



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201  
[www.acf.hhs.gov/programs/orr](http://www.acf.hhs.gov/programs/orr)

## **The UC Manual of Procedures**

### **(UC MAP)**

*For ORR Staff, Contractors, and Grantees*

## **Section 6: Resources and Services Available After Release from ORR Care**

UC Policy Unit  
Unaccompanied Children Program  
Office of Refugee Resettlement  
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# Section 6: Resources and Services Available After Release from ORR Care

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Look for these **icons** for quick cues on what is required for a specific procedure or a reference to a particular policy in the UC Policy Guide.


 **UC Policy Guide (ORR Unaccompanied Children Program Policy Guide)**

 Email

 Mail

 Tasks associated with a deadline

 Form or other template

 UC Portal

 Phone call

## 6.2 Levels of Post Release Services

 See [UC Policy Guide Sections 6.2](#)

### 6.2.1 Levels of Post Release Services

 See [UC Policy Guide Sections 6.2.1](#)

#### Process for Requesting Approval to Conduct Required In-Person Engagements Virtually

1. The Post Release Services (PRS) provider e-mails the Program Officer (PO) to request approval on a case-by-case basis to conduct a PRS engagement that is required to be in-person as a virtual PRS engagement. The email must contain a description of the exceptional circumstances that warrant a virtual engagement. Examples of exceptional circumstances include (but are not limited to):
  - The child, sponsor, or other household member tested positive for COVID-19 and conducting the engagement virtually would avoid quarantine and/or isolation related delays.
  - The child, sponsor, or other household member is isolating due to higher risk for severe COVID-19 infection and conducting the engagement virtually would increase the child's access to engagements and minimize their risk of COVID-19 exposure.
  - U.S. Centers for Disease Control and Prevention (CDC), state, and/or local health department guidance, ordinances, and/or regulations require virtual engagements based on COVID-19 Community Levels.

#### Email Template: Approval for Virtual Engagement

**From:** PRS Case Manager  
**To:** Program Officer  
**Subject:** Requesting Approval for Virtual PRS Engagement  
**Body:**

- Request approval to conduct a virtual PRS engagement
- Describe why virtual PRS engagement is in the best interest of the child

**Attachments:**

- If applicable, supporting documents, password protected as needed.

**NOTE:** PRS Case managers must password protect Personally Identifiable Information (PII). The body of the email includes the message that the password for the attached documents will be sent separately. Do not include PII in follow up emails.

2. The PO responds in writing to the provider’s e-mail request **within two (2) calendar days** to approve or deny the request. The PO will only approve a virtual engagement in the event of exceptional circumstances leading to a virtual engagement being in the best interest of the child.
3. If the PO denies the request for a virtual engagement, the provider must conduct the engagement in-person.

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## 6.2.2 Levels of Post Release Services

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 See [UC Policy Guide Sections 6.2.2](#)

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## 6.2.3 Levels of Post Release Services

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 See [UC Policy Guide Sections 6.2.3](#)

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## 6.2.4 Post Release Service Providers: Case Reporting

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 See [UC Policy Guide Sections 6.2.4](#)

### OVERVIEW

The *PRS Report* form is a fillable PDF which includes all required information that PRS providers must document at each engagement with a released child, and report monthly to ORR. PRS providers can find the *PRS Report* form on the UC Portal home page.

### PROCEDURES

#### Completing the *PRS Report*

A *PRS Report* form must be completed by the PRS provider regardless of whether the engagement is in-person or conducted virtually (see [UC Policy Guide Section 6.2.1](#)).

1. **UC Basic Information**—Complete all fields in the *UC Basic Information* Section.
  - If the child’s name differs from the UC Portal’s information, enter the UC’s name as given, and name as listed in the UC portal (if different) in the “Also Known As” field.

**Figure 6.1 UC Basic Information**

UC Basic Information			
UC Name	<input type="text"/>	A# [no spaces]	<input type="text"/>
Also Known As	<input type="text"/>	Date of Birth	<input type="text"/>
Age	<input type="text"/>	Country of Birth	<input type="text"/>
Date of Discharge	<input type="text"/>	Gender	<input type="text"/>
Program	<input type="text"/>	Phone Number	<input type="text"/>

2. **Sponsor Identifying Information**—Complete all fields under the *Sponsor Identifying Information* section.

**Figure 6.2 Sponsor Identifying Information**

Sponsor Identifying Information			
Sponsor Name	<input type="text"/>	Address	<input type="text"/>
Sponsor Category	<input type="text"/>	City	<input type="text"/>
Date of Birth	<input type="text"/>	State	<input type="text"/>
Gender	<input type="text"/>	Zip Code	<input type="text"/>
Country of Birth	<input type="text"/>		

3. **Case Information**—Complete the following fields under the *Case Information* section.

- **Assigned Provider Agency:** This is the primary PRS provider agency.
- **Assigned Provider:** *Leave Blank*
- **Assigned Subcontractor Agency:** This is the subcontracted PRS provider, if applicable.
- **Assigned Case Worker and Assigned Supervisor:** Must match the *Certification* Section, below.

**Figure 6.3 Case Information**

Case Information			
Assigned Provider Agency	<input type="text"/>	Assigned Provider	<input type="text"/>
Assigned Subcontractor Agency	<input type="text"/>	Assigned Case Worker	<input type="text"/>
Assigned Supervisor	<input type="text"/>		

4. **Reason for Referral**—Complete all fields under the *Reasons for Referral* section.

- **Report Type:** Click on the drop-down menu and select the type of report.

- 14-Day Report: Required visit within the first 14 days after release.
  - 60-Day Report: This option is no longer relevant. **Do not select.**
  - Semiannual Report: Six-month check-ins for TVPRA PRS
  - Annual Report: Yearly check-ins for TVPRA PRS.
  - Closing: Final report used to close the case.
  - Other: Use this category for Monthly Reports.
- **Referral Type:** Type one of the following categories:
    - TVPRA
    - PRS Only (no home study)
    - PRS after discretionary home study
    - PRS after ORR mandated home study
  - **Reason for Referral:** Enter the reason the referral was made. This should be one of the service areas within UC Portal and this form.
  - **Referral Description:** Provide a brief description of the referral addressed. This information should match the child’s UC Portal information.

**Figure 6.4 Reason for Referral**

**Reason for Referral**

<p><b>Report Type</b> <input style="width: 90%; border: 1px solid black;" type="text"/></p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>14-Day Report</p> <p>60-Day Report</p> <p>Semiannual Report</p> <p style="background-color: #e1eef6;">Annual Report</p> <p>Closing</p> <p>Other</p> </div>	<p><b>Referral Type</b> <input style="width: 90%; border: 1px solid black;" type="text"/></p>
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THE PAPERWORK REDUCTION ACT OF 1995: The purpose of this information collection is to allow post-release service caseworkers to enter information on their sponsor, safety status, and service areas addressed. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20503. Send all comments to the Office of Management and Budget, Paperwork Project (0152-0047), Washington, DC 20503.

PUBLIC BURDEN: The purpose of this information collection is to allow post-release service caseworkers to enter information on their sponsor, safety status, and service areas addressed. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20503. Send all comments to the Office of Management and Budget, Paperwork Project (0152-0047), Washington, DC 20503.

OMB CONTROL NUMBER: 1520-0047

If you have any comments on this collection of information please contact UCPolicy@acf.hhs.gov.

<b>Date Opened</b> <input style="width: 90%; border: 1px solid black;" type="text"/>	<b>Reason for Referral</b> <input style="width: 90%; border: 1px solid black;" type="text"/>
<b>Date of Contact</b> <input style="width: 90%; border: 1px solid black;" type="text"/>	


**Referral Description**

5. **Placement**—First, indicate if a significant change in the household composition or sponsor’s life expected in the near future, using the drop-down menu. This can include a relocation of the child.
  - If ‘no’, no further action is needed.
  - If ‘yes’, then complete the new caregiver’s full name and address.

**Figure 6.5 Placement**

Placement	
Are there significant changes in the household composition or sponsor's life expected in the near future?	<input type="text"/>
Caregiver Name	<input type="text"/>
Caregiver State	<input type="text"/>
Caregiver Address	<input type="text"/>
Caregiver Zip Code	<input type="text"/>
Caregiver City	<input type="text"/>

**6. Safety Status**—Indicate if there are child abuse, neglect, human trafficking, exploitation, or other safety concerns using the drop-down menus. *If yes, indicate what type of report was made to document the incident, along with the report’s date and a brief description of the status/ outcome.*

**Note:** “Other” reports may include incidents reported in a Notification of Concern (NOC). If there is a safety concern, a NOC must be filed separately. This form does not replace the NOC requirement. See [UC Policy Guide Section 6.1 Summary of Resources and Services Available After Release from ORR Care](#). 

**Figure 6.6 Safety Status**

Safety Status	
Is there an indication of child abuse or neglect?	<input type="text"/>
Are there indicators of trafficking, exploitation, or other safety concerns?	<input type="text"/>
Date Report Created	<input type="text"/>
Type of Report Made	<input type="text"/>
Status/Outcome of Investigation	<input type="text"/>

- Law Enforcement
- Child Protective Services
- Office of Trafficking in Persons
- Other

**7. Service Area**—For each service area, check the level(s) of service provided to the released UC and include a brief summary.

- *Discussed:* Indicates that the child was made aware of the service.
- *Educated:* Indicates that additional information was shared with the child and that they have an understanding the service and the options available.
- *Referred:* Indicates that this is a new service referral.
- *Monitored:* Indicates that the service has been ongoing and the PRS worker is following up on the services provided.

**Note:** The summary for each service should include a high-level overview of the discussion. Provide relevant information such as questions or concerns raised by the child and/or sponsor. This summary should be about 5-6 sentences in length.

**Figure 6.7 Service Area**

Service Area			
<b>Placement Stability and Safety</b>			
<input type="checkbox"/> Discussed	<input type="checkbox"/> Educated	<input type="checkbox"/> Referred	<input type="checkbox"/> Monitored
Placement Stability and Safety Summary			
<div style="border: 1px solid black; height: 30px;"></div>			

**8. Certification—**

- a. Once all the sections of the form are complete, the PRS worker inputs their name and date.
- b. The PRS worker selects “Pending Supervisor Approval” and e-mails the password protected form to your supervisor.
- c. The supervisor reviews the form. Pending approval, the supervisor inputs their name and date and selects “Approved by supervisor” from the dropdown list.
- d. The supervisor sends the approved password protected form back to the PRS worker through e-mail.
- e. The PRS worker combines all *PRS Reports* into a single PDF and uploads it to the UC Portal in the “HS and PRS” tab (See below).

**Figure 6.8 Certification**

Certification			
<b>HS/PRS Worker Name</b>	<input type="text"/>	<b>Assessment Completion Date</b>	<input type="text"/>
<b>HS/PRS Provider Supervisor</b>	<input type="text"/>	<b>Supervisor Review Completion Date</b>	<input type="text"/>
<b>Assessment Status</b>	<input type="text" value=""/>	<b>Date Submitted</b>	<input type="text"/>
<b>Assessment Comments</b>	<div style="border: 1px solid black; padding: 2px;"><input type="text" value=""/> Draft Pending Supervisor Approval Approved by Supervisor Submitted</div>		

**Case Closure via PRS Report**

PRS providers must upload the ORR Case Closure report into the UC Portal **within 30 calendar days** of a case’s closure. The case closure report should include all completed PRS Report forms, documenting each PRS engagement, combined into a single PDF.

Instructions to Upload a Case Closure Form in UC Portal:

- 1. Click the **HS AND PRS** tab.



2. Select the appropriate **Referral Type** (either “PRS – TVPRA” or “PRS”) and **Referral Status**.
3. Select the appropriate released child, by clicking on the **Referral ID** of the released child you are submitting a case closure form. (**NOTE:** clicking the A# will open the child’s care provider case file, *not* the PRS referral).
4. At the bottom of the PRS referral, click **Close Case Referral**. A pop-up field appears prompting you to upload the Case Closure report.
5. Attach the Case Closure report by clicking **Select File** and click **Upload** to close the released child’s PRS case.