## Contents

I. INTRODUCTION ......................................................................................................... 2
II. DEFINITIONS .............................................................................................................. 2
III. RESPONSIBILITIES AND FLOW OF OPERATION ...................................................... 6
IV. ELIGIBILITY AND ASSISTANCE STANDARDS .........................................................11
V. TEMPORARY ASSISTANCE ......................................................................................13
VI. PRIVACY PROTECTION ............................................................................................ 18
VII. REPATRIATION: STEP-BY-STEP PROCESS ............................................................20
VIII. REPATRIATION OF UNACCOMPANIED MINORS ....................................................23
IX. REPATRIATION OF CITIZENS WITH MENTAL ILLNESS ..........................................26
XI. APPENDICES .............................................................................................................36
APPENDIX A: CABLE ........................................................................................................37
APPENDIX B: CERTIFICATE OF MENTAL INCOMPETENCE ...........................................39
APPENDIX C: PRIVACY AND REPAYMENT AGREEMENT FORM ....................................40
APPENDIX D: REFERRAL FORM .....................................................................................41
APPENDIX E: TANF CHART ............................................................................................43
APPENDIX F: SIGNED RECEIPTS FOR REIMBURSEMENT .............................................44
APPENDIX G: MONTHLY CASE SUMMARY REPORT: REIMBURSEMENT .................45
APPENDIX H: REIMBURSEMENT FORM – RR-04 ..........................................................46
APPENDIX I: REFUSAL OF TEMPORARY ASSISTANCE FORM RR-06 .........................51
APPENDIX J: 2018 PER DIEM RATES ...........................................................................52
APPENDIX K: EXTENSION LETTER ...............................................................................53
APPENDIX L: SPECIAL SERVICE LETTER OF RECOMMENDATION ..........................54
APPENDIX M: TEMPORARY ASSISTANCE AND EXTENSION REQUEST FORM .......55
APPENDIX N: WELCOME PACKAGE ............................................................................58
APPENDIX O: REIMBURSEMENT PACKAGE ..................................................................64
APPENDIX P: REPATRIATION CASEWORKER RESPONSIBILITIES ..............................80
I. INTRODUCTION

The United States Repatriation Program (USRP) was established in 1935 under Section 1113 of the Social Security Act (Assistance for United States Citizens returned from Foreign Countries) to provide temporary assistance to U.S. citizens and their dependents who have been identified by the United States Department of State (DOS) as having returned, or being brought, from a foreign country to the U.S. because of destitution, illness, war, threat of war, or a similar crisis, and because they are without resources immediately accessible to meet their needs.

The Repatriation Program was established by Congress to provide repayable assistance to eligible citizens and their dependents. The repayable aspect of this assistance implies that Congress perceived the recipient’s needs as temporary and imminently self-correctable. This program was instituted to meet the transitional needs of repatriates until their existing resources are available.

Temporary assistance is defined by Section 1113 as money payments, medical care, temporary shelter, transportation, and other goods and services necessary for the health or welfare of individuals (including guidance, counseling, and other welfare services) furnished to eligible repatriates who need assistance. Assistance can be provided for up to ninety (90) days from the date of arrival. Assistance under this section can be furnished beyond the 90-day period upon Administration for Children and Families (ACF) finding that the circumstances involved necessitate or justify the furnishing of assistance beyond such period in that particular case. Temporary Assistance is provided in the form of a loan and must be repaid to the United States Government (USG). Repatriates can request a waiver or deferral of their loans.

The purpose of this manual is to outline the eligibility requirements, the types of assistance permissible, and the responsibilities of repatriates and agencies involved in administering the United States Repatriation Program. Please note that the information utilized in this manual may be found in the U.S. Department of Health and Human Services Operational Guide and International Social Service Repatriation Program Policy and Procedures Manual.

II. DEFINITIONS

- **administrative cost:** The expenses associated with the general administrative management and direction of activities associated with operating the Repatriation Program.

- **Administration for Children and Families:** The Administration for Children and Families (ACF) is a department within the U.S. Department of Health and Human Services which promotes the economic and social well-being of children,
families, individuals, and communities.

- **American Embassy consulate**: An office that is part of an embassy or established by one nation in an important city of another nation for the purpose of supporting and protecting its citizens.

- **cable**: The content of a cable typically identifies the repatriate and the assistance that is needed. The cable contains demographics and background history that necessitates the needs for the repatriate. The cable is often augmented with faxed or e-mail data from Embassy Post to the DOS. *(See Appendix A)*

- **case plan**: A document used by a social worker when working with children and families in the foster care system. The case plan is an important tool that leads and gives direction to a child’s case.

- **Certificate of Mental Incompetence**: A federal form signed by a physician and attached to the referral (A substitute document may be used to accomplish the same purpose) which identifies the repatriate and establishes an appropriate diagnosis of the mental condition, including the nature of the treatment that needs to be provided. This certification form may facilitate a service provider’s efforts to obtain a mental health evaluation for the repatriate. If a person is mentally incompetent, a Certificate of Mental Incompetence replaces the Privacy Act Waiver/Loan Repayment Agreement (PAW). *(See Appendix B)*

- **collaborative partnerships**: Agreements and actions made by at least two organizations sharing resources while working to accomplish mutual goals.

- **competent**: The ability to accomplish a task well enough to meet a standard.

- **Department of State**: The United States Department of State is responsible for the care and the protection of U.S. citizens overseas, which includes arranging transportation for individual citizens in need of assistance and for group evacuations in an emergency situation.

- **deported**: A person who has been expelled from a country, typically on the grounds of illegal status or for having committed a crime.

- **deportee**: A person who has been or is being expelled from a country.

- **deportation**: The removal from a country of an alien whose presence is unlawful or prejudicial.

- **domestic transportation**: Transportation between locations within the United States.
• **escort**: A person or group of persons accompanying another to give protection or as a courtesy.

• **final destination**: A place that is reached by a repatriate at the end of a journey after stopping at several places on the way.

• **flight plan**: A written statement of the details of an intended flight usually filed with an authority.

• **Health Resources and Services Administration**: An agency of the U.S. Department of Health and Human Services and the primary Federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.

• **host country**: A nation which permits, either by written agreement or official invitation, government representatives and/or agencies of another nation to operate, under specified conditions, within its borders.

• **International Social Service, USA**: The International Social Service (ISS) is an international nongovernmental organization founded in 1924; today a network of national entities and a General Secretariat that assist children and families confronted with complex social problems as a result of migration.

• **legal domicile**: A place where a person has his/her permanent principal home to which he/she returns or intends to return.

• **local service provider**: A network of public and private agencies in each of the 50 states, the District of Columbia and U.S. territories. The participating service provider will receive referral information from International Social Services-United States America and deliver core services to each referred repatriate, as needed.

• **mentally incompetent**: A person who is diagnosed as being mentally ill, senile, or suffering from some other debility that prevents him/her from managing his/her own affairs.

• **overnight accommodation**: Accommodation provided by an establishment where an individual or groups of individuals can sleep or spend the night.

• **port of entry (POE)**: This is the location, designated by the DOS, where the repatriate first arrives from a foreign country. In many cases, this is also the final destination. Port of Entry transit services may be provided to a repatriate on his/her way to another location.

• **Privacy Act Waiver (PAW) Loan Repayment Agreement (ACF-120)**: A Federal Form ACF-120 combines a Privacy Act Statement and a Loan Repayment Agreement and is signed where applicable upon arrival. This Privacy
Act Statement addresses confidentiality concerns so that the service provider may proceed with repatriation services without hindrance. The signed Loan Repayment Agreement commits the repatriate to reimburse the Department of Health and Human Services (DHHS) for repatriation expenses incurred on his/her behalf. (See Appendix C)

- **referred**: A referral originates from overseas at a U.S. embassy or consular office. It is typically in the form of a cable that is relayed to International Social Services – United States of America (ISS – USA) by the United States Department of State Bureau of Consular Affairs. The federal Administration for Children and Families guidance document is used by the referring embassy or consulate to constitute the faxed or emailed referral from their contractor, International Social Services. The content of the referral will typically identify the repatriate and the services requested. The referral also has some demographic information and a brief description of the history or the event that prompted the request. It also indicates that there may be other attachments pertinent to the case. (See Appendix D)

- **reimbursement**: Compensation paid for damages or losses or money already spent etc.

- **repatriate**: A United States (U.S) citizen and/or dependent who is determined by the DOS to have returned or is being returned to the U.S. from a foreign country due to destitution, illness, war, threat of war or similar crisis and is without available resources.

- **repatriation**: The procedure whereby U.S citizens and their dependents are officially processed back into the U.S. subsequent to a Department of State Routine repatriation or authorized or ordered evacuation.

- **repayment agreement**: An agreement form signed by a repatriate to repay the United States Department of Health and Human Services for all assistance provided by the Repatriation Program.

- **resettlement**: The act or instance of settling or being settled in another place.

- **Temporary Services or Assistance**: Cash payment, medical care (including counseling), temporary shelter, transportation, and other goods and services necessary for the health or welfare of individuals. Defined by Section 113 of the Social Security Act, it is given to eligible individuals for up to 90 days in the form of a loan repayable to the Federal Government.

- **unaccompanied minor**: A United States citizen child repatriated from a foreign country due to abandonment or destitution.
• **United States Department of Health and Human Services (HHS):** Also known as the Health Department, HHS is a Cabinet-level department of the U.S. federal government with the goal of protecting the health of all Americans and providing essential human services.

• **Washington Liaison Group:** An interagency committee and/or joint monitoring body, chaired by the Department of State with representation from the Department of Defense, established to coordinate the preparation and implementation of plans for evacuation of U.S citizens abroad in emergencies.

• **waiver:** The act of intentionally relinquishing or abandoning a known right, claim, or privilege.

### III. RESPONSIBILITIES AND FLOW OF OPERATION

The United States Department of State (DOS) is responsible for the protection and welfare of American citizens. DOS refers persons eligible for the Repatriation Program as prescribed by the applicable statutes. DOS identifies referrals to International Social Services – United States of America (ISS-USA), including plans for the repatriate’s return to the United States and the status of the individual’s physical and mental condition (if applicable). DOS also indicates the type of help needed by the repatriate upon his or her arrival.

A referral may consist of one person or a family. Only after DOS has made a referral to ISS-USA can pre-arrival planning begin. Plans are developed with the local provider for the reception(s) at port of entry and for onward transportation to the final destination. Reception services may include temporary hospitalization, overnight lodging, food, provision of escort services and/or clothing. Once the repatriate reaches his or her final destination, other services are made available based upon individual or family needs. These services may include admission into a nursing home or hospital, settling with family or friends, moving into permanent housing, or foster care placement.

Through the Repatriation Program, successful collaborative partnerships have formulated in providing direct services to meet the transitional needs of repatriates until their existing resources become available. The following agencies provide a wide variety of services:

A. **Department of Health and Human Services/ Administration for Children and Families:** The United States Department of Health and Human Services/Administration for Children and Families staff functions under policies and procedures articulated in a series of Action Transmittals (AT 84-A, 89-B, and 90-1). DHHS/ACF will:
   - Provide overall administrative oversight.
   - Consult with the grantee’s program director at regular intervals of the projects.
• Provide timely responses to requests for information and guidance on the implementation of the program or the agreement; review and approve decisions on types and level of the benefits to repatriate; review and approve all plans for delivery of services.
• Provide all applicable statutes, regulations, and guidelines pertaining to the program; data specification of the existing Repatriate Management Information System; Repatriation Program pamphlets; and repayment agreement forms.
• Convene interagency working group meeting with ISS-USA, DOS, and the Program Support Center.
• Attend Washington Liaison Group meetings and disseminate information as appropriate to ISS-USA.
• Provide assistance to the Program Support Center, within Health Resources and Services Administration (HRSA), when questions arise regarding waiver requests.
• Review and approve/disapprove decisions regarding extensions of assistance and waiver/deferral request in writing.
• Provide the policies and procedures for achieving repatriate/evacuee records and maintenance of files.

B. Department of State: DOS staff function under policies and procedures articulated in the Consular Affairs Manual and in a series of unclassified cables: The DOS will:
• Verify repatriate eligibility.
• Make initial contact with next level of kin in the U.S.
• Notify ISS-USA of repatriate travel arrangements, services needed, and other information for pre-arrival planning.
• Provide transportation to final destination.
• Provide certificate of mental incompetence for referrals under Public Law 86-571. (See Appendix B)
• Arrange escort for Public Law 86-571 and other appropriate repatriates from foreign country to port of entry or final destination.
• Provide custody information regarding unaccompanied minors.
• Provide fare share information to ISS-USA.
• Provide cable with official referral and all identifying information and Privacy Act waiver status. (See Appendix A)

C. International Social Service, USA ISS-USA operates under a cooperative agreement with the Department of Health and Human Services Office of Refugee Resettlement (ORR). ISS USA will complete a range of case management and administrative tasks in performance of the Repatriation contact. The specific activities are best understood under the categories of Casework Duties and Administrative Duties:
ISS-USA casework duties:

- Provide single point of contact for DOS, HHS/ACF, Program Support Center, and local providers.
- Receive initial substantive information known for each repatriate from DOS.
- Write referral and send to local service provider for review and execution. (See Appendix D)
- Develop a case plan for repatriation series in consultation with DOS, local provider, and repatriate’s family as appropriate.
- Determine whether referrals should be assigned to Public Law 86-571 or Title IX.
- Assign a case file number for each DOS referral.
- Execute and oversee implementation of the case plan.
- Maintain ongoing communication with all principals in the case.
- Provide appropriate/adequate intake information to local providers.

Administrative duties:

- Provide reimbursement to local providers for temporary assistance and/or third-party services.
- Provide reimbursement for local provider administrative costs.
- Secure last address of repatriate (using specialized search software, if needed).
- Send repayment reminder letters to repatriates.
- Provide the Program Support Center with repatriate repayment information (Data Sheets).
- Provide DOS with repatriate repayment information (duplicate of Program Support Center Data Sheets).
- Provide current information to federal partners, including updated State Contact List and assessment of performance of states in providing assistance to repatriates.

D. Local service providers: ISS-USA achieves repatriation through a network of public and private agencies in each of the 50 states, the District of Columbia and U.S. territories. In Georgia, this includes the Georgia Department of Human Services and public and private agencies. The participating service provider will receive referral information from ISS-USA and deliver core services to each referred repatriate, as needed. These services will be provided within the appropriate time frame:

The local service provider will:

- Meet repatriate, when requested, at port of entry and/or final destination.
- Contact repatriate’s family or home area in the U.S.
• Provide repatriate with a copy of the U.S. Repatriation Program package, which explains the program and the requirement to repay the federal government for the cost of services received. (See Appendix C)
• Obtain signature of repatriate on HHS/ACF repayment obligation form. (See Appendix C)
• Coordinate with medical escort.
• Assess the needs of the repatriate and initiate services.
• Provide temporary assistance for up to 90 days, which may include cash payment, medical care, ambulance, wheelchair, overnight accommodations, transportation, housing, clothing, food, and other goods and services necessary for the health and welfare of the repatriate/evacuee. (See Appendix E)
• Maintain ongoing communication with ISS-USA, the repatriate and other case principals.
• Obtain signed receipts for all cash assistance. (See Appendix F)
• Provide referrals to appropriate public and private agencies according to need (Example: If a repatriate is seeking employment, the county/regional agency will assist by referring repatriate to Georgia Department of Labor).
• Send all request for reimbursement of cash assistance and/or third-party services, (with receipts attached) to ISS-USA. (See Appendices F, G, H, and I)
• If service provider is an independent contractor, complete ISS-USA monthly billing forms. (See Appendix G)
• Send billing for provider services to ISS-USA. (See Appendices F, G, H, and I)
• Provide documentation of services rendered. (See Appendix G)

E. Repatriate: A U.S. citizen and/or dependent who is determined by the DOS to have returned or is being returned to the United States from a foreign country due to destitution, illness, war, threat of war or similar crisis and is without available resources. The repatriate will:
• Maintain contact with the local agency for up to 90 days.
• Sign the ACF-120 Privacy Act Waiver and Loan Repayment Agreement. (See Appendix C)
• Apply for needed temporary assistance benefits other than repatriation assistance before the end of the 90-day eligibility period. The application for additional benefits is subject to the standard eligibility rules and regulations. (See Appendix E)
• Apply, if needed, for a Social Security card (or duplicate) at the Social Security Office.
Table A: INTERRELATION OF COOPERATING AGENCIES

1. Repatriate initiates process
2. Embassies and Consulates
3. Department of State
   Office of Overseas Citizens Services
4. Office of Refugee Resettlement and International Social Services - USA
5. State Coordinators and Local Services Providers
6. Repatriate receives services
IV. ELIGIBILITY AND ASSISTANCE STANDARDS

A. Eligibility Requirements

1. Eligibility

Repatriates are U.S. citizens who are in crisis abroad and need financial or other assistance in order to return safely to the United States. To be eligible for assistance, a person must be:

- A U.S. citizen, established by clear documentary evidence such as passport, birth certificate, etc.;
- Destitute and would experience hardship if not returned to the U.S.;
- Without relatives or friends in the U.S. or abroad who will provide assistance;

U.S. citizens who access this program are usually traveling or living abroad independently and are not under any agency or corporate auspices. They cannot be military personnel. Persons with financial means or relatives and friends who can assist them are not eligible for this program. Before being declared eligible, embassy personnel overseas must call a minimum of three sources identified by the citizen and determine whether those sources can provide any support. It is only after these contacts have denied support, or if the citizen cannot provide any contacts, that he/she may be considered for the program. Persons with significant supports and good mental and general health often will not access the program even if they are temporarily in crisis.

Repatriation of U.S. citizens is generally voluntary, but there are instances in which individuals are involuntarily returned to the U.S.

- U.S. citizens imprisoned and being deported from a country after finishing a jail sentence (referred to as “deportees”). Their cases are deportation cases. These citizens may be transferred back to the United States by way of host country arrangements, or the U.S. government may fund their return. Deportees who meet the criteria for the Repatriation Program may be referred by DOS for assistance. Unless declared mentally incompetent, they must request Repatriation Program assistance.
- Citizens who have been hospitalized for mental or medical illnesses but do not wish to return to the United States. Because they do not have health care benefits/funds/supports in the country where they are residing, the host country government will request repatriation or deportation of the citizen.
2. Residence

Residency may be established by a simple, voluntary intention of making a home in a state and not for a temporary purpose. The accepted definition of legal domicile is the place where an individual has his true, fixed permanent home and principal establishment to which he or she intends to return whenever absent.

It is the policy of DOS and ISS-USA to encourage the repatriate to return to his or her State of residence prior to leaving the United States. However, if the repatriate can show good reason for returning to a State other than his or her last U.S. residence, ISS-USA will assist in this effort.

3. Resources

The availability of resources should be determined if there is reason to believe resources may be available. Resources to be considered are only those immediately accessible at the time that assistance is needed. Resources are considered immediately accessible when they are in existence, are under the control of the individual, and he/she can draw upon them. The fact that an individual may have resources in a foreign country does not affect eligibility if the foreign country prohibits their removal.

4. Income

The availability of income should be determined according to the State’s Temporary Assistance to Needy Families (TANF) rules and regulations. Potential income should be explored. The individual may have income through the company which employed him/her prior to repatriation as the company may assist employees by financing such costs as transportation, living expenses and medical care. (See Appendix E)

5. Eligibility Determination

Referral of the individual needy citizen/dependent by DOS to ISS-USA establishes eligibility for assistance under the Repatriation Program. No verification is necessary for providing temporary assistance initially.

During the period in which temporary assistance is provided (up to 90 days from the date of arrival in the U.S.), information related to those eligibility factors subject to change, particularly income and resources, should be taken into account by the State and local agency and the level of assistance adjusted accordingly.

6. Reporting Requirement

The State/district/region/county agency must secure from the repatriate information about events and circumstances that would cause assistance to be changed in amount or terminated. The individual repatriate must be advised of the requirement for making prompt reports to the State/local agency affecting eligibility for assistance.
V. TEMPORARY ASSISTANCE

Temporary Assistance includes money payments, medical care, temporary shelter, transportation, and other goods and services necessary for the health and welfare of the individual, including guidance, counseling, and other welfare services. Services are provided for up to 90 days. Extensions can be requested if assistance is required after the 90-day eligibility period has ended.

The Repatriation Program is not an entitlement; costs associated to the provision of temporary assistance must be paid to the U.S. Government. Temporary services are coordinated and provided in accordance to repatriate’s needs. The Program is not intended to help individuals become self-sufficient but to provide services generally up to the point when the repatriate has “resources immediately accessible to meet his/her needs” (45 CFR 212). Individuals requesting Temporary Assistance are required to sign a repayment agreement (See Appendix C).

Temporary Assistance is provided upon arrival to the U.S. at the port of entry and/or final destination. ISS-USA will work with the designated states to establish an effective and efficient case management plan per case.

Temporary Assistance is not provided retroactively; it is available only for the period of time remaining between the individual’s request for assistance and for up to 90 days following arrival in the country. In the final month after repatriation, the assistance amount is prorated for period of less than 30 days to ensure that it does not exceed the 90-day limit.

It is therefore important that service providers evaluate the financial needs of the individual expeditiously. If an individual is eligible for State or local assistance he/she should be processed for those benefits as soon as possible. The amount and type of direct financial assistance provided is determined by the State’s standard for the TANF program (See Appendix E). All district/region/county providers will adhere to standard procedures:

1. District/region/county providers will meet repatriate in the county office on the second day of arrival.
2. District/region/county providers will assist repatriate in applying for public benefits and providing referrals (e.g., if the repatriate needs employment, the district/region/county provider will make referral to the Georgia Department of Labor, etc.).
3. District/region/county providers will assist repatriate in submitting timely applications for all eligible and appropriate benefits to cover basic needs such as TANF, Food Stamps, Medicare, Medicaid, Social Security Benefits, housing (shelter and permanent housing), job training, and any other assistance that would be of benefit to the repatriate.
4. District/region/county providers will be responsible for creating and overseeing a self-sufficiency plan for the repatriate, assisting them toward becoming independent in 90 days or less.

In general, the services needed by repatriates may be similar to those furnished by State and local agencies to persons applying for or receiving public assistance. Therefore, to the extent possible, State agency public assistance policies and procedures will be followed regarding the amount of assistance and the manner of payment.

**A. TEMPORARY ASSISTANCE REQUIREMENTS**

It is important to note that the cost of assistance given under this program is a loan which must be repaid to the U.S. Government. Individuals requesting Repatriation Program assistance are required to sign a repayment agreement. In the case of individuals who have been repatriated due to mental incompetence, or unaccompanied minors, these individuals are not required to sign the repatriation agreement in order to receive services. However, if a family member who will take custody of unaccompanied minors wishes to receive services, the family member must sign the repayment agreement. The Office of Refugee Resettlement recommends that mentally ill clients, if capable of making decisions, sign the agreement upon arrival in the U.S.

If the repatriate refuses to sign the agreement and is not certifiably mentally incompetent or an unaccompanied minor, then he/she will be asked to sign the refusal of series form. *(See Appendix I)*

It is therefore important that service providers evaluate the financial needs of the individual very quickly. If an individual is eligible for Temporary Assistance for Needy Families (TANF) or other types of State or local assistance (e.g., SSI/SSD, General Assistance, VA, etc.) he/she should be processed for those benefits as soon as possible.

The assigned case worker must help the client to apply for all services in which the client is eligible, immediately upon arrival. In addition, no cash can be given out without performing an assessment to determine the specific needs of the client and the amount that will be disbursed in the form of a loan. Loan amounts must be in compliance with the most current TANF rate for the state.

1. **Port-of-Entry Assistance**
   - Port-of-entry assistance is provided to newly arriving repatriates who are in transit to their final destination. Assistance may be provided for food, lodging, and incidentals. This assistance is provided on a per capita basis and may not exceed the federal per diem rate allowance for that locality. *(See Appendix J)*

2. **Domestic Travel Assistance**
   - Repatriates may receive financial assistance for the costs of domestic transportation and expenses incurred while en route from the Port of entry to
their final destination. The maximum amount of assistance provided is the cost of transportation by the least expensive means and most direct route. This maximum for transportation would be increased only if the health or welfare of the individual would otherwise be harmed.

3. **Assistance for Medical and/or Psychiatric Care**
   Repatriation loans may include payment for the cost of medical and hospital care. The manner in which assistance is provided depends both on the individual’s medical condition and the individual’s available financial resources. Assistance for emergency medical conditions is provided at the port-of-entry. For medical conditions that do not impede the individual from traveling to his/her final destination, assistance for medical care is provided at the final destination. In both cases, the repatriate is expected to repay the amount of the assistance that was provided.

4. **Assistance to Unaccompanied Minors**
   For unaccompanied children, services may include establishing adequate legal protection and providing care, including foster homes or institutional placement. These services should be made available through the State’s child welfare agency in accordance with State program requirements and standards. In these cases, recognized child welfare practices should be observed. Whenever possible, the parents of unaccompanied minors may give written consent for their children to receive local U.S. social services such as foster care or a supervised relative placement. A home study is completed prior to placement to ensure the safety, permanency and well-being of the child. If no parent is available to provide consent overseas, and there is no other appropriate placement found in the U.S., then the child is repatriated and placed in foster care and becomes a ward of the state upon arrival to the U.S. The State takes temporary custody of the child if parents are not available and children are removed from the care of their parents.

5. **Assistance to Mentally Ill Citizens**
   Persons who have mental illness are repatriated when stable enough to travel. If necessary, an escort will accompany the repatriate. If the repatriate is considered incompetent, he/she must travel with an escort and be stable enough to travel on a commercial carrier. The Privacy Act Waiver (PAW) may be signed by someone who is mentally ill. If the repatriate is deemed mentally incompetent, a Certificate of Mental Incompetence is needed from DOS. The certificate needs a statement from an authorized medical provider stating the condition of the client, specifically that he/she is not capable of making decisions on his/her own behalf. Such statement could also be received from an authorized DOS officer. In the absence of a PAW, DOS must provide a written statement advising that the Health and Safety Exemption (HSE) is invoked along with an explanation. DOS must submit
a mental health certificate from an authorized medical practitioner to secure repatriation assistance under 45 CFR 211. Without a certificate, ISS-USA can only process the case as a regular destitute repatriate. If DOS is not able to obtain a signed PAW or mental health certificate, DOS should write a statement in the cable, in an email or handwritten notation advising that the Health and Safety Exemption was invoked and providing a reason why.

6. **Assistance to Criminal Cases**
   If a person was convicted of a crime and served his/her sentence, he/she may still be eligible for the HHS Repatriation Program. Generally, if the repatriate has mental health issues and has been charged with a crime overseas, but has not been tried, he/she cannot be detained upon arrival in the U.S.; the U.S. Court would have no jurisdiction unless there is a warrant for his/her arrest in the U.S. or a treaty is in place with that country. Generally, DOS will provide information regarding outstanding warrants in the United States. DOS will notify the agencies with jurisdictional authority over the case, including the local law enforcement agency. Whenever this information is conveyed to ISS-USA, the State coordinators are notified in the referral. ISS-USA does not conduct background criminal checks on referred DOS cases. If someone has a warrant upon arrival to the U.S., the appropriate federal agency, such as Customs and Border Protection (CBP), will follow established procedures to release the repatriate to appropriate authority. If information is not contained within the CBP system, no actions are performed on the repatriate during the process of providing services to the repatriate.

7. **Resettlement/Maintenance/Other Assistance**
   Resettlement/Maintenance/Other Assistance is provided at the final destination. It provides assistance for the costs of rent, security and utility deposits, essential clothing, household and personal items, etc. For the first 30 days, there is a one-time payment of up to $560 per person, depending on need (See to Appendix J or go to http://www.gsa.gov/portal/content/103168). For the subsequent 60 days, the assistance provided would be the equivalent to the TANF rate issued for a the same-size family in the state of final destination. The funds are provided for no more than 30 days at time (i.e., one payment a month for each of the three months). However, this assistance is not provided retroactively; it is available only for the period of time remaining between the individual’s request for assistance and the end of the 90 days following arrival in the country. In the final month after repatriation, the assistance amount is prorated for periods of less than 30 days to ensure that it does not exceed the 90-day limit.
B. Duration of Assistance

1. Assistance is Temporary
   The need for assistance is expected to be temporary because it is anticipated that most returning U.S. citizens will be able to develop sufficient resources for maintenance or will soon be able to manage for themselves without financial help from the Program. If necessary, assistance may be continued on a temporary basis after the individual or family arrives at the place of residence or resettlement while the agency makes a more complete investigation to determine the need for further assistance.

2. Ninety-Day Eligibility
   The 90-day period of coverage begins on the day of arrival in the United States. If the 90-day period passes and there is no request for further assistance, the repatriate is no longer eligible for assistance under the program. If the repatriate is not eligible for assistance through any other program and is handicapped in attaining self-support due to age, disability or lack of vocational training, assistance may be extended for an additional nine months when authorized by the HHS/ORR. All extensions must be in a formal written request and submitted to ISS-USA by case worker on behalf of the repatriates or by the repatriate and must receive approval.

3. Extension of Eligibility Period
   The State agency must submit to ISS-USA a request for extension as soon as the State recognizes the need for additional assistance and prior to the expiration of the initial 90-day period of eligibility. ISS-USA will forward the request to HHS/ORR for a decision prior to the end of the 90-day period of eligibility. (See Appendix K).
   Request for extensions of assistance should include the following information:
   1. Summary of the person’s circumstance to substantiate the request.
   2. Documentation of efforts to secure other resources to meet the needs of the person.
   3. Length of time that assistance will be needed and reason for the extension.

C. Special Services

In addition to services listed above at the port of entry and at the final destination, special services may be required. Cases involving individuals who are physically ill, disabled or mentally ill require planning prior to arrival. These cases are referred by DOS to ISS-USA prior to the time that flight plans are made. When DOS is notified by ISS-USA that a State agency at the final destination is ready to receive a person who is
ill or disabled, DOS informs the U.S. embassy/consulate that flight arrangements can be made.

Information regarding diagnosis, prognosis, and any special problems is received for planning purposes prior to the repatriate’s arrival. The name and address of the repatriate’s current physician and/or the hospital or health institution where he or she is a patient will be included (See Appendix L). Except in unusual cases, medical records accompany the patient. If the individual is to be hospitalized upon arrival, and medical information is required by the receiving medical facility prior to the repatriate’s arrival, this should be requested through ISS-USA. In these cases, ISS-USA will request that DOS arrange for medical information to be sent directly to the receiving medical facility. If the repatriate requires an escort, DOS will make arrangements and, if possible, the escort will continue with the patient to the final destination.

VI. PRIVACY PROTECTION

The Health Insurance Portability and Accountability Act (HIPPA) 45 C.F.R. 212.9 ensures privacy protection for repatriates by limiting the ways that health and social care providers, pharmacies, hospitals, and other entities can use repatriates’ personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions of these standards include:

- **Access to medical records**: Repatriates generally should be able to see and obtain copies of their medical records and request corrections if they identified errors and mistakes. ISS-USA would coordinate with the State coordinators or service providers providing assistance with the health plans, doctors, hospital, clinics, long-term care homes and other entities to provide access to the records within 30 days and may charge repatriates for the cost of copying and sending the records.

- **Notice of privacy practices**: Doctors and other health care and social care providers must provide a notice to the repatriate on how they may use personal medical information and their rights under the new privacy regulation. Repatriates generally will be asked to sign, initial, or otherwise acknowledge that they received this notice. Repatriates also may ask to restrict the use or disclosure of their information beyond the practices included in the notice, but the health care and social care providers would not have to agree to the change.

- **Limits on use of the personal medical information**: The privacy rule sets limits on how health and social care providers may use individual identifiable health information. To promote the best quality care for repatriates, the rule does not restrict the ability of doctors, nurses, and other providers to share information
needed to treat the repatriates. In other situations, though, personal health information generally may not be used or shared for purposes not related to health care, and acting entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, repatriates would have to sign a specific authorization before a health care or social care provider could release their medical information for the purpose not related to their health care in connection to the Repatriation Program process.

- **Stronger state laws**: The federal privacy standards does not affect state laws that provide additional privacy protection for repatriates. The confidentiality protections are cumulative; the privacy rule will set privacy standards that protect all Americans, and any state law providing additional protections would continue to apply. When a state law requires certain disclosure, such as reporting an infectious disease outbreak to public health authorities, the federal privacy regulations would not preempt the state law.

- **Confidential communications**: Under the privacy rule, repatriates can request that their doctors, health care and social care providers take reasonable steps to ensure that their communications are confidential. For example, a patient could ask his/her doctor to call the office rather than the home, and the doctor’s office should comply with that request if it can be reasonably accommodated.

- **Complaints**: A repatriate may file a formal complaint regarding the privacy practices of a health care or social care provider. Such complaints can be made directly to the provider or the HHS Office of Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulations. Information about filing a complaint should be included in each covered entity’s Notice of Privacy practices. DHS has mandatory, department-wide policies and procedures in place that establish safeguards for the way personal identifiable information (PII) and protected health information (PHI) are utilized and shared by DHS employees, contractors and partners. Privacy and security measures in effect within DHS include, but are not limited to, ensuring that all such information is transmitted on a need-to-know basis using encryption technology. DHS annually updates its mandatory department-wide HIPAA training as well as its Security Awareness training. DHS also routinely updates data-sharing agreements with other state agencies and other nongovernmental entities to ensure that all entities partnering with DHS to provide services for the Repatriation Program have a Business Associates Agreement executed with the State.

- **45 CFR 211.14 and 45 CFR 212.9 contain specific Repatriation Program regulations related to the disclosure of information.** Repatriates can find out more information about filing a complaint at: [http://www.hhs.gov/ocr or by calling 866-627-7748](http://www.hhs.gov/ocr or by calling 866-627-7748).
VII. REPATRIATION: STEP-BY-STEP PROCESS

1. Once DOS personnel determine that an individual is qualified for the Repatriation Program, a cable is submitted to ISS-USA. This cable is initiated and transmitted by the post staff to the appropriate Citizens Services specialist at DOS. DOS in turn submits the cable to ISS-USA. The cable should be submitted by fax. (Email submissions are not recommended, because ISS-USA does not have a centralized email system; delays in processing could occur if cables are emailed to the intake person.) Often, prior to sending a cable, the DOS contact will call ISS-USA to alert staff to any potential problems, barriers to service, or special situations. However, the case is not officially open until receipt of an official cable declaring the individual a repatriate. (See Appendix A)

2. Upon receipt of a cable that identifies a new Repatriation Program referral, the ISS-USA casework supervisor or lead case manager logs the referral and establishes both an electronic database record and a “hard copy” record. If there are any questions about the referral, the supervisor or lead case manager will contact the DOS contact person to clarify information and/or identify additional information. The case is then assigned to a case manager and the DOS contact is informed.

Upon receipt of a new case, the case manager analyzes the cable. Through discussions with the DOS officer and review of the information provided on the repatriation cable, the case manager makes a determination regarding the needs of the repatriate upon his/her return to the United States.

Consideration is given to the following:

Making Additional Domestic Travel Arrangements

ISS-USA can ensure domestic travel arrangements have been made in one of the following ways (If expenses will be incurred through the Repatriation Program prior to the repatriate’s arrival at the final destination, a completed ACF 120 should be obtained by Consulate personnel and forwarded to ISS-USA):

- DOS can provide the air ticket from overseas to the final destination (the U.S.-based portion of the travel will be billed to the Repatriation Program.)
- If DOS does not provide transportation to the final destination, ISS-USA can make and prepay transportation arrangements for the repatriate.
- Occasionally, the port-of-entry provider will be responsible for making travel arrangements to the final destination (e.g., for individuals repatriated through a particular city or those who have layovers at the
POE for medical reasons). The POE providers can either pay for the arrangements and bill ISS-USA or ask that arrangements be made by ISS-USA.

Setting Up Medical and Mental Health Assistance

Repatriates frequently need ambulances and hospital admissions upon arrival in the United States. It is essential that sufficient lead time be provided to the local service provider.

Arrangements for hospitalization, long-term care, and institutional admissions and/or evaluations must be arranged by the district/region/county providers in the state of repatriation. In rare cases, the ISS-USA case manager must arrange these services.

Arranging for an Escort

Often, DOS/foreign official escorts can only travel to the port of entry. When an escort is needed to the final destination, the ISS-USA case manager will need to locate a medical escort and arrange for this service to the final destination. This will require purchasing escort service and transportation so that the escort can accompany the repatriate. Return flight and hotel arrangements for the escort must be arranged if needed. If a repatriate or escort needs an overnight accommodation, a moderately priced hotel is generally used. The local service provider should be given this information, be prepared to meet the repatriate and escort at the point of arrival, and then provide ongoing case management.

Handling a Resettlement Case

Repatriates may need resettlement assistance and referral to housing, food, financial assistance, and other resources. The district/region/county service provider is responsible for these referrals, dispensing of monies, and assessments.

3. After identifying the service requested, an ISS-USA referral is written and faxed to the state repatriation coordinator. The referral format is part of ISS-USA database. The ISS-USA referral is sent to the state repatriation coordinator.

The state repatriation coordinator’s responsibilities are as follows:

- Receive the referral from ISS-USA.
- Clarify all information as needed.
- Coordinate communication between ISS-USA and district/region/county providers concerning all details of the case.
- Make necessary referrals/arrangement with the district/county/region service providers to prepare for repatriate arrival at the POE.
- Provide technical assistance and advice to local providers.
• Maintain repatriate files in an orderly and secure location.
• Submit reimbursement request to ISS-USA.
• Receive reimbursement from ISS-USA.
• Forward reimbursement to the Georgia Department of Human Services Office of Financial Services for funds to be placed in appropriate accounts.

If the repatriate needs service at the port of entry, the ISS-USA case manager also sends a copy of the referral to the identified POE provider. All travel plans are arranged in coordination with ISS-USA, DOS, and the state contact. The ISS-USA caseworker provides any new travel arrangement information to the DOS officer, and the DOS officer provides information to the U.S. Embassy and the repatriate. (See Appendix D)

4. The ISS-USA case manager will contact the district/region/county providers the day the repatriate arrives, or the first duty day thereafter, to confirm that all went as planned. In addition, he/she reminds the local service provider to have all loan repayment forms signed by the repatriate and sent back to ISS-USA. Any unplanned or additional significant expenses must be approved by the ISS-USA case manager. The ISS-USA caseworker works with the case manager on a regular basis until it is determined that assistance is no longer needed or the case is closed (90 days after repatriation).

District/region/county providers’ responsibilities are as follows:

• Meet and greet repatriate at the airport.
• Provide repatriate with information about the program and services available at the state and local level
• Obtain repatriate signature on appropriate documents (e.g. repayment agreement or decline of service). (See Appendices C and M)
• Provide repatriate with temporary assistance as authorized under program regulations.
• Inform repatriate of repayment obligation after services are rendered.
• Maintain follow-up contact information for the repatriate such as correct address and phone numbers.
• Arrange for transportation from the airport to the final destination.
• Provide financial assistance and social services.
• Provide assistance with finding medical or psychiatric care as needed.
• Assist repatriate with timely processing and application of available services, such as Medicaid and SNAP.
• Manage case follow-up and assist with application for public benefits such as Medicaid, Medicare, SSI, TANF (equivalent for the loan), Food Stamps, housing, job training, etc.
• Provide periodic reports and/or case updates to the state repatriation coordinator and/or the grantee.
• Submit all requests for financial reimbursement to the state repatriation coordinator.

5. ISS-USA generates a reminder letter to repatriates 30 days after their return to inform them that they will be getting a repayment request following closure of their case. ISS-USA needs assistance from the district/region/county providers to ensure that a current address is available during the period of repatriation assistance and following case closure.

6. Requests for extension of service are initiated by the district/region/county local service provider. Local service providers should be encouraged to submit the extension request as early as possible. Requests are submitted to ISS-USA for forwarding to HHS/ORR. Examples of circumstances warranting an extension include: DOS did not have a Social Security number for the repatriate, which hindered getting federal benefits within the three-month timeframe; or the repatriate continues to be physically and/or mentally ill and needs an extension of services.

Waivers, like extensions, must be made in writing. Generally, the repatriate should write directly to the HHS billing office to request a waiver of repayment, but at times the request can come from the service provider. *(See Appendices L and N)*

7. Ninety days after the date of repatriation, the case is closed. The ISS-USA database will automatically calculate the date the case should be closed.

VIII. REPATRIATION OF UNACCOMPANIED MINORS

It is sometimes necessary to provide repatriation services to an unaccompanied minor. This may happen because the child was abandoned, the parent may have died while traveling abroad with the child, or the parent was arrested or incapacitated. The following are considerations in the management of cases involving unaccompanied minors:

A. Department of State Considerations

Information needed from DOS includes:

• The child’s age
• Circumstances of abandonment
• Location of the parents and specifics regarding why they are unable to care for child
• Location of the child at present
• What, if any, custodial rights the parents may still have
• Whether the child speaks English
• Whether there are identified relatives in the United States

The DOS is under significant pressure to return the child to the U.S. quickly, but this must be done legally and safely.

The cable or additional information provided should also address whether the child has any special needs or medical, educational, or behavioral concerns. This information is very important in finding a home that can provide appropriate care for the child. No assumption should be made regarding special needs just because they were not initially identified to DOS. If the repatriate has any special needs, as much detail as possible is needed (e.g., doctor’s reports, school reports, etc.)

B. Referral Considerations

It is always recommended that a child returning to the U.S. have an escort. The escort should stay with the child until he/she is handed over to local social services or an approved relative. The escort needs to have good English skills to communicate with social services. The escort should hand-deliver any available medical or educational records related to the child.

Generally, the child should be repatriated to the state where there is a responsible relative to provide care. If no relative can be found, the child is returned to the state of last residence and placed in foster care. The foster care agency can continue looking for relatives once the child has arrived, but the priority is to get the child repatriated and in safe placement.

ISS-USA will make the referral to the repatriation coordinator in the state where the child will be going. The repatriation coordinator will ask ISS-USA to work directly with the state or local agency that handles child protection and foster care. The state repatriation coordinator should continue to be kept in the coordination loop as the case progresses.

C. Family Considerations

DOS will attempt to identify a relative who is willing and able to care for the child. Consultation with ISS-USA is highly recommended to determine if involvement from the local child protection service agency is indicated. That agency’s involvement may be needed, even if the child is returning to a parent. This involvement is generally indicated if there is a suggestion that the parent has abused or neglected the child or if the circumstances leading to the child’s unaccompanied status were somehow related to action or inaction by the parent.
Placement with relatives who have no legal standing with the child (e.g., no custodial arrangement, no power of attorney to act on the child’s behalf) should involve a referral to the local child protective services agency to ensure that the relatives are sanctioned care providers. If there is no relative to care for the child, temporary shelter and foster care arrangements will be made.

D. Jurisdictional Considerations

Local children’s service agencies often are unaccustomed to repatriation cases and will need the program to be explained. They may question why their state or their agency should be responsible for the child. ISS-USA staff will explain that children have a right to be resettled in their state of last residence or in a state where they have family or other ties.

It is important for the local agency to make plans for the child before arrival. Appropriate placement or foster care for the child should be identified before the child arrives. Interpretation translation services might need to be arranged in the event that the child speaks limited English. ISS-USA will strive to provide information to DOS regarding the arranged placement (e.g., foster home, youth shelter, relative’s home, etc.) so the officer can give the child some idea of what to expect.

Jurisdictional problems frequently arise. Sometimes the local child protection agency will insist that they have no jurisdiction and therefore cannot do anything until the child actually arrives in their state. If this happens, the ISS-USA case manager will advocate for arrangements prior to the child’s arrival. If the state refuses, however, the local service provider will need to make arrangements to meet the child and involve emergency child protection services upon the child’s arrival. This is because, at the point of arrival, the child will be left at the airport in the county Child Protective Services (CPS) jurisdiction.

E. Arrival Considerations

Arrangements need to be made urgently. The child is most likely in a temporary foreign placement and there is no foster care or daycare situation where he/she can stay until the state decides to take the child.

If the local agency cannot set up services before the child’s arrival, the local service provider should know ahead of time how to access emergency Child Protective Services. The local CPS office should be alerted that the child is coming and informed of any needs that the child will have. The child’s escort should know who will be meeting the plane or who to contact upon arrival.

The state repatriation coordinator’s responsibilities are as follows:

- Receive the referral from ISS-USA.
- Clarify all information needed.
• Coordinate communication between ISS-USA and CPS providers concerning all details of the case.
• Make necessary referrals/arrangement with CPS providers to prepare for repatriate arrival at the POE.
• Provide technical assistance and advice to local providers.
• Maintain repatriate files in order and in a secure location.
• Submit reimbursement request to ISS-USA.
• Receive reimbursement from ISS-USA.
• Forward reimbursement to Georgia DHS Office of Financial Services for funds to be placed in appropriate accounts.

CPS providers will adhere to all child welfare procedures pertaining to providing services to unaccompanied minors.

**CPS providers’ responsibilities are as follows:**

• Meet and greet the repatriate at the airport.
• Provide the repatriate with information about the program and services available at the state and local level.
• Obtain repatriate signature on appropriate documents (e.g. repayment agreement or decline of service). *(See Appendices C and M)*
• Arrange for transportation from the airport to the final destination.
• Provide assistance finding a shelter or permanent housing. Child Protective Services will determine with a home study/safety check whether the parent or relative’s home is safe for placement.
• Provide repatriate with temporary assistance as authorized under program regulations.
• Inform repatriate of repayment obligation after services are rendered.
• Maintain follow up contact information such as correct address and phone numbers.
• Provide financial assistance and social services.
• Provide periodic reports and/or case updates to State Repatriation Coordinator and/or its grantee.
• Submit all requests for financial reimbursement to State Repatriation Coordinator.

**IX. REPATRIATION OF CITIZENS WITH MENTAL ILLNESS**

Repatriation services are provided for citizens with mental illness. Prior to coming to the attention of DOS, these citizens are living independently, receiving treatment in a psychiatric facility, or confined in jail or prison by another country. The person may have
requested assistance from the U.S. Embassy to be repatriated, their repatriation may have been ordered by DOS, or the host country has ordered them to be deported.

A. Pre-Arrival Considerations
Advance information regarding the person to be repatriated is important in determining the most appropriate plan for the travel, arrival, and resettlement of the person being repatriated. DOS will be responsible for disseminating any information regarding a history of mental illness to the ISS-USA. DOS will indicate if the repatriate is mentally incompetent. In such cases, DOS will request a “Certificate of Mental Incompetence” (See Appendix B) signed by a physician in the host country. If the person is determined to be competent, DOS will provide ISS-USA with a signed “Privacy Act Waiver” If the person has been found to be mentally incompetent (See Appendix C) and a “Certificate of Mental Incompetence” has been signed, the waiver is not needed. In such cases, the Embassy can simply act on behalf of the person.

B. Considerations When Making Arrangements
Escorts are generally recommended for individuals experiencing serious mental illness. Whenever possible, the escort should accompany the individual to the final destination. If the escort is unable to continue beyond the port of entry, ISS-USA will assist with arrangements for another escort to accompany the person from POE to their final destination. The escort should carry any available medical records and have the name of the person who will meet the plane or who should be contacted upon arrival.

State contacts and agencies are responsible for handling repatriation arrangements in the United States. State agencies are responsible for the following:

- Arranging for appropriate personnel to meet the repatriate and escort at the place of arrival and transport them to the evaluation site.
- Arranging a psychiatric evaluation and admission to a facility, if necessary, for the repatriate.

C. Case Management Considerations
The Adult Protective Services (APS) provider continues to have a role in the repatriation service, even if the person is admitted to a psychiatric facility. Local service providers are encouraged to make their role in the repatriation process known to the treating facility prior to admission in order to continue to be involved and assist with discharge planning.

The state repatriation coordinator’s responsibilities are as follows:

- Receive the referral from ISS-USA.
- Clarify all information needed.
• Coordinate communication between ISS-USA and APS providers concerning all
details of the case.
• Make necessary referrals/arrangement with APS providers to prepare for
repatriate arrival at the POE.
• Provide technical assistance and advice to local providers.
• Maintain repatriate files in order and secure location.
• Submit reimbursement request to ISS-USA.
• Receive reimbursement from ISS-USA.
• Forward reimbursement to DHS Office of Financial Services for funds to be
placed in appropriate accounts.

APS providers will adhere to all APS procedures pertaining to providing services to
elderly persons and adults with disabilities. APS staff are responsible for the
following:
• Make all pre-arrival arrangements concerning repatriates from ISS-USA.
• Review all medical, financial, and background information pertaining to
repatriates.
• Perform a family search to provide notification of legal guardian, or in the
absence of such guardian, spouse, or next of kin.
• Work with other appropriate social service agencies to meet and greet repatriate
at the airport.
• Provide repatriate with information about the program and services available at
the state and local level.
• Provide assistance with other social services agencies finding medical care
and/or psychiatric care, if needed.
• Arrange for transportation (by ambulance, van, car, or taxi) to hospital if port of
entry is not final destination, ensuring the repatriate is taken safely for placement
in a shelter, hospital or nursing home.
• Maintain follow-up contact information such as correct address and phone
numbers.

The district/region/county DFCS staff will provide the following services pertainin to
citizens with mental illness:
• Meet and greet repatriate at the Airport.
• Obtain repatriate signature on appropriate documents (e.g. repayment
agreement or decline of service). (See Appendices C and M)
• Provide repatriate with temporary assistance as authorized under program
regulations.
• Provide financial assistance and social services.
• Inform repatriate of repayment obligation after services are rendered.
• Maintain follow-up contact information such as correct address and phone
numbers.
• Assist repatriate with timely processing and application of available services, such as Medicaid and Food Stamps.
• Case management follow-up and assistance with application for public benefits such as Medicaid, Medicare, SSI, TANF (equivalent for the loan), Food Stamps, housing, job training, etc.
• Provide periodic reports and/or case updates to State Repatriation Coordinator and/or its grantee.
• Submit all requests for financial reimbursement to State Repatriation Coordinator.

X. ADMINISTRATIVE AND FISCAL PROCEDURES

The Repatriation Program is federally funded. Authorized services can be fully reimbursed by the federal government, contingent upon availability of funds. The Repatriation Program relies on private service providers and public agencies to carry out the day-to-day program operations. These agencies receive reimbursement for all financial assistance provided to repatriates. Processing bills from Repatriation Service Providers is the responsibility of ISS-USA. ISS-USA will reimburse the State for any reasonable and allowable reimbursable expenses it and local agencies incur in providing temporary assistance to eligible persons under the Repatriation Program. These costs fall into two categories:

• Direct services costs: costs of direct assistance to repatriates (food, voucher, hotel, taxi etc.)
• Administrative services: case management hours and other administrative costs

Reasonable Cost

A cost is reasonable if it is recognized as ordinary and necessary and reflects the decision a prudent person would make in purchasing the item, and that the item is necessary for the completion of program or project objectives.

For example: Food is an ordinary and necessary thing and a basic need essential for the health and well-being of the person.

Allowable Services

Once repatriated individuals are identified and processed, service providers must assist them in meeting their needs. Given the situation, these needs will likely range from reception upon arrival to emergency assistance. (See chart on next page)
<table>
<thead>
<tr>
<th>Service</th>
<th>Reasonable and Allowable Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter</td>
<td>If shelter is unavailable, receipts for hotel/motel stays, excluding tips, are required with prior approval form ORR or its grantee ISS-USA.</td>
</tr>
<tr>
<td>Cash Assistance</td>
<td>Not to exceed the standard of need for the applicable household-size TANF rates.</td>
</tr>
<tr>
<td>Food Assistance</td>
<td>Not to exceed the prorated share of the Federal Food Stamp Guidelines for applicable household size. In no instance can it exceed TANF rates.</td>
</tr>
<tr>
<td>Transportation</td>
<td>Reimbursement of actual expenses according to the U.S. General Service Administration’s published reimbursement rate (see <a href="http://www.gsa.gov/portal/content/100715">http://www.gsa.gov/portal/content/100715</a>).</td>
</tr>
<tr>
<td>Medical/Psychiatric Evaluation and Treatment</td>
<td>Reimbursement of medical benefits at the Third Party Rate (Medicaid/Medicare) if there is no other medical insurance available.</td>
</tr>
<tr>
<td>Other identified Services needs</td>
<td>Reimbursement of actual expenses based on agreed and coordinated case management plan with ORR or its grantee.</td>
</tr>
</tbody>
</table>

### Case Management

The U.S. Repatriation Program (USRP) county/region providers must provide case management for all eligible repatriates. Case management includes but is not limited to: assessing the scope of need, developing a plan of action to meet those needs, preparing a case management plan which will include all the services provided by the USRP provider or by the agencies that the repatriate will be referred to for services, and providing follow-up with the repatriate. County administration and case management costs are not subject to repayment by the repatriates, but are reimbursable to the county by HHS/ORR.

If a State agency wishes to receive payment for the staff time devoted to this program, it will be necessary that the State (1) identify the time spent, (2) convert identified time into an equivalent amount of money, and (3) follow the regular procedures for allocating joint expenses. **(See chart on next two pages)**
<table>
<thead>
<tr>
<th>Case Type</th>
<th># of Allowable Hours</th>
<th>Activities</th>
<th>Additional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaccompanied Minor Case</td>
<td>Up to five hours</td>
<td>Planning and general coordination; meet and greet, family placement, Child Protective Services (CPS) placement.</td>
<td>If a family member requests assistance upon arrival and signs the repayment agreement he/she can receive general destitute assistance as below.</td>
</tr>
<tr>
<td>Destitute Case</td>
<td>Up to five hours</td>
<td>Planning for a repatriate with no mental health issues, meet and greet, transportation, assistance with application of public benefits, referral to resources in the community, and finding shelter.</td>
<td>Follow-up may be provided for up to three additional visits of 30 minutes of direct services.</td>
</tr>
<tr>
<td>Critically Ill</td>
<td>Up to 15 hours</td>
<td>Planning for the placement of a repatriate with medical issues, meet and greet, hospital medical evaluations, finding shelter, transportation, ensure third party letter for hospital expenses is given to the hospital or nursing home facility. Note: The social worker of the facility will develop discharge planning, including the referral to public assistance and /or other benefits.</td>
<td>Follow up for up to three visits of 30 minutes of direct service.</td>
</tr>
<tr>
<td>Certified Mentally Incompetent</td>
<td>Up to 20 Hours</td>
<td>Planning for a repatriate with mental health issues, meet and greet, on-site or hospital mental health evaluation, transportation, ensure the facility social worker is applying for public benefits. If client is released to their own care, the case manager will provide assistance with the application of public benefits, refer to resources in the community and find shelter placement.</td>
<td>Follow-up may be provided for up to three visits of 30 minutes of direct service.</td>
</tr>
</tbody>
</table>

**Claims for Cost of Assistance**

Payment will be made on the basis of expenditures for proper charges on an as-paid basis. This would include such expenditures as the cost of hotel, train, plane, bus or taxi fare, ambulance and attendant service, and telephone calls. Medical care and hospital care will be paid in accordance with the State agency’s fee schedule or in the absence thereof, the average rate for insurance carriers.

**Filing Claims for Reimbursement**

To obtain reimbursement for expenses incurred for repatriation benefits and services, the Georgia Department of Human Services (DHS) along with the local agency, must submit all requests for reimbursement to ISS-USA on forms RR-04 (See Appendix H). ISS-USA handles all requests based on a cooperative agreement with the U.S. Department of Health and Human Services Office of Refugee Resettlement (ORR). The following guidelines should be adhered to for requesting reimbursement:

I. DHS will submit a cover letter on the organization’s letterhead with the name, telephone number, email address of the person ISS-USA should contact with questions or concerns, and a summary of the expenses requested.

II. All district/region/county providers requesting reimbursement must submit:
A. Form RR-04 *(See Appendix H)* must be completed in its entirety for each repatriate.
   - Agency name and address
   - Current address
   - Time period ("For the Period From: - To:") the expenses cover
   - Case Name
   - Country Repatriated From
   - Details of expenditures
B. Supporting documents for expenditures on form RR-04
   - Copies of checks
   - Original receipts
   - Disbursement forms, etc.
   - Case notes for each repatriate (If multiple repatriates received services) during the time period expenses were incurred
C. Form RR-04 (Expenses for the period). Remember to check if you recommend a waiver or not and please state a reason. *(See Appendix H)*
D. Privacy Act Waiver – Repayment agreement signed by the repatriate. *(See Appendix C)*
E. All requests for reimbursements and supporting documentation should be submitted to the State Repatriation Coordinator’s Office for signature. Requests should be sent to:
   
   Lucius McDowell
   Repatriation Coordinator
   Office of Communications
   Georgia Department of Human Services
   2 Peachtree St. N.W.
   Suite 29 -401
   Atlanta, GA 30303

III. The Georgia DHS Repatriation Coordinator will sign and forward all requests for reimbursement along with all supporting documents to:

   Stephney Allen
   Director of Repatriation Management and Internal Operations
   ISS-USA
   20 Light St. Suite 200
   Baltimore, MD 21202

**Reimbursement Portfolio**

A complete reimbursement request must contain the following:

1. A properly completed and signed Privacy Act Statement and Repayment Agreement or decline of service form. *(See Appendices C and M)*
2. A cover letter containing the name, address, telephone number, and email address of the county contact person for the claim; the time period covered by the claim; and the agency to which the reimbursement should be issued.
3. A correctly completed Reimbursement Form RR-04, detailed explanations of all costs with the current address of the repatriate.
4. All supporting documentation, such as original receipts, copies of checks, and signed cash disbursement acknowledgment form.
5. Case notes with a detailed description of the activities performed and time spent, in hours and minutes.

Reimbursement Process

The Repatriation Program relies on public and private service providers to provide services to the program. These agencies as well as the U.S. Repatriation Program receive reimbursement for all financial services provided to repatriates. ISS-USA is responsible for processing reimbursement from all service providers. Once the reimbursement request is submitted to ISS-USA, the following activities take place:

- ISS-USA receives the reimbursement request from DHS.
- ISS-USA reviews, compiles, requests supporting and or missing documentation.
- ISS-USA submits the request to HHS for review and determination.
- HHS reviews, approves, denies, or holds the request.
- With ORR approval, ISS-USA generates a check to DHS.

Disbursements of Funds

Before federal funds are approved and issued to State district/region/county providers, an initial request for reimbursement is submitted to ISS-USA for all assistance provided to U.S. repatriates. Once the request for reimbursements has been approved, ISS-USA generates a check to the Georgia Department of Human Services (DHS) for reimbursement for expenses incurred by district/region/county agencies providing services to the repatriate. Once the reimbursement check is mailed to the state office, the following activities take place:

- Reimbursement check is mailed to the DHS Office of Communications to the attention of the Repatriation Coordinator.
- Repatriation Coordinator notifies county/region providers of the receipt of the reimbursement check.
- Repatriation Coordinator forwards the reimbursement check to the Office of Financial Services (OFS) to be distributed to proper revenue account.

Record-Keeping Requirement

An individual case record is necessary for each repatriate referred to the State/district/region/county for assistance. The record should be an accurate account of who was aided, the types of assistance provided, and substantiation of the need for
such assistance. Records should be retained for three years following the date the case is closed or until resolution of any litigation, claim, negotiation, audit, or other action involving records. HHS and the Comptroller General or any of their authorized representatives have the right of access to all records pertaining to the U.S. Repatriation Program.

Safeguarding Information

As in the case of any information obtained by public agencies, the use of information obtained in connection with persons who receive temporary assistance under this program must be limited to the purposes for which such information was received and for no other purposes.

Nondiscrimination

HHS has issued a policy explicitly requiring employees to serve all individuals who are eligible for the department's programs without regard to any nonmerit factor, including race, national origin, color, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information.
XI. APPENDICES
UNCLASSIFIED

MRN: JERUSALEM
Date/DTG: January 2012
From: AMCONGEN JERUSALEM
Action: SECSTATE WASHDC ASSOCIATE
E.O.:
TAGS: CASC, AFIN, CPAS
Captions: SENSITIVE
Pass Line: CA/OCS/ACS/NESA_ASCSIP_TLV2011112131_ACSIP
Subject: REPATRIATION OF JAMES DOE

1. Name: James Doe
2. DOB: September 21, 1972
3. PPT: NO. 757876000
4. Source of Funds Contacted:
5. Prior Post Action: N/A
6. Privacy Act Waiver: Subject was unable to sign a PAW due to mental incompetence. See Certificate of Mental Incompetence.
7. Total Assistance Required:
8. Desires to return to the U.S.: Yes
9. HHS Assistance: ISS/HHS assistance is requested in meeting Mr. Doe at Atlanta Hartsfield Jackson International Airport in Atlanta, Georgia. The psychiatric hospital that is currently treating him will send a psychiatric escort to the POE in Atlanta. He will need an escort from Atlanta to final destination to Savannah, Georgia. He will need to be hospitalized upon his arrival Savannah and has no health insurance.
10. Date Last Departed U.S: December 2011
11. Last Residence in U.S.: Unknown
12. Final Destination: Savannah, Georgia
14. Reason for Destitution: Subject had a psychotic episode and was involuntarily committed to a psychiatric hospital by Israeli authorities. The order is good until July 2012.
15. Diagnosis: Psychotic episode
16. Present Location: Herzog Hospital, Jerusalem
17. Attending Physician: Dr. Peller
18. Date able to Travel: January 6, 2012
19. Hospitalization Required: Possibly will need mental assessment in Atlanta, Georgia.
20. Medical Records: Medical records will be provided
21. Medical Escort: Subject will be accompanied by a medical escort.
22. Escort to Final Destination: Will need an escort to final destination in Savannah, Georgia.
23. Special Requirement: Not yet known
24. Remarks: According to Dr. Peller of Herzog hospital, James Do arrived in Israel on December 1, 2011. He was admitted to the Psychiatric Ward on January 3, 2012. He is in an acute psychotic state, violent and suicidal. This is most probably because he was on drugs and alcohol. James Do suffers from depression and number of mental disorders. He can have anxiety attack on a plane. James refused to take his medicine in the past. Dr. Peller said that James can only travel to the U.S. with a medical escort. Medications: Zyprexa, Velotab and Clonazepam.

Privacy/II

This email is UNCLASSIFIED
APPENDIX B: CERTIFICATE OF MENTAL INCOMPETENCE

CERTIFICATE OF MENTAL INCOMPETENCE

The Pearl City Street Clinic, 19 Griffin Street, Uganda, Africa
January 15, 2002

STATEMENT OF ATTENDING PHYSICIAN AS TO MENTAL CONDITION

1. TREATING PHYSICIAN: Dr. Jonny Williams, 19 Griffin Street, Uganda, Africa, 980 654 371


3. Mr. Ericson is afflicted with paranoid schizophrenia, bipolar disorder and uncontrolled hypertension. He can be violent and delusional except when heavily medicated. He also has uncontrolled hypertension and he is noncompliant about taking his medicine. He is incapable of making reasoned decisions regarding his own affairs and is incapable of traveling without a medical escort.

4. PROGNOSIS: Patient is not considered likely to recover or to be capable of independent living at any time in the future. Requires closed surveillance and monitoring.

5. MEDICATION PATIENT IS RECEIVING: diltiazem 90mg once daily, Zyprexa 2.5 mg one tablet twice daily, Prozac 20mg once daily.

6. LOCATION OF PATIENT: 2200 Jackson Street, Uganda, Africa.

7. CARE REQUIRED: Mr. Ericson requires full care and treatment in a mental health facility in the United States designed to treat severely ill patients.

8. PHYSICIAN’S SIGNATURE: Johnny Williams, MD. PhD. Johnny William

Adam DE secular
Adam DE secular
Consular Section Chief
U.S. Embassy Uganda, Africa
APPENDIX C: PRIVACY AND REPAYMENT AGREEMENT FORM

Check this box if you are completing and signing this form on behalf of the repatriate. Please know that the repatriate must sign this form unless he is a minor or an adult with a physical or mental condition that prevents him/her from signing this form. You must be an authorized representative in order to sign on behalf of the repatriate. Print the below information if you are signing on behalf of the repatriate:

Representative Name: ____________________________ Relationship: ____________________________ Phone: ____________________________

Note: Furnishing the information on this form, including but not limited to the social security number, is voluntary. However, if you fail to provide the requested information, you may be found ineligible for repatriation assistance.

PRIVACY ACT STATEMENT

I, (print repatriate’s name) ____________________________, authorize the Department of Health and Human Services (HHS), U.S. Repatriation Program (Program), to collect and have access to my protected health information (PHI) and to disclose my PHI to other Federal, State or private organizations, if necessary to enable the HHS to carry out its responsibilities under 42 U.S.C. 1313 and 24 U.S.C. Sections 321 through 329, or to enable another Federal agency to carry out any functions related to my return from a foreign country and entry into the United States, or as otherwise expressly authorized by appropriate HHS staff.

ACCEPTANCE OF REPATRIATION SERVICES AND REPAYMENT AGREEMENT

I understand that all financial, medical, transportation and other temporary assistance provided to me through the Program must be repaid, unless a waiver is granted by authorized HHS officer. I understand that I will be billed by the HHS directly or through its designee for the cost of this aid, and I agree to repay this amount in full. Repayment in full or my first installment payment is due 30 days after billing. If I pay by installment, or am delinquent in repayment, interest at the current rate fixed by the U.S. Secretary of Treasury for private consumer loans will accrue on the unpaid portion. Until I repay in full the aid received, I agree to report all changes in my address to HHS at 330 C Street S.W., Washington D.C. 20201, or 202-401-9246. Attention: U.S. Repatriation Program.

Repatriate’s Name (print) ____________________________ Last/MI: ____________________________

Address: ____________________________________________________________

Street: ____________________________ City: ____________________________ State: ____________________________ Zip Code: ____________________________

Repatriate Social Security Number: ____________________________ Phone Number: ____________________________

I understand and agree to all terms and conditions of the Privacy Act Statement and the Repayment Agreement, and certify that the information provided above is correct. All payments must be sent to HHS/PSC: U.S. Repatriation Program, Attention: Repatriation Collections Office, 12501 Avenieres Avenue, Suite 100, Rockville, MD 20857. Tel: (301) 443-9250.

Signature: ____________________________ Date: ____________________________

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Title 18 of the United States Code 1001 states that an individual who “knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title, imprisoned not more than 5 years...or both”

Form RR - 05
APPENDIX D: REFERRAL FORM

Participant Profile
Name: John Dee
Address1: 
Address2: 
City State, Zip: 
Home Phone: 
SSN: 056789115 
Case Number: 14000

Demographic Information
Gender: Male 
Marital Status: Single 
Race: 
DOB: 02/17/1950 
Age: 59 
Referral Source: 
Funding Source: 
Assigned Staff: Audrey Noguera

Other Contact Information
Work Phone: 
Work Phone Ext: 
Cell Phone: 
Pager: Email:

Custom Demographic

Site-Wide Cx Demographic
Passport Number: 72000000 
Date Passport Issued: 10/21/2009 
US Citizen: Yes 
Country of Birth: United States 
State of Birth: Kentucky 
Relationship to US Repatriate: Self 
Country of Citizenship: United State 
Place of Birth: KY, USA

Family Members

<table>
<thead>
<tr>
<th>Family Member’s Name</th>
<th>Family Name</th>
<th>Family Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jonny Doe</td>
<td>Repatriate’s Family name</td>
<td>Child</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>Repatriate’s Family</td>
<td>Mother/Wife</td>
</tr>
</tbody>
</table>
APPENDIX D: REFERRAL FORM (Cont’d)

UNCLASSIFIED

FM AMBASSADY HONDURAS

TO SECSTATE WASHDC 3600

E.O. 12958: N/A
TAGS: CASC, GT
SUBJECT: FIMED: REPATRIATION OF AMCIT
1. Name/DPOB: John Doe 01/17/1950 KY
2. PPT: 90000000
3. Source of Funds Contacted: None (see remarks)
4. Prior Post Action: see remarks
5. Privacy Act Waiver: verbal waiver obtained; subject will return to post to sign written PAW
6. Total Assistance Required: up to $1000
7. Desires to Return to U.S.: Yes
8. HHS Assistance: Yes
9. Date Last Departed U.S.: Unknown
10. Last Residence in U.S.:
11. Final Destination: Charleston, North Carolina
12. Federal Benefits/SSN:
13. Reason for Destination: Charleston, North Carolina
14. Diagnosis: N/A
15. Present Location: Honduras
16. Attending Physician: N/A
17. Date Able to Travel: As soon as possible
18. Hospitalization Required: Yes
19. Medical Records: No
20. Escort to Final Destination: No
21. Escort to Final Destination: No
22. Special Requirements: He will need medical care upon arrival in U.S.
23. Remarks: AMCIT will be deported due to working illegally in Honduras since 1990 and having visa that expired in February. Mr. J.D. has been diagnosed with Epilepsy. Mr. J.D. requested to be repatriated to NC. Upon return to the U.S., he will need HHS assistance (housing, food and medical care).

Note: Mr. J.D. previously received a repatriation loan in May 2005, which he has since repaid in full.
## APPENDIX E: TANF CHART

**Benefits.gov Annual Data Call**

**GPR: Income Level Update Supplement**

<table>
<thead>
<tr>
<th>Household Size</th>
<th>T A N F</th>
<th>TANF Family Max</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gross Income Ceiling</td>
<td>Standard of Need</td>
</tr>
<tr>
<td>1</td>
<td>435</td>
<td>235</td>
</tr>
<tr>
<td>2</td>
<td>659</td>
<td>356</td>
</tr>
<tr>
<td>3</td>
<td>784</td>
<td>424</td>
</tr>
<tr>
<td>4</td>
<td>925</td>
<td>500</td>
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<td>5</td>
<td>1060</td>
<td>573</td>
</tr>
<tr>
<td>6</td>
<td>1149</td>
<td>621</td>
</tr>
<tr>
<td>7</td>
<td>1243</td>
<td>672</td>
</tr>
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<td>8</td>
<td>1319</td>
<td>713</td>
</tr>
<tr>
<td>9</td>
<td>1389</td>
<td>751</td>
</tr>
<tr>
<td>10</td>
<td>1487</td>
<td>804</td>
</tr>
<tr>
<td>11</td>
<td>1591</td>
<td>860</td>
</tr>
<tr>
<td>Each additional</td>
<td>+44</td>
<td>+24</td>
</tr>
</tbody>
</table>
APPENDIX F: SIGNED RECEIPTS FOR REIMBURSEMENT

Cash Receipt
Receipt Number: 1920
Date: 01/16/2017

Received From ZENITA ZETA the amount of $ 155.00
For REPATRIATION SERVICES

Current Balance: $ 0
Payment Amount: $ 155.00
Balance Due: $ 0

Received By: SIMON DOE

Cash Receipt Template

Cash Receipt
Receipt Number: 1921
Date: 01/16/2017

Received From ZENITA ZETA the amount of $ 50.00
For REPATRIATION SERVICES

Current Balance: $ 0
Payment Amount: $ 50.00
Balance Due: $ 0

Received By: SIMON DOE

Cash Receipt Template
MONTHLY CASE SUMMARY REPORT: REIMBURSEMENTS

Expenditures for the Period From: ___________To: ____________________________

<table>
<thead>
<tr>
<th>a. Expenses</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td>Hotel</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Nursing Home/Hospital</td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td></td>
</tr>
<tr>
<td>Rent/Security</td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
</tr>
<tr>
<td>Escort</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td></td>
</tr>
</tbody>
</table>

b. PROFESSIONAL SERVICES

(hours @ rate)

GRAND TOTAL (a+b)

Date: ____________________________

Agency Name: ____________________________

Worker Name: ____________________________

Case Number: ____________________________ SSN# ____________________________

Repatriated from: ____________________________ Number of Persons ____________________________

Current Address: ____________________________

Date Case Closed: ____________________________ Reason Case Closed: ____________________________

Description of services provided: ____________________________

Please include receipts where applicable.
**APPENDIX H: REIMBURSEMENT FORM – RR-04**

**DEPARTMENT OF HEALTH & HUMAN SERVICES**
Administration for Children and Families
U.S. REPATRIATION PROGRAM
Non-Emergency Monthly Financial Statement Form
(330 C Street S.W., Washington D.C. 20201, Telephone: 202-401-9206)
(NOTE: Instructions are in the back of this form. Use additional pages when space on this form is insufficient or continue on reverse side)

1. **Case Name:** List First, Last, middle initial
2. 2. Last 4 of the SSN
3. 3. Case Number
4. 4. Do you recommend a loan waiver or deferral?

Yes  No

5. **Reason for Repatriation**
   - Destitution
   - Mental Illness
   - International Crisis/Emergency Repatriation
   - Medical Illness (Diagnosis, if known)
   - Other

6. **Composition:**
   - Total number
   - Adults:
   - Minors:
   - Female:
   - Males:

7. **This report covers the following period:**
   - MM/DD/YYYY
   - From: __/__/____  To: __/__/____

8. **Repatriate’s Current Address:**
   - Telephone:
   - E-mail:

9. **Is this case closed?**
   - Yes  No

10. **Check the type of claim**
    - Initial
    - Interim
    - Final
    - Cancel/Refund

11. **Expenditures:** Information should include actual costs, NO estimates
    - Cash Assistance
    - Food
    - Transportation
    - Administrative Cost
    - Hospital
    - Other (specify)
    - Other Medical Facility
    - Other (specify)
    - Children Services
    - Other (specify)
    - Escort
    - Other (specify)
    - Temporary Shelter
    - Grand Total

12. By signing this form the signatory acknowledges that he/she has requisite authority to certify and submit this form. In addition, by signing this form the signatory certifies that he/she is familiar with the above information and that payment for these expenditures has not been received nor previously submitted.

**Agency Name**

**Address-Telephone - e-mail - fax**

**Signature/Print of Agency Official**

**Date**

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13). Public reporting burden for this collection of information is estimated to average 0.30 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Personal information provided on this form may only be disclosed for program purposes or under the provisions prescribed in 45 CFR 201.14 or 212.9. Title 18 of the United States Code 1001 states that an individual who “knowingly and willfully” (1) falsifies,
conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years...or both
Administration for Children and Families (ACF)
Office of Refugee Resettlement (ORR)
330 C Street S.W., Washington D.C. 20201, Telephone: 202-401-9300

U.S. REPATRIATION PROGRAM
Non-Emergency Monthly Financial Statement Form
GENERAL INSTRUCTIONS

**Purpose:** A single form will be used by the state agency and/or authorized ORR providers to report expenditures and claim reimbursements for assistance furnished to individual repatriation cases referred by ORR or its grantee in the United States (U.S.) contingent to the provisions found under the Public Law 86-571 and/or Public Law 87-64, as amended, and policies issued thereunder. This form will be used for single cases unless or until the volume and nature of the cases assisted in any State is such that group reporting is indicated.

**General:** This form should be completed by designated state agencies and authorized ORR providers to request reimbursement of reasonable and allowable costs incurred as a result of the temporary assistance provided in the U.S. citizens and their dependents after their Department of State (DOS) repatriation from overseas. By completing this form the signatory confirms that identified expenditures have been made in accordance with 45 C.F.R. 211 and 45 CFR 212, and procedures prescribed for the U.S. Repatriation Program (Program). Reimbursement is contingent upon availability of the U.S. Repatriation Program (Program) funds.

**When to submit a claim:** Claims are to be submitted monthly, by the end of the month and no later than 15 days after the close of the month. Signed form with supporting documentation should be sent to the designated ORR staff and/or grantee with a transmittal letter (see below). If the claim cannot be submitted within the 15-day grace period, the state should notify ORR or designated grantee regarding claims expected to be submitted during the preceding month. This prompt notification of estimated costs is critical and necessary in order to ensure the claim will be considered when received.

**Instructions for preparing this form:** Reimbursement is contingent upon proper and timely submission of a complete financial claim, which included necessary supporting documentation (e.g. copies of receipts, signed vouchers, and case management notes).

1. Enter the repatriates’ information. One case may include a person or the members of a family.
2. Enter the last 4 digits of the Social Security Number per repatriate.
3. Case number: use the case number listed on the initial referral
4. Check whether you recommend a repatriation waiver and/or deferral of the loan amount. If you check yes, ORR and/or designee will notify the repatriate and initiate the internal waiver/deferral investigative process.
5. Check the reason for repatriation. This information is provided within the referral. You can check one or more.
6. Indicate the composition of this case by entering the total number of adults and minors included in this form.
   In addition, indicate how many repatriates are female vs. males.
7. Indicate the period in which the state is claiming a cost.
8. Provide the most updated repatriate’s contact information, including the address, telephone, and e-mail, if available.
9. Case close: enter “Y” for yes or “N” for No. Once a repatriate has their immediate needs met, the case should be closed. Prompt notification of closure should be provided in writing (e.g. via e-mail) to ORR or its
designated agency. You should not wait until this form is completed to notify ORR or its designated agency
that a case has been closed.

10. Type of claim: check the box that correlates with the type of claim submitted per case
   i. Initial Claim: if this is the first claim submitted by the agency on this case
   ii. Interim Claim: if the agency has submitted a previous claim on this case and expects to
       submit further claims.
   iii. Final Claim: if this is the last claim the agency will submit on this case.
   iv. Cancellation and refunds: if any item claimed as an expenditure in a previous month is later
       cancelled, voided, or refunded (e.g. not needed or changed in amount), it must be reported
       as a minus (-) expenditure and deducted from the claim. Provide a brief explanation,
       including reference to the period indicated on the related claim previously paid. Under
       certain circumstances, the agency may need to repay or reimburse ORR for the funds
       previously disbursed, canceled, or refunded. Instructions will be provided by authorized
       ORR if there is a need for reimbursement.

11. Expenditures include total amount on temporary assistance and administrative costs per category. Claimed
    expenditures should be on an as-paid basis (e.g. checks issued) during the reporting period. All expenses
    should be reasonable, allowable, and allocable. Reimbursement is contingent upon available resources.

Temporary assistance is defined by 42 U.S.C. 1313 as money payments, medical care, temporary shelter,
transportation, and other goods and services necessary for the health or welfare of individuals (including
guidance, counseling, and other welfare services), furnished to U.S. citizens and their dependents for up to
90 days. Guidance has been provided regarding temporary assistance and how and when to provide these
temporary services. For more information regarding temporary assistance, please look at available
repatriation program manuals and guidelines or contact ORR or its designated agency. Below, please find
information regarding potential expenditures:

a. **Transportation:** most cost efficient expense directly associated to in-state repatriate’s necessary
   travel. For instance from port of entry (POE) to resettlement place (e.g. shelter). Supporting
   documentation must be attached (e.g. signed voucher for bus ticket, taxi receipt).

b. **Hospital:** Hospital bills may be reimbursed for services provided to eligible repatriates, when not
   covered by other means. If other means are available but do not covered 100% of the bill, generally
   the Program will not pay for the uncovered expenses. For covered expenses, the Program will
   follow the Medicaid and/or Medicare process and rates.

c. **Nursing Home or other authorized facility (e.g. Assisted Living Facility):** amount paid for the
   care of eligible repatriates. Specify daily or monthly rate, whichever is applicable. Also follow
   description provided under “Hospital.”

d. **Other Medical:** most cost efficient expense associated to medical costs not covered under bullets
   letter c and d. It may include prescribed medications. Supporting documentation, such as a copy of
   the paid medical receipt is required.

e. **Children services:** expenses associated to the care of minors. Not including minors who have
   been under the care of Child Protective Services.

f. **Escort services:** This service must be pre-approved by authorized CRR staff.
g. **Cash:** use TANF rates for the amount to be disbursed to a repatriate. Agencies are to evaluate the repatriates’ needs for cash prior to issuing the check. In addition, costs associated to other expenses (e.g. transportation, temporary shelter, clothes) may be deducted from designated cash amount. Signed vouchers and/or copies of the paid check can serve as supporting documentation.

h. **Temporary Billeting/Shelter:** cost for temporary and reasonable shelter accommodation, whenever public shelters and/or other housing assistance programs are not available to the repatriates.

i. **Vocational training:** cost efficient expense used to assist the repatriate obtains certain job minimum required skill (e.g. GED). It does not cover long term education or college (including technical school) degrees. It is pre-approved by ORR.

j. **Food:** expenses associated to repatriate’s temporary food supply.

k. **Other:** temporary assistance expense not listed above. Specify and provide supporting documentation.

l. **Administrative:** staff expenses directly associated to the provision of temporary services to eligible repatriates. Supporting statements (e.g. case workers’ notes) and actual bills or receipts (e.g. parking receipt, taxi) must accompany the claim. Training and/or tips are not considered administrative costs.

12. Enter the name of the agency that will be receiving reimbursement from ORR. Provide reliable contact information for the person with authority to submit this claim on behalf of the agency. The signatory has the authority to certify that the state and/or service provider accepts responsibility for the correctness of the claim even though the expenditures were actually incurred by a different jurisdiction including a local jurisdiction of the state.

**Document maintenance:** case records, fiscal record supporting expenditures, including vendor bills invoices, vouchers, receipts, and cleared checks will be maintained by the agency and identified for audit purposes.
APPENDIX I: REFUSAL OF TEMPORARY ASSISTANCE FORM RR-06

DEPARTMENT OF HEALTH & HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
330 C Street S.W., Washington D.C. 20201, Telephone: 202-401-9200

U.S. REPATRIATION PROGRAM
REFUSAL OF TEMPORARY ASSISTANCE FORM

Instruction for intake person or service provider: before distributing this form please verify that the signatory level of literacy and language skills is sufficient to allow comprehension of this form contents. In addition, minors should not be asked to complete this form. Instead, the minor’s representative (parent, guardian, or legal representative) may ordinarily sign on his/her behalf. Persons with mental and physical conditions that may impede their understanding and/or completion of this form should not be required to sign it. Representative (spouse, guardian, and/or legal representative) may ordinarily sign on his/her behalf.

Introduction: The U.S. Repatriate Program provides temporary assistance to U.S. citizens and their dependents who are identified by the Department of State as having returned, or been brought, from a foreign country to the United States because of destitution, illness, war, threat of war, invasion, or similar crisis; and because they are without resources immediately accessible to meet their needs. The full cost for the temporary services provided, must ordinarily be repaid to the U.S. Government unless a waiver has been applied for and approved.

You have been provided with information regarding this U.S. Repatriation Program and have chosen NOT to receive assistance from this Program in connection with your return from: ____________________________.

Country

TO BE COMPLETED BY THE REPATRIATE OR AUTHORIZED REPRESENTATIVE

I understand the information that has been provided to me, verbally and in writing, and decline assistance offered by the U.S. Repatriation Program. Please supply the below information and check off the box indicating whether you are the authorized representative or repatriate.

Repatriate [ ] Authorized Representative [ ]

Type Name: ____________________________ DOB

Signature: ____________________________ Date

Witness by ____________________________ Date

Case worker or intake staff signature

Intake person notes:

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 0.06 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Personal information provided on this form may only be disclosed for program purposes or under the conditions prescribe in 45 CFR 211.14 or 212.9.

Form RR - 06
# APPENDIX J: 2018 PER DIEM RATES

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<th>Primary Destination</th>
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<th>2018</th>
<th>2018</th>
<th>2018</th>
<th>2018</th>
<th>2018</th>
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<td>Oct</td>
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<td>Dec</td>
<td>Jan</td>
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<td>Mar</td>
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</tr>
<tr>
<td>Standard Rate</td>
<td>Applies for all locations without specified rates</td>
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<tr>
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<td>$122</td>
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<td>$122</td>
<td>$122</td>
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<td>$132</td>
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</tr>
</tbody>
</table>
January 23, 2014

Stephney Allen
International Social Services
200 Light Street Suite 200
Baltimore, MD

Dear Ms. Allen:

The purpose of this letter is to request an extension for Repatriate Billy Joe Clampus Case #23242. Mr. Clampus is repatriate from Ghana, West Africa who arrived in the Georgia at the end of December 2013. He arrived without a social security number and has had many challenges with this process. Since Mr. Clampus arrival date of December 22, 2013, Social Security Administration has not issued a social security number which has hindered him from receiving federal benefits within the three-month timeframe. If you should have any questions or concerns, please contact our office at 543-765-9887. Thanks in advance for your assistance in this matter.

Sincerely

Betty Jones
Social Service Program Coordinator
Georgia Department of Human Services- DFCS
404-567-8488
Betty.Jones@dhs.ga.gov
Our Reference:

Your Reference:

From: Dr. Marvin Weaver

To:

Date: September 30, 2010
Name: Mr. Terrence Cove
DOB: April 5, 1961
Age: 54
Date of Consultations: June 23, 2010

The patient was referred for psychiatric evaluation.

Mental Status Examination: He was seen and examined an adult male clad in orange jail uniform. He was noted with hearing impairment. His mood was euthymic with appropriate affect. His speech was spontaneous and tends to be irrelevant at times. He admitted that he had been receiving psychiatric treatment for the past 20 years and was given unrecalled medication. He also admitted to previously having auditory hallucination which he denied at present. He was noted with delusion and was claiming that he had just walked from America to find work. He could not give any details about his passport. He claimed that it was stolen. He was able to narrate the circumstances behind his apprehension with circumstantiality. He was fairly able to give important details and facts about his life. He was fairly oriented to time place and person.

Assessment and Remarks: Since there was no informant or corroborative information about the patient, a provisional diagnosis based on the observation and mental status examination was found to have PSYCHOSIS. This characterized by delusion, disorganized behavior, and perceptual disturbances. Presently, he has been behaviorally manageable but still noted with delusion and has the tendency to wander. He is currently on medication.

Recommendation: I therefore recommend that he will be escorted back to the United States of America with a Psychiatric Nurse Practitioner, Isabella Jones. In the event that there are behavioral issues along the way, the Nurse Practitioner is there to give intramuscular injection. It is also recommended that once he return to the United States of America, he follow up regularly with the Mental Health Service so that his mental wellbeing can be monitored.

Respectfully,

Dr. Marvin Weaver
Psychiatrist
APPENDIX M: TEMPORARY ASSISTANCE AND EXTENSION REQUEST FORM

DEPARTMENT OF HEALTH & HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
130 C Street S.W., Washington D.C. 20201, Telephone: 202-401-9200

U.S. REPATRIATION PROGRAM
Temporary Assistance and Extension Request Form

INSTRUCTIONS: Please complete ONE FORM per individual or nuclear family. Include extra pages if space is not sufficient to provide the requested information. Please WRITE the applicant’s name on the right hand corner of each additional page.

Who is eligible? Individuals with an open repatriation case with the Department of Health and Human Services (HHS) who are determined to be handicapped in attaining self-support or self-care for such reasons as age, disability, and lack of educational preparation as defined by 45 CFR 211 & 212. Applicants must submit this form with all applicable supportive evidence. Final eligibility determinations are made by authorized HHS Repatriation Program staff. Timely submission is highly recommended, at least two weeks prior to the last eligibility date. Applications submitted after the eligibility period may not be reviewed and will generally result in ineligibility. Failure to provide all supportive documents may result in denial and/or delays. No retroactive services are provided through this program.

Who should complete this form? Below is a list of who can sign this form:
• Only those who fall within the above question 1
• Adults applying for themselves
• Adults applying on behalf of themselves and dependents
• Adult representative of a minor child (parent, guardian, or legal representative)
• Adult representative of a mentally or physically impaired adult

Disclaimer: The statutory authority for this collection is 42 U.S.C. Section 1313 and 24 U.S.C. Sections 321 through 329, and the Health Insurance Portability and Accountability Act of 1996. Information solicited on this repatriation form is for the purpose of determining your eligibility for and extension of temporary assistance under the U.S. Repatriation Program. Furnishing the information on this form, including but not limited to the social security number, is voluntary. However, if you fail to provide the requested information, you may be found ineligible for repatriation assistance.

Personal information provided on this form may only be disclosed for Program purposes or under the conditions prescribe in 45 CFR 211.14 or 45 C.F.R.12.9.

Title 18 of the United States Code 1001 states that an individual who “knowingly and wilfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title, imprisoned not more than 5 years... or both”

The Paperwork Reduction Act of 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 0.3 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

This form should be returned to the below address. You may also send electronically at:
Repatriate’s Name: ________________________________

1. **Repatriation Case Number** (If you do not have this information, please contact your designated repatriation worker for assistance): # __________________

2. **Number of eligible individuals included in this request**: _______. Please complete the below table.

<table>
<thead>
<tr>
<th>Name (First, Middle, Last)</th>
<th>Social Security Number</th>
<th>DOB (DD/MM/YYYY)</th>
<th>Individual is applying for assistance (Y/N)</th>
<th>Relationship to Repatriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Self</td>
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</tbody>
</table>

3. **Who is requesting this extension?** Please check ONE.
If this request is not submitted by the repatriate, please provide documentation showing that the repatriate has authorized you to act on his/her behalf (e.g. notarized letter) and/or that you have authority to submit this request on behalf of the repatriate(s) (e.g. explanation letter).

- [ ] Adult repatriate
- [ ] Adult repatriate applying for self and dependents
- [ ] State representative
- [ ] Adult representative of a minor child (parent, guardian, or legal representative)
- [ ] Adult representative of a mentally or physically impaired adult

4. **Reason for the Extension Request**: Check the boxes that apply to your claim of being handicapped in attaining self-support or self-care.

- [ ] Age
- [ ] Disability
- [ ] Lack of vocational preparation
- [ ] Other reasons (specify):

Form RR - 07  
Page 2 of 3
Written explanation: Below, please provide a written explanation for each of the above selected reasons for the extension request. Use additional paper if needed. Write your name and case number on the left hand side of each additional page. In addition, attach all applicable supporting documentation to substantiate your claim. For example, if claiming disability, supportive documents may include a letter from your medical provider indicating your disability.

5. Financial and other Services:
   a. Are you working? □ Yes □ No
   b. What is your household monthly combined income? $ __________________
   c. Are you a party of any pending lawsuit? □ Yes □ No
   d. Do you own any assets either in the U.S. or overseas (e.g. houses, stocks, land)? If yes, provide the estimated total amount.
      □ Yes: $ ______________ □ No

6. Available Services: Complete the below table if you are receiving and/or are expecting to receive public assistance.

<table>
<thead>
<tr>
<th>Applicant’s name</th>
<th>Type of assistance applied for (E.g. TANF, SSI, Medicaid, Section 8)</th>
<th>Date application was submitted</th>
<th>Application Status: Pending, Approved, denied, other</th>
<th>Date application was accepted</th>
<th>Amount receiving or expecting to receive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
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</table>

Applicant Signature: ____________________________ Date: ________________________
U. S. Repatriation Program
Welcome Package
For Repatriate

Includes:

1. HHS/ACF/ORR welcome letter
2. Repatriation HHS/ACF/ORR fact sheet
3. Forms:
   - PAW/Repayment agreement and Decline of service
4. Repatriate’s rights & obligations
5. Closing letter sample
6. Waiver request procedure
7. State contact or Local contact:
   Name: ________________________________
   Phone: ___________ Email: ______________
WELCOME BACK TO THE UNITED STATES OF AMERICA

Dear fellow American/s,

On behalf of the Assistant Secretary of the United States (U.S.) Administration for Children and Families and the Director of the Office of Refugee Resettlement, we welcome you back to the U.S. We want to make your transition from overseas to your final destination within the U.S. as smooth as possible. This letter briefly outlines some of the information contained in this welcome package and some of the services you may receive if determined to be eligible for a Repatriation loan.

As you may already know, the Repatriation Program is not an entitlement program but a loan that is repayable to the Federal Government. Please read the Repatriation Program Factsheet for more information about this loan Program.

You are being given a welcome package which contains the below information. Upon request, your case worker will be able to explain these documents.

1. HHS Privacy Act Statement and Repatriation Repayment Agreement Form for you to sign if you want to accept the Repatriation Loan. This form will serve as an agreement between you and the Federal Government where accept the loan and commit to repaying all the cost associated to your temporary assistance. In addition, through this form you authorize us to share and collect information necessary to provide you with temporary services and to carry out the activities of this Program.
2. U.S. Repatriation Program Factsheet
3. Repatriates’ rights and responsibilities
4. Sample closing letter
5. Factsheet and Waiver Request
6. List of main numbers and services available

Your case worker will refer you or provide you with information regarding the services available at the local service agencies (e.g. county, community, state, etc) in your area. In addition, if you need assistance with vocational or occupational training as well as child welfare and medical services please inform your case worker for appropriate and timely coordination of services.

Once again, we welcome you back to the United States and wish you a successful return to your family and country.

Sincerely,

The US Repatriation Program

Updated 1-4-10
Mission Statement
The United States (U.S.) Repatriation Program is committed to helping eligible U.S. citizens and their dependents repatriated from overseas by providing them with temporary assistance upon their arrival to the United States. This assistance is not an entitlement but a service loan repayable to the U.S. Government.

General Background
The U.S. Repatriation Program (Program) was established in 1935 under Section 1113 of the Social Security Act (Assistance for U.S. Citizens Returned from Foreign Countries), to provide temporary assistance to U.S. citizens and their dependents who have been identified by the Department of State (DOS) as having returned, or been brought from a foreign country, to the U.S. because of conscription, illness, war, threat of war, or a similar crisis, and are without available resources. Upon arrival in the U.S., services for repatriates are the responsibility of the Administration for Children and Families’ Office of Refugee Resettlement.

Programmatic Structure
The Program contains four different activities. Two of these are characterized by ongoing caseloads with individual repatriations including mentally ill repatriates (42 U.S.C. § 1313 and 24 U.S.C. §§ 321-329). The other two activities are contingency components related to emergency repatriations of over five hundred individuals or group repatriations of up to 500 individuals evacuated during an event (42 U.S.C. § 1313, and E.O. 12650). Operationally, these activities involve different kinds of preparation, resources and execution. However, the core program policies and administrative procedures are essentially the same for each.

Services Provided
Temporary assistance, which is defined as cash payment, medical care (including counseling), temporary shelter, transportation, and other goods and services necessary for the health or welfare of individuals, is provided to eligible individuals in the form of a service loan. Temporary assistance is available to eligible individuals for up to 90 days. In order to be eligible for this Program, it must be established that necessary services or assistance are unavailable to the requesting individuals via any alternative resources. In making such determination, periodic assessments of an individual’s available resources, including identification of services or assistance the individual is receiving and/or is able to receive are taken into consideration. Temporary assistance is not retroactive but effective on the date of eligibility and provided within the U.S. states, Puerto Rico, Guam, and the Virgin Islands. Temporary assistance may be furnished beyond the 90 day period if ORR finds that the circumstances involved necessitate or justify the furnishing of a service extension. In order to qualify for an extension of services, repatriates and/or representatives must submit their requests prior to the end of their 90 days eligibility period. All temporary assistance is provided in accordance with 45 C.F.R. 211 and 212.

During Emergency or Group Repatriations
In the event of a massive evacuation from overseas, ACF/ORR is the lead Federal agency responsible for the coordination and provision of temporary services within the CONUSA to all non-combatant evacuees returned from a foreign country. While ACF/ORR is responsible for the National Emergency Repatriation planning, coordination and implementation, states and territories, through ACF established repatriation agreements, carry out the operational responsibility for the reception, temporary care, and onward transportation of the non-combatant evacuees. Whenever necessary and through interagency assignments, ACF/ORR works with other Federal agencies (e.g. DOD, ASPR, DHS, FEMA) to assist with the provision of temporary services.

Contact Information
Elizabeth Russell
Coordinator, HHS Repatriation Program
330 C Street SW, Washington, DC 20201
Phone: 202.401.9246, Fax: 202.401.6533
E-mail: Elizabeth.Russell@acf.hhs.gov
U.S. REPATRIATION PROGRAM
PRIVACY AND REPAYMENT AGREEMENT FORM

☐ Check this box if you are completing and signing this form on behalf of the repatriate. Please know that the repatriate must sign this form unless he is a minor or an adult with a physical or mental condition that prevents him/her from signing this form. You must be an authorized representative in order to sign on behalf of the repatriate. Print the below information if you are signing on behalf of the repatriate:

Representative Name: ___________________________ Relationship: ___________________________ Phone: ___________________________

Note: Furnishing the information on this form, including but not limited to the social security number, is voluntary. However, if you fail to provide the requested information, you may be found ineligible for repatriation assistance.

PRIVACY ACT STATEMENT

I, ___________________________, authorize the Department of Health and Human Services (HHS), U.S. Repatriation Program (Program), to collect and have access to my protected health information (PHI) and to disclose my PHI to other Federal, State or private organizations, if necessary to enable the HHS to carry out its responsibilities under 42 U.S.C. 1313 and 24 U.S.C. Sections 321 through 329, or to enable another Federal agency to carry out any functions related to my return from a foreign country and entry into the United States, or as otherwise expressly authorized by appropriate HHS staff.

ACCEPTANCE OF REPATRIATION SERVICES AND REPAYMENT AGREEMENT

I understand that all financial, medical, transportation and other temporary assistance provided to me through the Program must be repaid, unless a waiver is granted by authorized HHS officer. I understand that I will be billed by the HHS directly or through its designee for the cost of this aid, and I agree to repay this amount in full. Repayment in full or my first installment payment is due 30 days after billing. If I pay by installment, or am delinquent in repayment, interest at the current rate fixed by the U.S. Secretary of Treasury for private consumer loans will accrue on the unpaid portion. Until I repay in full the aid received, I agree to report all changes in my address to HHS at 330 C Street S.W., Washington D.C. 20201, or 202-401-9246. Attention: U.S. Repatriation Program.

Repatriate’s Name (print): ___________________________ First/MI: ___________________________

Address: ____________________________________________
Street ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

Repatriate Social Security Number: ___________________________ Phone Number: ___________________________

I understand and agree to all terms and conditions of the Privacy Act Statement and the Repayment Agreement, and certify that the information provided above is correct. All payments must be sent to HHS/PSC: U.S. Repatriation Program, Attention: Repatriation Collections Office, 12501 Ardennes Avenue, Suite 100, Rockville, MD 20857. Tel: (301) 443-9250.

Signature: ___________________________ Date: ___________________________

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Title 18 of the United States Code 1001 states that an individual who "knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years...or both".
Repatriate’s rights & obligations

The United States (U.S.) Repatriation Program was established by Title XI, Section 1113 of the Social Security Act (Assistance for U.S. Citizens Returned from Foreign Countries) to provide temporary assistance to U.S. citizens and their dependents who have been identified by the Department of State (DOS) as having returned, or been brought from a foreign country to the U.S. because of destitution, illness, war, threat of war, or a similar crisis (http://www.ssa.gov/Opp_Home/ssaactitle11/1113.htm). Also provides services to the Mentally Ill for the care and treatment of legally insane or otherwise mentally ill persons who are returned to the U.S. from foreign countries. This program is authorized under 24 U.S.C. 321 and also 45 CFR 211 and 212. (http://caselaw.lp.findlaw.com/casecode/uscodes/24/chapters/9/toc.html).

The Program, through its cooperative agreement with International Social Services (ISS-USA), coordinates with the State of final destination to provide any appropriate temporary assistance for the eligible individual and dependent/s.

1- The repatriate has the right as U.S. citizen to travel and to live in any state that he/she may choose.

2- The repatriate has the right to receive services, because he/she was verified by The U.S. Department of State & the U.S. Department of Health and Human Services, Administration for Children and Families, Office for Refugee Resettlement as a person who qualifies for assistance under this program. http://www.acf.hhs.gov/programs/orr/programs/repatriation.html

3- The repatriate can receive services for up to 90 days upon arrival to the US if he/she signs the repayment agreement for the loan. The State coordinator's main responsibility is assisting with notification and coordination of services prior to arrival and timely submission of necessary applications for benefits. Case workers should meet the repatriate and relatives at the airport, and should provide needed services in accordance to Program regulations, such as transportation to the final destination, shelter, food, medical care and financial assistance (according to the TANF rate in the state).

4- The repatriate has the right to be treated with fairness and respect as any other citizen of United States in the state in which he/she is resettling. The amount and type of assistance provided is determined by a local social service agency according to the state’s standards for the Aid to Families with Dependent Children program. Repatriates must be advised at all times about the loan and amount they owe.

5- The repatriate has the right to receive care and services without discrimination without regard to race, color or national origin in accordance with the Civil Rights Act of 1964. http://www.aclu.org/

6- The repatriate has the right to refuse services, because this loan program is voluntary.

7- The repatriate is expected to repay the loan within established time. Eligible repatriates can apply for a loan waiver request. For more information about eligibility of waivers contact 443-451-1200 or iss-usa.org@iss-usa.org Attention: Waiver Department.

8- The repatriate has the right to seek assistance if he/she feels that he/she is being discriminated against by contacting the Office for Civil Rights U.S. Department of Health and Human Service: Toll-free (800) 368-1019

For more information please contact International Social Services-USA Branch at: www.iss-usa.org
ORR revised on 04/14/09
ISS Final revision 05/18/09
Date:

Dear ___________

We are pleased that the Repatriation Program was able to offer you repatriation assistance. As it was explained to you by your local case manager, the U.S. Repatriation Program’s purpose is to assist repatriates for up to 90 days in becoming self-sufficient. It has been reported by your case manager that you have access to assistance and are self-sufficient. Based on this determination we are closing your case.

Please remember that the Repatriation Program assistance is in the form of a loan. If you received resettlement and/or travel assistance you case was referred to the Program Support Center for collection. Their contact information is below.

Program Support Center
U.S. Department of Health and Human Services
12501 Ardennes Avenue
Suite 100
Rockville, MD 20857
Phone: 301-443-1965  Website: www.psc.gov

If you are not able to repay your loan please contact the Waiver Department in writing at the ISS-USA address below:

Attention Waiver Department
International Social Service-USA
22 Light Street, Suite 200
Baltimore, MD 21202
Email: iss-usa@iss-usa.org

Please keep the program informed of any changes of address, as the program will contact you in order to assist you in making arrangements to repay you loan.

Please contact the Department of State (DOS) for inquiries about your loan for international expenses, the phone number is: 1-800-521-2116

We wish you the best of luck in your future endeavors in the United States.

Sincerely,

The US Repatriation Program
APPENDIX O: REIMBURSEMENT PACKAGE

Dear Repatriation Program Coordinator:

International Social Service United States of America Branch, Inc (ISS-USA) and the Department of Health and Human Services- Office of Refugee Resettlements (DHHS-ORR) wants to thank you for providing services to United States Citizens returned from Foreign Countries through the U.S. Repatriation Program.

ISS-USA working with DHHS through an annual cooperative agreement has referred a repatriation ease to your agency.

A. Documents for the Repatriate:
   Please present this client with the enclosed documents:
   1. Welcome letter to the repatriate
   2. Repatriation ORR general brochure
   3. Privacy Act Statement & Repayment Agreement for signatures
      You must obtain signatures and retain the original Privacy Act
      Statement & Repayment Agreement if the repatriate is not Certified
      Mentally Incompetent or is not an unaccompanied minor. Service
      may not be provided unless this form is signed.
   4. Decline of service form
   5. Repatriate’s rights & obligations
   6. Sample repayment reminder letter
   7. Sample case closing letter

B. Documents for the providers of services (State or NGO):
   The following documents are enclosed to assist your agency in providing
   services to the repatriate and his/her family as well as submitting requests for
   reimbursement.
   1. Welcome Letter to States and NGO’s
   2. ISS Repatriation Staff Contact List
   3. Referral form for Repatriate from ISS-USA (sample)
   4. Insure least billing for repatriate prior to providing service letter
   5. Instruction Letter Reimbursement Request
   6. RR-04 - Non Emergency Monthly Financial Statement Form
   7. Waiver instruction and forms

If you have any questions, please don’t hesitate to contact me at (443) 451-1204
for anything related to reimbursements and for case management please contact
the Repatriation Program Manager Yalem Mulat at 443-451-1216

Sincerely,

Stephney Allen
Director of the U.S. Repatriation Program and Internal Operations
Dear Program Coordinator:

ISS-USA wants to encourage you to submit requests for reimbursements on a monthly no less than quarterly basis and want to explain the procedure and required documents necessary to ensure prompt reimbursement of your requests.

**Cover Letter and mail to:**

Stephney Allen  
Director of the U.S. Repatriation Program and Internal Operations  
22 Light Street, Suite 200  
Baltimore, MD 21202

1. **Cover Letter** should contain name and address, telephone number, and/or email of the contact person, who the check should be made payable to with mailing address if different from contact address, and the period of time this request covers. (See attached copy of the sample cover letter)

2. **Correctly Completed form, RR-04 Non Emergency Monthly Financial Statement Form** (current address of repatriate, period of time request covers, case notes, and detailed written explanation of all costs especially those associated with administrative hours in the reimbursement request) as applicable, supporting documentation, originals or copies of all receipts, signed cash disbursement acknowledgement forms, vouchers etc.

3. **Signed (U.S. Repatriation Program Privacy and Repayment Agreement Form) Form RR-05 or (Refusal of Temporary Assistance) Form RR-06 must be completed.**

The blank forms and documents can be found on our website, www.iss-usa.org Services—Repatriating U.S. Citizens—Repatriation Welcome Package and Forms.

These are available to you and you can download or print them on an as needed basis.

Please do not wait until the case is closed to submit your requests for reimbursement. The fiscal year for the Repatriation Program begins on October 1st of each year and ends on September 30th, of the following year. Example:

**FY 15 October 1, 2014 – September 30, 2015**  
**FY 16 October 1, 2015 – September 30, 2016**

These dates are extremely important to you as you submit requests for reimbursement because DHHS and ISS-USA operate within the fiscal
guidelines of our contract. At the end of each fiscal year, ISS-USA reconciles and reports expenses related to the program to DHHS. All funds not used must be returned. All reimbursement requests for any particular contract period not received at least 30 days after the end of a fiscal year may be in jeopardy of not being reimbursed.

Upon receipt of the above mentioned documents, ISS-USA will process and submit your request for reimbursement to the Department of Health and Human Services Office of Refugee Resettlement for review and approval.

ISS-USA encourages you to submit request for reimbursement on a monthly basis, but will accept quarterly request as well.

If you have any questions, please don’t hesitate to contact me at (443) 451-1204 or Esther Keinkede, Finance Coordinator at (443) 451-1221.

Sincerely,

Stephney Allen
Director of the U.S. Repatriation Program and Internal Operations

Revised on 5/20/2016 Instruction Letter Reimbursement Request
U. S. Repatriation Program

INSTRUCTIONS FOR SUBMITTING REQUEST FOR REIMBURSEMENT FOR REPATRIATION EXPENSES

ISS-USA handles these requests based on a cooperative agreement with the Department of Health and Human Services Office of Refugee Resettlement

Please adhere to the following guidelines for requesting reimbursement:

1. A cover letter on your organization’s letterhead with the name, telephone number, email address of the person ISS should contact with questions or concerns, and a summary of the expenses requested.

2. All agencies requesting reimbursements must submit:
   a. Form RR-04 (Non-Emergency Monthly Financial Statement Form) must be completed in its entirety for each repatriate
      i. Case Name
      ii. Last 4 of SSN
      iii. Case Number
      iv. Waiver or deferral recommendation
      v. Reason for repatriation
      vi. Composition
      vii. Report time period
      viii. Repatriate’s current address
      ix. Is case open or closed
      x. Type of claim
      xi. Expenditures
   b. Support for expenditures on form RR-04 (Non-Emergency Monthly Financial Statement)
      i. Copies of checks,
      ii. Original receipts,
      iii. Disbursement forms, etc.
      iv. Case notes for each repatriate (If multiple repatriates received services) during the time period expenses were incurred.
   c. Form RR-04 (Expenses for the period). Remember to check if you recommend a waiver or not and please state a reason.
   d. Privacy and Repayment Agreement Form RR-05 signed by the repatriate
   e. State Officials signatures and/or Authorized signers

Useful information:

Most destitute people will be: Section 1113
Mentally ill repatriates will be: Public law 86-571

Common reasons for case closure:

- Client is self-sufficient, no longer in need of services
- Repatriate has access to other sources of income or benefits
- The child is in foster care placement.
- Repatriate was admitted to a VA Hospital.
- The Repatriate dies upon arrival to the U.S.

Revised on 5/20/2016 Instructions for submitting reimbursement request for repatriation expenses.doc
Stephney Allen,
Director of The U.S. Repatriation Program and Internal Operations
22 Light Street, Suite 200
Baltimore, MD 21202

Dear Ms. Allen:

Please find enclosed documents: the signed U.S. Repatriation Program RR-05 Privacy and Repayment Agreement form and the RR-04 Non-Emergency Monthly Financial Statement form with case notes supporting administrative hours, copies of all receipts, signed cash disbursement acknowledgement forms and vouchers’ copies regarding the repatriation case # . The attached reimbursement request covers the dates: from to with (summary of the expenses) total amount of $ _________.

Please make the check payable to: name of the person or organization.

If you have any questions or concerns in regards to this request, please don’t hesitate to contact: the name, telephone number, email address, address.

Thank you for your prompt attention to this request,

Sincerely,

Signature
Company/Agency name:
Contact Person:
Address:
City, State, Zip

Revised on 5/20/2016

Cover letter for reimbursement, doc
DEPARTMENT OF HEALTH & HUMAN SERVICES  
Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR)  
U.S. REPATRIATION PROGRAM  
Non-Emergency Monthly Financial Statement Form  
330 C Street S.W., Washington D.C. 20201, Telephone: 202-601-9200  
(NOTE: Instructions are at the back of this form. Use additional pages where space on this form is insufficient or continue on reverse side)  

<table>
<thead>
<tr>
<th>(1) Case Name: List First, Last, middle initial</th>
<th>(2) Last 4 of the SSN</th>
<th>(3) Case Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
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<td>3.</td>
<td>4.</td>
<td>4.</td>
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<tr>
<th>(6) Composition: total number</th>
</tr>
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<tbody>
<tr>
<td>Adults:</td>
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<tr>
<td>Female:</td>
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<tr>
<th>(7) This report covers the following period: MM/DD/YYYY</th>
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<tr>
<td>From:</td>
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<tr>
<th>(8) Repatriate's Current Address:</th>
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<tr>
<th>(9) Is this case closed?</th>
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<tbody>
<tr>
<td>Yes</td>
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</table>

<table>
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<tr>
<th>(10) Check the type of claim</th>
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<tbody>
<tr>
<td>Initial</td>
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<table>
<thead>
<tr>
<th>(11) Expenditures: information should include actual costs, NO estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Assistance</td>
</tr>
<tr>
<td>Transportation</td>
</tr>
<tr>
<td>Hospital</td>
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<tr>
<td>Other Medical Facility</td>
</tr>
<tr>
<td>Children Services</td>
</tr>
<tr>
<td>Escort</td>
</tr>
<tr>
<td>Temporary Billeting/Shelter</td>
</tr>
</tbody>
</table>

(12) By signing this form the signatory acknowledges that he/she has requisite authority to certify and submit this form. In addition, by signing this form the signatory certifies that the above information is correct to the best of his/her knowledge and that payment for these expenditures has not been received or previously submitted. 

Agency Name  
Signature/Print of Agency Official  
Address-Telephone - e-mail - fax  
Date  

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 95-113). Public reporting burden for this collection of information is estimated to average 0.30 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Personal information provided on this form may only be disclosed for program purposes or under the conditions prescribe in 45 CFR 211.14 or 212.3. Title 18 of the United States Code 1001 states that an individual who knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title, imprisoned not more than 5 years...or both.
Administration for Children and Families (ACF)
Office of Refugee Resettlement (ORR)
330 C Street S.W., Washington D.C. 20201, Telephone: 202-401-9200

U.S. REPATRIATION PROGRAM
Non-Emergency Monthly Financial Statement Form

GENERAL INSTRUCTIONS

Purpose: A single form will be used by the state agency and/or authorized ORR providers to report expenditures and claim reimbursement for assistance furnished to individual repatriation cases referred by ORR or its grantee to the United States (U.S.) contingent to the provisions found under the Public Law 86-571 and/or Public Law 87-84, as amended, and policies issued thereunder. This form will be used for single cases unless or until the volume and nature of the cases assisted in any State is such that group reporting is indicated.

General: This form should be completed by designated state agencies and authorized ORR providers to request reimbursement of reasonable and allowable costs incurred as a result of the temporary assistance provided in the U.S. citizens and their dependents after their Department of State (DOS) repatriation from overseas. By completing this form the signatory confirms that identified expenditures have been made in accordance with 45 C.F.R. 211 and 45 C.F.R. 212, and procedures prescribed for the U.S. Repatriation Program (Program). Reimbursement is contingent upon availability of the U.S. Repatriation Program (Program) funds.

When to submit a claim: Claims are to be submitted monthly, by the end of the month and no later than 15 days after the close of the month. Signed form with supporting documentation should be sent to the designated ORR staff and/or grantee, with a transmittal letter (see below). If the claim cannot be submitted within the 15-day grace period, the state should notify ORR or designated grantee regarding claims expected to be submitted during the preceding month. This prompt notification of estimated costs is critical and necessary in order to ensure the claim will be considered when received.

Instructions for preparing this form: reimbursement is contingent upon proper and timely submission of a complete financial claim, which included necessary supporting documentation (e.g. copies of receipts, signed vouchers, and case management notes).

1. Enter the repatriates' information. One case may include a person or the members of a family.
2. Enter the last 4 digits of the Social Security Number per repatriate.
3. Case number: use the case number listed on the initial referral
4. Check whether you recommend a repatriation waiver and/or deferral of the loan amount. If you check yes, ORR and/or designee will notify the repatriate and initiate the internal waiver/deferral investigative process.
5. Check the reason for repatriation. This information is provided within the referral. You can check one or more.
6. Indicate the composition of this case by entering the total number of adults and minors included in this form. In addition, indicate how many repatriates are female vs. males.
7. Indicate the period in which the state is claiming a cost.
8. Provide the most updated repatriates' contact information, including the address, telephone, and e-mail, if available.
9. Case close: enter "Y" for yes or "N" for No. Once a repatriate has their immediate needs met, the case should be closed. Prompt notification of closure should be provided in writing (e.g. via e-mail) to ORR or its
designated agency. You should not wait until this form is completed to notify ORR or its designated agency that a case has been closed.

10. Type of claim: check the box that correlates with the type of claim submitted per case
   i. Initial Claim: if this is the first claim submitted by the agency on this case
   ii. Interim Claim: if the agency has submitted a previous claim on this case and expects to submit further claims.
   iii. Final Claim: if this is the last claim the agency will submit on this case.
   iv. Cancellation and refunds: if any item claimed as an expenditure in a previous month is later cancelled, voided, or refunded (e.g. not needed or changed in amount), it must be reported as a minus (-) expenditure and deducted from the claim. Provide a brief explanation, including reference to the period indicated on the related claim previously paid. Under certain circumstances, the agency may need to repay or reimburse ORR for the funds previously disbursed, canceled, or refunded. Instructions will be provided by authorized ORR if there is a need for reimbursement.

11. Expenditures include total amount on temporary assistance and administrative costs per category. Claimed expenditures should be on an as-paid basis (e.g., checks issued) during the reporting period. All expenses should be reasonable, allowable, and allocable. Reimbursement is contingent upon available resources.

Temporary assistance is defined by 42 U.S.C. 1313 as money payments, medical care, temporary shelter, transportation, and other goods and services necessary for the health or welfare of individuals (including guidance, counseling, and other welfare services), furnished to U.S. citizens and their dependents for up to 90 days. Guidance has been provided regarding temporary assistance and how and when to provide these temporary services. For more information regarding temporary assistance, please look at available repatriation program manuals and guidelines or contact ORR or its designated agency. Below, please find information regarding potential expenditures:

a. Transportation: most cost efficient expense directly associated to in-state repatriates' necessary travel. For instance from port of entry (POE) to resettlement place (e.g. shelter). Supporting documentation must be attached (e.g. signed voucher for bus ticket, taxi receipt).

b. Hospital: Hospital bills may be reimbursed for services provided to eligible repatriates, when not covered by other means. If other means are available but do not covered 100% of the bill, generally the Program will not pay for the uncovered expenses. For covered expenses, the Program will follow the Medicaid and/or Medicare process and rates.

c. Nursing Home or other authorized facility (e.g. Assisted Living Facility): amount paid for the care of eligible repatriates. Specify daily or monthly rate, whichever is applicable. Also follow description provided under “Hospital.”

d. Other Medical: most cost efficient expense associated to medical costs not covered under bullets letter c and d. It may include prescribed medications. Supporting documentation, such as a copy of the paid medical receipt is required.

e. Children services: expenses associated to the care of minors. Not including minors who have been under the care of Child Protective Services.

f. Escort services: This service must be pre-approved by authorized ORR staff.
g. **Cash**: use TANF rates for the amount to be disbursed to a repatriate. Agencies are to evaluate the repatriates' needs for cash prior to issuing the check. In addition, costs associated to other expenses (e.g. transportation, temporary shelter, clothes) may be deducted from designated cash amount. Signed vouchers and/or copies of the paid check can serve as supporting documentation.

h. **Temporary Billings/Shelter**: cost for temporary and reasonable shelter accommodation, whenever public shelters and/or other housing assistance programs are not available to the repatriates.

i. **Vocational training**: cost efficient expense used to assist the repatriate obtains certain job minimum required skill (e.g. GED). It does not cover long term education or college (including technical school) degrees. It is pre-approved by ORR.

j. **Food**: expenses associated to repatriate's temporary food supply.

k. **Other**: temporary assistance expense not listed above. Specify and provide supporting documentation.

l. **Administrative**: staff expenses directly associated to the provision of temporary services to eligible repatriates. Supporting statements (e.g. case workers' notes) and actual bills or receipts (e.g. parking receipt, taxi) must accompany the claim. Training and/or tips are not considered administrative costs.

12. Enter the name of the agency that will be receiving reimbursement from ORR. Provide reliable contact information for the person with authority to submit this claim on behalf of the agency. The signatory has the authority to certify that the state and/or service provider accepts responsibility for the correctness of the claim even though the expenditures were actually incurred by a different jurisdiction including a local jurisdiction of the state.

**Document maintenance**: case records, fiscal record supporting expenditures, including vendor bills invoices, vouchers, receipts, and cleared checks will be maintained by the agency and identified for audit purposes.
U.S. REPATRIATION PROGRAM
PRIVACY AND REPAYMENT AGREEMENT FORM

☐ Check this box if you are completing and signing this form on behalf of the repatriate. Please know that the repatriate must sign this form unless he is a minor or an adult with a physical or mental condition that prevents him/her from signing this form. You must be an authorized representative in order to sign on behalf of the repatriate. Print the below information if you are signing on behalf of the repatriate:

Representative Name: ___________________________ Relationship: ___________________________ Phone: ___________________________

Note: Furnishing the information on this form, including but not limited to the social security number, is voluntary. However, if you fail to provide the requested information, you may be found ineligible for repatriation assistance.

PRIVACY ACT STATEMENT

I, ___________________________, authorize the Department of Health and Human Services (HHS), U.S. Repatriation Program (Program), to collect and have access to my protected health information (PHI) and to disclose my PHI to other Federal, State or private organizations, if necessary to enable the HHS to carry out its responsibilities under 42 U.S.C. 1313 and 24 U.S.C. Sections 321 through 329, or to enable another Federal agency to carry out any functions related to my return from a foreign country and entry into the United States, or as otherwise expressly authorized by appropriate HHS staff.

ACCEPTANCE OF REPATRIATION SERVICES AND REPAYMENT AGREEMENT

I understand that all financial, medical, transportation and other temporary assistance provided to me through the Program must be repaid, unless a waiver is granted by authorized HHS officer. I understand that I will be billed by the HHS directly or through its designee for the cost of this aid, and I agree to repay this amount in full. Repayment in full or my first installment payment is due 30 days after billing. If I pay by installment, or am delinquent in repayment, interest at the current rate fixed by the U.S. Secretary of Treasury for private consumer loans will accrue on the unpaid portion. Until I repay in full the aid received, I agree to report all changes in my address to HHS at 330 C Street S.W., Washington D.C. 20201, or 202-401-9246. Attention: U.S. Repatriation Program.

Repatriate’s Name (print) ___________________________ First/MI ___________________________

Address: ___________________________ Street ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

Repatriate Social Security Number: ___________________________ Phone Number: ___________________________

I understand and agree to all terms and conditions of the Privacy Act Statement and the Repayment Agreement, and certify that the information provided above is correct. All payments must be sent to HHS/PSC: U.S. Repatriation Program, Attention: Repatriation Collections Office, 12501 Ardenmore Avenue, Suite 100, Rockville, MD 20857. Tel: (301) 443-9250.

Signature: ___________________________ Date: ___________________________

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Title 18 of the United States Code 1341 states that an individual who “knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title, imprisoned not more than 5 years...or both”.

Form RR - 05
DEPARTMENT OF HEALTH & HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
330 C Street S.W., Washington D.C. 20201, Telephone: 202-401-9200

U.S. REPATRIATION PROGRAM
REFUSAL OF TEMPORARY ASSISTANCE FORM

Instruction for intake person or service provider: before distributing this form please verify that the signatory level of literacy and language skills is sufficient to allow comprehension of this form contents. In addition, minors should not be asked to complete this form. Instead, the minor's representative (parent, guardian, or legal representative) may ordinarily sign on his/her behalf. Persons with mental and physical conditions that may impede their understanding and/or completion of this form should not be required to sign it. Representative (spouse, guardian, and/or legal representative) may ordinarily sign on his/her behalf.

Introduction: The U.S. Repatriation Program provides temporary assistance to U.S. citizens and their dependents who are identified by the Department of State as having returned, or been brought, from a foreign country to the United States because of destitution, illness, war, threat of war, invasion, or similar crisis; and because they are without resources immediately accessible to meet their needs. The full cost for the temporary services provided, must ordinarily be repaid to the U.S. Government unless a waiver has been applied for and approved.

You have been provided with information regarding this U.S. Repatriation Program and have chosen NOT to receive assistance from this Program in connection with your return from _____________________________.

Country

TO BE COMPLETED BY THE REPATRIATE OR AUTHORIZED REPRESENTATIVE

I understand the information that has been provided to me, verbally and in writing, and decline assistance offered by the U.S. Repatriation Program. Please supply the below information and check off the box indicating whether you are the authorized representative or repatriate.

Repatriate [ ] Authorized Representative [ ]

Type Name: ________________________________ DOB ________________________________

Signature: ________________________________ Date ________________________________

Witness by ________________________________ Case worker or intake staff signature ________________________________ Date ________________________________

Intake person notes:

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Personal information provided on this form may only be disclosed for program purposes or under the conditions prescribed in 45 CFR 211.14 or 212.3.

Form RR - 06
International Social Service-USA Branch
22 Light Street, Suite 200, Baltimore, MD 21202
Phone: 443-451-1200 Fax: 443-451-1220
www.issusa.org iss-usa@issusa.org

U.S. REPATRIATION PROGRAM
Debt Waiver and Deferral
ISS-USA internal General Process

A waiver and/or deferral of repayment must be requested in writing by the repatriate or repatriate’s representative.
Repatriates should submit their requests within 30 days upon receipt of a demand for payment letter from Program Support Center (PSC). (ISS-USA will follow the Debt Waiver processing procedure).

- Requests for waiver and deferrals should be sent to ISS-USA Waiver Department by mail or e-mail at:
  22 Light Street, Suite 200, Baltimore, MD 21202, e-mail: iss-usa@issusa.org

- Requests should include the following information: A clear statement advising that they are requesting a waiver or deferral. Such statement should also include a detailed explanation of the reason(s) why they cannot pay the Federal Government. This written request should indicate the repatriate’s full name, DOB, last 4 digits of social security number, date repatriated, country repatriated from, state of final, and other information considered relevant to the case.

- Upon receipt of the completed Repatriation Loan Waiver and Deferral Request Form (Form RR-03), ISS-USA will immediately reply with an acknowledgment letter outlining the items and information/forms necessary to complete the waiver process. Included within the acknowledgment letter is a Repatriation Loan Waiver and Deferral Request Form (Form RR-03) which should be completed and returned to ISS-USA within the specified time. These forms are located on our website: www.issusa.org. Debtors can complete these forms and send them with their request.

- Upon receipt of a waiver or deferral request, ISS-USA will notify PSC within thirty (36) hours, requesting to place the debtors collection account on hold until the authorized Repatriation Staff within the Department of Health and Human Services (HHS), makes a decision regarding the debt. Please be advised once a delinquent debt is referred to the Treasury Department, collected amount may not be reimbursed.

- ISS performs a thorough revision of the information provided by the debtor and performs, whenever necessary, further investigation of the information provided to ensure accuracy. Upon completion of the review, ISS-USA creates an internal memo which is sent to appropriate HHS staff containing recommendations based on findings.

- The HHS authorized staff reviews the information submitted and, if necessary, requests supplemental supportive information in order to make final decision. Once the decision is made, HHS authorized staff sends a written decision memo to the ISS-USA.

- Upon receipt of the HHS decision, ISS-USA sends a decision letter to the debtor with a copy to PSC. If the request is denied, the repatriate is requested to make payments or arrangements with PSC. For approvals: (1) If the person is granted a waiver, all collection of the loan ceases, the uncollected amount is waived. (2) If the person is granted a deferral, collection and interest charges stop for the period the person is granted the waiver. Immediately upon completion of the deferral period, collection begins and interest starts to be incurred. Debtor is given 30 days to pay off the loan.

- For approved deferrals, ISS-USA will send a reminder letter to the debtor thirty (30) days prior to the end of the deferral notifying the end of the deferral. At the end of the deferral period, PSC will send a demand letter to the repatriate requesting payment of the loan. Debtors can request timely extensions of the deferral. Same investigation process is performed with new supportive information.

- Repatriates information are maintained within ISS-USA secured filing system.

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1 Repatriates must submit a notarized statement advising on the name and address of the person they have authorized to submit a request on their behalf. If repatriate is unable to sign, the representative should submit a notarized statement advising on the repatriate’s situation.
DEPARTMENT OF HEALTH & HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
330 C Street S.W., Washington D.C. 20201
Telephone: 202-401-9245

U.S. REPATRIATION PROGRAM
Repatriation Loan Waiver and Deferral Request Form
(Notice: Use additional pages where space on this form is insufficient or continue on reverse side of page)

Instruction and Information: This form is to be completed by individuals who have received temporary assistance through the United States (U.S.) Department of Health and Human Services (HHS) Repatriation Program, and want to request a waiver or deferral of their repatriation loan. In addition, this form can be completed by:

- Adults applying on behalf of themselves and dependents;
- Adult representative of a minor child (parent, guardian, or legal representative);
- Adult representative of a mentally or physically impair adult.

The U.S. Repatriation Program may perform an investigation and at its discretion to determine whether to waive the whole or any portion of a repatriation loan. In addition, it may grant a deferral instead of a waiver if it is determined that the prospects of future collection are promising enough to justify periodic review of the debt. Eligibility determinations are made by Office of Refugee Resettlement in accordance to 45 CFR 211.13 and 212.7.

This form must be submitted to the U.S. Repatriation Program at the above listed address. Application must contain necessary supporting documentation. For more information or to obtain an electronic copy of this form, please visit the U.S. Repatriation Program website at http://www.acf.hhs.gov/programs/orr/programs/repatriation.

DO NOT complete this form if you are looking for a payment plan. For inquiries related to your loan collection and payment plan, please contact the HHS Program Support Center at Division of Financial Operations, Program Support Center, 12501 Ardenwod Ave, Suite 200, Rockville, MD 20857. Telephone: 301-443-4845.

Authority for the solicitation of the requested information is one or more of the following: 24 U.S.C. §§ 321-329 and 42 USC 1313; 45 CFR Parts 211 and/or 212. Use additional sheets, with your name listed on the left hand corner, where space on this form is insufficient. The principal purpose for gathering this information is to evaluate and substantiate your capacity to repay your U.S. Repatriation Loan. Disclosure of information requested on this form, including but not limited to the social security number, is voluntary. If the requested information is not furnished, the Government will pursue immediate and full payment of your repatriation loan.

Please contact ACF immediately if there are any changes to the information provided on this form.

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Personal information provided on this form may only be disclosed for program purposes or under the conditions prescribe in 45 CFR 211.14 or 212.9.
PART I: REPATRIATE INFORMATION

1. I am requesting (select one) Waiver [ ] Deferral [ ]

   1. Name (Repatriate)
   2. Birth Date (DD/MM/YYYY)

   3. Home Address (Street-City-State-Zip) This address is [ ] Permanent [ ] Temporary?

   4. Phona-email:

   5. Name of Spouse/Legal Guardian (give address if different from yours)

   6. Date of Birth (DD/MM/YYYY)

2. Number of individuals included in this application: ______ Complete the below table for each waiver/deferral applicant

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>DOB (DD/MM/YYYY)</th>
<th>Social Security Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Self</td>
</tr>
<tr>
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</tbody>
</table>

PART II: PUBLIC ASSISTANCE

Complete the below table if you are receiving and/or are expecting to receive public assistance. Provide documentation whenever applicable (e.g. copy of SSI eligibility letter).

<table>
<thead>
<tr>
<th>Applicant’s name</th>
<th>Type of assistance applied for (E.g. TANF, SSI, Medicaid, Section 8)</th>
<th>Date application was submitted</th>
<th>Application Status: Pending, Approved, denied, other</th>
<th>Date application was accepted</th>
<th>Amount receiving or expecting to receive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART III: REPATRIATE EMPLOYMENT AND INCOME INFORMATION

1. Are you able to work? [ ] YES: complete below information [ ] NO: If your answer is no, please provide a written explanation or documentation whenever applicable (e.g. doctor’s note, SSI eligibility letter)

   Occupation

   Present Employer’s Name

   Address

   How Long in Present Employment?

   Phone No

2. Legal guardian employment information: complete this section if filing on behalf of a minor or mentally/physically impaired adult
3. **Household Monthly Income**: complete the below table and include the total amounts per household. Provide documentation whenever applicable (e.g. paystubs).

<table>
<thead>
<tr>
<th>Name</th>
<th>Salary or Wages $</th>
<th>Income received from or for the dependent (e.g. child support, SSI) ($)</th>
<th>Other income (e.g. rent) $</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

4. **Assets**: List all assets and total amount per asset owned by the individual(s) requesting this waiver/deferred both in the U.S. and overseas.

<table>
<thead>
<tr>
<th>Assets</th>
<th>Total amount ($)</th>
<th>Year received or expected to receive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal property in excess of $1,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All transfers and/or sales (e.g. gift, loan) made within the last 3 years from which you made a profit of $1,500 or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: please specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: please specify</td>
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<td></td>
</tr>
</tbody>
</table>

**PART V: FIXED MONTHLY EXPENSES AND LIABILITIES:**
Complete below information if you are paying out of pocket and no assistance is received to cover these costs. For instance, you should not include your medical bills if they are covered by your medical coverage. However, the amount that you are responsible for should be included. Example, medical bill is $2,000 and you are responsible for 10% of the bill, the amount you will list is $200.

<table>
<thead>
<tr>
<th>Expenses and Liabilities</th>
<th>Monthly payment</th>
<th>Total amount currently owed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent</td>
<td></td>
<td></td>
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<tr>
<td>Mortgage: If different from rent</td>
<td></td>
<td></td>
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<tr>
<td>Utilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitals/Doctors/prescription</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lawyer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART X: GENERAL QUESTIONS

1. Answer each question by checking the Yes or No selection. For every question marked “Yes” you must provide an explanation in the below space provided.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you a party of any pending lawsuit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you have any claims from which you expect to receive any income or resources? Claims against any individual, trust or state, partnership, corporation, or government?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you have any claims against any individual, trust, partnerships, corporations, or government?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are you a trustee, executor, or administrator of any estate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is there anybody holding money on your behalf?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Will you receive or inherit any financial assets within the next two years?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do you receive or expect to receive benefits from any established trust, claim for compensation or damages, contingent on future interest in property of any kind?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you receive or expect to receive federal, state, or local cash refund?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Below, provide an explanation to all YES answers to Part X question #1. Use additional pages, as needed.

Title 16 of the United States Code 1001 states that an individual who “knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title, imprisoned not more than 5 years... or both”

Applicant Signature: ______________________ Date: ____________________

Signature: Repatriate should sign this form unless he/she is a minor or an adult with a mental or physical condition medically prevents them from signing this form.
APPENDIX P: REPATRIATION CASEWORKER RESPONSIBILITIES

Repatriation Case Manager

Job Description: Provide oversight and management of temporary assistance to U.S. citizens and their dependents who have been determined by the Department of State as having returned, or having being brought, from a foreign country, to the U.S. because of destitution, illness, war, threat of war, or a similar crisis and who are without available resources.

The local service provider(s) will provide the following services pertaining to citizens being repatriated:

- Provide temporary assistance for up to 90 days, which may include cash payment, medical care, ambulance, wheelchair, overnight accommodations, transportation, housing, clothing, food and other goods and services necessary for the health and welfare of the repatriate/evacuee.
- Provide oversight and management of the assessment of services made available to repatriates.
- Develop, oversee, and prepare repatriation financial expenditure and reimbursements.
- Analyze cables forwarded from International Social Service by State Repatriation Coordinator to establish open line of communication between International Social Service and the Georgia Department of Human Resources.
- Meet and greet repatriate at the Airport.
- Obtain repatriate signature on appropriate documents (e.g. repayment agreement or decline of service).
- Provide financial assistance and social services.
- Inform repatriate of repayment obligation after services are rendered
- Maintain follow-up contact information such as correct address and phone numbers.
- Assist repatriate with timely processing and application of available services, such as Medicaid, Medicare, SSI, TANF (equivalent for the loan). Food Stamps, housing, job training, etc.
- Provide periodic reports and/or case updates to State Repatriation Coordinator and/or its grantee.
- Submit all requests for financial reimbursement to State Repatriation Coordinator.

Core Competencies
- Excellent oral, written, presentation and interpersonal communication skills.
- Excellent organizational skills and an ability to effectively manage multiple and competing tasks in accordance with an established timeline.
- Ability to work independently with limited supervision.
- Ability to work in a very fast-paced, stressful environment while effectively
and accurately managing multiple projects simultaneously under tight deadlines

- Strong analytical and deductive reasoning skills.
- Reviews and processes incoming and outgoing request from U.S. DOS, International Social Services, and the Department of Human Services State Repatriation Coordinator.
- Provides consultation, guidance, and assistance to repatriates concerning temporary assistance and program related activities.
- Fosters and promotes communicates to the State Repatriation Coordinator
- Ability to demonstrate effective active listening and critical thinking while processing repatriates.
- Strong proficiency in the use of Microsoft Office Suite and/or standard software applications typically used in a corporate office environment.

**Special Conditions for Unaccompanied Minors**

Child Protective Services providers will adhere to all child welfare procedures pertaining to providing services to unaccompanied minors. CPS providers are responsible for the following:

- Meet and greet repatriate at the airport.
- Provide clients with information about the program and services available at the state and local level.
- Obtain repatriate signature on appropriate documents (e.g. repayment agreement or decline of service). Arrange for transportation from the airport to the final destination.
- Provide assistance finding a shelter or permanent housing. Child Protective Services will determine with a home study/safety check if the parent or relative’s home is safe for placement.
- Provide repatriates with temporary assistance as authorized under program regulations.
- Inform repatriate of repayment obligation after services are rendered.
- Maintain follow up contact information such as correct address and phone numbers.
- Provide financial assistance and social services.
- Provide periodic reports and/or case updates to State Repatriation Coordinator and/or its grantee.
- Submit all requests for financial reimbursement to State Repatriation Coordinator.
Special Conditions for Elderly Persons and Adults with Disabilities

Adult Protective Services providers will adhere to all Adult Protective Service procedures pertaining to providing services to elderly persons and adults with disabilities. APS staff are responsible for the following:

- Make all pre-arrival arrangements concerning repatriates from ISS- USA.
- Review all medical, financial, and background information pertaining to repatriates.
- Perform a family search to provide notification of legal guardian, or in the absence of such guardian, spouse or next of kin.
- Work with other appropriate social service agencies to meet and greet repatriate at the airport.
- Provide repatriates with information about the program and services available at the state and local level.
- Provide assistance with other social services agencies finding medical care/psychiatric care if needed.
- Arrange for transportation (by ambulance, van, car, or Taxi) to hospital if Port-of-Entry is not final destination ensuring the repatriate is taken safely for placement in a shelter, hospital or nursing home.
- Maintain follow up contact information such as correct address and phone numbers.