ Monitored
Legal services sum	nmary		
Education			
Actions taken			
Discussed	Educated	Referred	■ Monitored
Education summar	у		

OMB 0970-####; Valid Through MM/DD/YYYY

Actions taken			
Discussed	Educated	Referred	☐ Monitored
Medical services s	summary		
Individual men	tal health servi	ces	
Actions taken			
☐ Discussed	Educated	Referred	☐ Monitored
Individual mental	health services sui	mmary	
Family stabiliz	ation or counse	ling	
Actions taken			
	☐ Educated	Referred	☐ Monitored
Discussed	_		
Discussed	on or counseling su	mmary	
Discussed	_	mmary	

Substance ab	use		
Actions taken			
Discussed	☐ Educated	Referred	☐ Monitored
Substance abus	e summary		
Trafficking Vio	ctims Assistan	ce Program	
Actions taken			
Discussed	☐ Educated	Referred	☐ Monitored
Trafficking Victin	ns Assistance Pro	ogram summary	
Other service	S		
Actions taken Discussed	☐ Educated	Referred	☐ Monitored
_	_	_	
Family stabilization	on or counseling su	immary	
Assessment S	ummary		
Other services s	ummary		