U.S. REPATRIATION PROGRAM TRAINING
Mentally Ill, Medical, and the Elderly

Bringing U.S. Citizen’s Back Home.
The U.S. Repatriation Program Overview, Legal authorities and Goals
Webinar agenda:

- Welcome Remarks (Housekeeping)
- Legal authorities & Regulations
- Temporary assistance
- The state’s responsibility
- Core services
- Q & A Session
- Closing Remarks
TODAY YOU WILL:

1. Learn about legal authorities and regulations
2. Learn how to implement services for mental and medical cases
THE ISS-USA REPATRIATION TEAM

Julie Rosicky, Executive Director

Stephney Allen, Director of U.S. Repatriation Program & Internal Operations

Yalem Mulat, Repatriation Program Manager

Esther Keinkede, Finance Coordinator

Patricia Penn, Case Manager

Rachel Bruton, Case Manager

Selwyn Toa, Case Manager

Abigail Ayele, Operations Assistant

Nicole Johnson, Repatriation Database Coordinator

Amanda Reed, Repatriation Assistant
THE U.S. REPATRIATION PROGRAM:

- The program is a repayable loan to the U.S. Government, not an entitlement.
- Temporary assistance provided for up to 90-days.
- Repatriates can request extensions and waivers/deferrals.
- And Program budget is capped at $1M. annually
- During emergencies Congress may increase the cap.

* From the HHS, ACF website
Agencies working in the Repatriation Program in

SUCCESSFUL PARTNERSHIP
LEGAL AUTHORITIES:

**Statute:** The Program is authorized under the Social Security Act, Section 1313 (42 U.S.C. 1313) Title 42, Chapter 7, Subchapter XI, Part A, Assistance for United States Citizens Returned From Foreign Countries*.  

**Regulation:** Title 45, Chapter II, Part 211 and 212 of the Code of Federal Regulations sets forth the rules which govern reception, provision of temporary services, temporary assistance and related services, and transportation to final destination for U.S. citizens and their dependents returned from foreign countries. It also contains the rules for repayment to the United States and other general rules such as confidentiality and nondiscrimination rights*.  
* From the HHS, ACF website
THE REPATRIATION PROGRAM ACTIVITIES ARE BASED ON THE FOLLOWING REGULATIONS:

**General:** 42 USC Sec.1313, Title 42, Chapter 7, Subchapter XI, Part A, Assistance for United States Citizens Returned From Foreign Countries

**Individual Activity,** 45 CFR 212, Assistance for United States Citizens Returned from Foreign Countries

Public Law 86-571, 24 USC Sec 321-329, Title 24, Chapter 9 – Hospitalization of Mentally Ill Nationals Returned from Foreign Countries.

**Mentally Ill Activity,** 45 CFR 211, Care and Treatment of Mentally Ill Nationals of the United States, Returned from Foreign Countries
ROLE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES:

- HHS is the lead Federal agency within the U.S. for all Repatriation Activities*.
- Management, coordination and execution of Program regulations, provision of temporary services to eligible repatriates upon their arrival to the Continental United States (CONUSA) from overseas during both emergencies and non-emergency evacuations*.
- This responsibility was delegated by the HHS Secretary to the Administration for Children and Families (ACF) and later re-delegated to U.S. Office of Refugee Resettlement (ORR) within ACF.*
MENTALLY ILL: 45 CFR 211

2. Certificates
3. Notification to legal guardian, spouse, next of kin, or interested persons
4. Action under State law; appointment of guardian
5. Reception; temporary care, treatment, and assistance
6. Transfer and release of eligible person
7. Continuing hospitalization
8. Examination and reexamination
10. Request for release from hospitalization.
12. Financial responsibility of the eligible person; collections, compromise, or waiver of payment.
U.S. CITIZENS HAVE THE CONSTITUTIONAL RIGHT TO RELOCATE TO ANY DESTINATION OF THEIR CHOICE

50 states and US territories
WHAT IS TEMPORARY ASSISTANCE?

“Temporary Assistance is defined as cash payment, medical care (including guidance, counseling, and other welfare services), furnished to them within the U.S. upon their arrival to the U.S. and for such period after their arrival, not exceeding 90 days as may be provided in Program regulations.*

* 42 USC Sec.1313, Title 42, Chapter 7, Subchapter XI, Part A, (C)
WHO IS ELIGIBLE?

- Individuals identified by the Department of State as having returned, or been brought, from a foreign country to the United States because of the destitution of the citizen of the United States or the illness of such citizen or any of his dependents or because of war, threat of war, invasion, or similar crisis, and;

- Are without available resources.*

*42 USC Sec.1313, Title 42, Chapter 7, Subchapter XI, Part A, 1
HOW IS ELIGIBILITY DETERMINED?

- Overseas by DOS
- Within the CONUSA by HHS
  - ISS-USA
  - States
TODAY’S PROFILE OF REPATRIATES:

- **Financial issues** (destitution)
- **Medical issues** (Medical tourism, chronically ill)
- **Psychiatric issues** (Schizophrenia, bipolar)
- **Family Crisis** (Internet dating, divorce, break-up)
- **Victim of crime** (Domestic violence, assault)
- **Arrest** (criminals serving sentence overseas)
- **War, civil unrest, natural disaster**
- **Unaccompanied minors**
- **Other** (Deportation)
The Repatriation program helps the most vulnerable American Citizens who have no one else to turn... A large percentage of returning Americans in this program are children!!!
WHY THIS REPATRIATE WAS REFERRED TO OUR STATE?

- Repatriate will be deported to the closes port of entry (POE)
- It was requested by the repatriate
- Repatriate was born in the state
- Minor has relatives in the state
- Parent’s of the minor are resident’s of that state
- Repatriate used to live in your state (last residency)
- No logical reason at all
NON-EMERGENCY REFERRALS:

**DOS**
- Embassy
  - Washington DC

**ISS-USA**
- Assesses the case and sends to ORR

**ORR**
- Approves or denies the case

**State or CBO**
- Receives the referral
  - Provides Direct services
UNCLASSIFIED

MIN: JERUSALEM
Date/Time: 30 January 2012
From: AMBASSADOR JERUSALEM
To: RETIREMENT/DEACCOMPANY

TAG: SENSITIVE
From: AC/OS/AC/USA
Subject: REPATRIATION OF Jane Smith

1. Name/DOB: Jane Smith, 1 March 1980, Texas
2. FPIE: MD 7578670000
3. Source of Funds: District
4. Prior Post Action: Reassignment
5. Privacy Act Waiver: Subject was unable to sign a PA due mental incompetence. See Certificate of Mental Incompetence
6. Total Arrears Required:
7. Desire to Return to USA: Yes
8. DHS Assistance/DEAC accompanies request in meeting Mr. Jones at JFK Airport in New York. The psychiatric hospital that is currently treating her is willing to send a psychiatric escort to the POE in New York. She will meet an escort from New York to fly to Miami. She will be hospitalized upon arrival in Miami and has no health insurance
10. Last Residence in U.S.: Unknown
11. Final Destination: Austin, Texas
13. Reason for Repatriation: Subject had a psychotic episode and was incoherently committed to a psychiatric hospital in Israeli authorities. The subject is in good health until July 2012
14. Diagnosis: Psychotic episode
15. Treatment Location: Hadar Hospital, Jerusalem
16. Attending Physician: Dr. Hillel
17. Date Able to Travel: January 6, 2012
18. Hospitalization Required: Possibly, will need diagnosis in Texas
19. Medical Records: Medical records will be provided
20. Medical Escort: Subject will be accompanied by a medical escort
21. Expect to Final Destination: No, only to New York. Will meet escort in Texas
22. Special Requirements: Not yet known
23. Remarks: According to Dr. Kellerman, Mr. Jones arrived in Israel on 1 December 2011. She was admitted to the Psychiatric Ward on 3 December 2011. She is in an acute psychotic state, violent and suicidal. She is most likely due to her use of drugs and alcohol. She suffers from depression and paranoia. She has a history of suicide ideation and attempts. She is currently on a plane. She refused to take her medicine to the past
24. Status: Subject is allowed to travel to the USA with a medical escort

Privacy: This email is UNCLASSIFIED
CERTIFICATE OF MENTAL INCOMPETENCE

ABC Hospital
Plaza Central
Buenos Aires, Argentina

CERTIFICATE OF MENTAL INCOMPETENCE

1. TRATING PHYSICIAN: Dr. Juan Alvarez, Chief of Psychiatry, ABC Hospital, Buenos Aires, Argentina. Tel: 314 897-8258.


3. DIAGNOSIS: The patient is a mental incompetent and a minor person. He is afflicted with a mental illness that has been diagnosed by the treating physician.

4. PROGNOSIS: The patient is not expected to recover and is incapable of independent living. He requires a skilled custodian.

5. MEDICATIONS: IMIPOZINE 25 mg. tablet. 1 tablet every 12 hours.

6. LOCATION: ABC Hospital, Plaza Central, Buenos Aires, Argentina.

7. CARE REQUIRED: The patient requires full care and treatment in a mental health facility.

8. PHYSICIAN'S SIGNATURE: [Signature]

This certificate has been prepared in compliance with the requirements of the Mental Health Code.

[Seal]

[Vehicle Number of State of Florida]

[United States of America]

[Date: October 3, 1989]
**Participant Profile**

**Name:** John Doe  
**Address:**  
**City:** N/A  
**State:** N/A  
**Zip:** N/A  
**Home Phone:** N/A  
**SSN:** 123-45-6789  
**Case Number:** 12345

**Demographic Information**

- **Gender:** Male  
- **Marital Status:** Single  
- **Race:** N/A  
- **DOB:** 02/17/1960  
- **Age:** 50  
- **Ethnic Source:** African American  
- **Funding Source:** N/A  
- **Assigned Staff:** N/A

**Other Contact Information**

- **Work Phone:** N/A  
- **Work Phone Ext.:** N/A  
- **Cell Phone:** N/A  
- **Email:** N/A

**Current Demographics**

- **Hispanic or Latino:** No  
- **Passport Number:** 123456789  
- **Date Passport issued:** 02/17/2000  
- **US Citizen:** Yes  
- **Country of Birth:** United States  
- **Date of Birth:** 02/17/1960  
- **Relationship to US Citizen:** Father  
- **Country of Citizenship:** United States  
- **Place of Birth:** Orlando, FL, USA

**Family Members**

<table>
<thead>
<tr>
<th>Family Members Name</th>
<th>Family Name</th>
<th>Family Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jimmy Doe</td>
<td>Reporter's Family</td>
<td>Child</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>Reporter's Family</td>
<td>Mother/Wife</td>
</tr>
</tbody>
</table>

January 25, 2015
Date XXXX, 2018

Facility Address:
Attention: Facility Contact
City, State Zip
RE: Registration XXXXXXX, ISS Case# XXXXXX

Dear Mr./Ms.,

Thank you for accepting and providing medical services to Mr. XXXXXX, an eligible repatriated American citizen in need of care.

The U.S. Repatriation Program (Program) was established by Title XI, Section 1113 of the Social Security Act 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 United States (U.S.) because of destitution, illness, war, threat of war, or a similar cause. Temporary assistance is provided to eligible repatriated individuals, for up to 90 days, in the form of a loan repayable to the Federal Government (45 CFR 211.2). Temporary assistance may be provided beyond the 90 day eligibility period at the discretion by Department of Health and Human Services (HHS) staff if the repatriate is found to be hardship in attaining self-support or self-care for such reasons as age, disability or lack of vocational preparation. This extension can be provided for up to three additional months.

International Social Service USA (ISS-USA), operates under a cooperative agreement with the Department of Health and Human Services Office of Refugee Resettlement to complete a range of case management and administrative tasks in performance of the Repatriation contract.

Please be advised The U.S. Repatriation Program is the payer of last resort for medical expenses. ISS-USA, will reimburse reasonable, allowable and allocable expenses that are not covered by other source, such as an insurance provider, Medicaids, etc. In accordance with the U.S. Repatriation Program, Administration and Fiscal Procedures Policy (U.S. Repatriation Program Action: Transmittal 89-1), medical care and hospital care will be paid in accordance with the State agency’s fee schedule or in the absence thereof, the average payment rate for other third party groups such as Blue Cross, Blue Shield and insurance carriers. Therefore, if Mr. XXXXXXX is not eligible for medical coverage, (e.g., Medicaid) the Repatriation Program will cover those costs that are allowable, reasonable, and allocable for up to 90 days.

Please submit invoices which reflect either the State agency’s fee (e.g., Medicaid) or the average payment rate for other third party groups such as Blue Cross, Blue Shield or insurance carriers to:

23 Light Street
Suite 200
Baltimore, Maryland 21202
Attention: Stephanie Allen

Phone: (443) 451-1204
Fax: (443) 451-1204
Email: SSAllen@issusa.org

Thank you very much for your cooperation. We look forward to hearing from you soon.

With best regards,

Stephanie Allen
Director of U.S. Repatriation Program and Internal Operations
SAFETY AND MENTAL COMPETENCY:

- If the repatriate signs a decline of service form, upon arrival at POE or at his/hers final destination. No services can be provided beyond this day.

- If the repatriate is deemed mentally insane overseas a team of mental health providers should once again examine whether the repatriate is mentally competent to make decisions. Follow your local procedure.

- People can change their minds, if they need assistance they can reapply to the program anytime during the eligibility period.
Personal Safety and aggressive repatriates:

- If repatriate exhibits aggressive behavior, follow your State’s established procedures for the situation.
- Notify the local police or call 911 for backup and assistance.
- If repatriate is taken into custody by the police, he/she would be released when no longer considered a threat to himself/herself or others.
Case management hours

Administration and case management costs are reimbursable to the local provider by HHS/ORR.

1. Local provider personnel costs claimed to the Repatriation Program must be directly attributable to a specific repatriation case.

2. Keep honest track of your time during case planning, follow up, and closing. Notes are carefully reviewed to ensure that claimed time is reasonable.

3. Time spent on the program must be properly recorded, along with a detailed description of the activities performed.
## Sample time log

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Time From to</th>
<th>Total Minutes</th>
<th>Mileage</th>
<th>Time Rate</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/10/2018</td>
<td>Phone and email communication with ISS, processed referral received.</td>
<td>10:30 to 10:45 am</td>
<td>15 min</td>
<td>N/A</td>
<td>$0.55/mile</td>
<td>$ 8.5</td>
</tr>
<tr>
<td>3/10/2018</td>
<td>Phone call to hospital to arrange services for Repat, SW set up admission at the emergency dept.</td>
<td>11:20 to 11:35 am</td>
<td>15 min</td>
<td>N/A</td>
<td>$0.55/mile</td>
<td>$ 8.5</td>
</tr>
<tr>
<td>3/10/2018</td>
<td>Discussed plan for pick up at airport with ISS case manager</td>
<td>10:15 to 10:30 am</td>
<td>15 min</td>
<td>N/A</td>
<td>$0.55/mile</td>
<td>$ 8.5</td>
</tr>
<tr>
<td>3/10/2018</td>
<td>Phone call to ambulance to arrange for transport to airport to hospital</td>
<td>2:40 to 2:55 pm</td>
<td>15 min</td>
<td>N/A</td>
<td>$0.55/mile</td>
<td>$ 8.5</td>
</tr>
<tr>
<td>3/10/2018</td>
<td>Transportation to the airport to meet and greet</td>
<td>N/A</td>
<td>46 miles</td>
<td></td>
<td></td>
<td>$ 25.3</td>
</tr>
<tr>
<td>3/10/2018</td>
<td>Meet and greet at the airport</td>
<td>1:15 to 2:45 pm</td>
<td>1 Hour &amp; 30 min</td>
<td>N/A</td>
<td></td>
<td>$ 51</td>
</tr>
<tr>
<td></td>
<td>TOTAL Hours: 2hrs 30 min</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$110.3</td>
</tr>
</tbody>
</table>
How to document case management hours and rates:

- Find out the hourly rate for your state/county
- Keep track of your time in a database or a time log
- Print your agency case notes (if allowed)
- Take good notes of your interactions with the repatriate. For example: summarize phone conversations, visits etc.
  - Print emails sent and received
  - Keep record in proper locations

**Note:** If insufficient information is received, HHS/ORR may request additional documents to support your request.
## Administrative cost: Case Management

<table>
<thead>
<tr>
<th>Position</th>
<th>Hourly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>$34.00</td>
</tr>
<tr>
<td>Case Manager</td>
<td>$20.00</td>
</tr>
</tbody>
</table>
On the event date CW (name) picked up Repat at JFK airport. Repat arrived at 7:45am from X country. Upon arrival Repat right hand was wrapped in a bandage and it was black & blue. Mrs. S stated that she injured her hand on the conveyor belt in customs. She signed the repayment agreement. CW escorted Repat to (Name) Hospital at address and phone: (718) 600-3000. While at hospital the hospital social worker contacted the daughter, to get information regarding the Repat mental and physical health. The daughter stated that the Repat has been admitted in the past to a mental hospital, and she provided the doctor’s name and phone #. The Repat was given an x-ray and a psychological evaluation and was admitted into the hospital, where she currently remains. The social worker will send her entitlement applications by next week.
FOR COMPETENT REPATRIATES:

- If the repatriate is found competent to make decisions, the repatriate should be asked, whether he/she consents to receive services;
- If he/she consents to receive services, he/she must sign the repayment agreement to proceed.
- Follow the core procedure.
PORT OF ENTRY OF FINAL DESTINATION?

- Services at POE will be requested on case by case basis.
- Depending of the case repatriates can be deported to the nearest POE since the Foreign government is bearing the expenses for the repatriate returning.
- Client can remain in the POE until they are stable to travel on to their final destination and some cases full services can be provided.
CORE SERVICES AT THE STATE LEVEL:

1. Meet and greet at the Airport.
   a) Inform the repatriate about the program, especially that it is a loan.
   b) Provide a copy of the welcome package for the repatriate.
   c) Obtain signature on appropriate documents (e.g. repayment agreement form/ decline service form)

**The program is voluntary; they can refuse services**
MENTALLY INCOMPETENT REPATRIATES (evaluated by mental health provider upon arrival) are not required to sign the agreement.
REFUSAL OF TEMPORARY ASSISTANCE FORM

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 (harass, 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.

Type Name: ____________

Authorized Representative

DOB

Date

Witness by __________________________

Case worker or intake staff signature __________________________

Date

Intake person notes:

THE PAPERWORK REDUCTION ACT OF 1980 (Pub. L. 96-511): Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and completing 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.

Form XX-06
2. **TRANSPORTATION FROM THE AIRPORT TO THE FINAL DESTINATION**

Arrange for transportation (by ambulance, van, car or Taxi) to go to hospital if POE is not final destination ensuring the repatriate is taken safely for placement in a shelter, hospital or nursing home.

3. **Financial assistance (TANF)**

   Cash should be provided in accordance with program guidelines and should follow the equivalent TANF rate for the State (depending on family size per household).
4. Assistance finding a shelter or permanent housing

- If shelter is available, it is the first choice.

5. ASSISTANCE FINDING MEDICAL CARE OR PSYCHIATRIC CARE IF NEEDED:

- Arrange and ensure third party billing rate with the hospital / care facility.
6. CASE MANAGEMENT FOLLOW-UP:

- Assistance under the program can be provided for up to 90 days (Day 1 is the arrival day and it ends on the 90th calendar day after arrival).

- Direct the client in applying for public benefits and provide referrals.

- Submit timely applications for all eligible & appropriate benefits (to cover immediate needs), Medicaid, Medicare, SSI, TANF (if eligible), Food Stamp, housing (shelter or permanent housing), job training etc.

- Create and oversee a plan to meet their immediate needs for the repatriate, assisting them towards becoming independent in 90 days or less.
OTHER SERVICES…

7) Monitor case at different intervals to ensure eligibility.
8) Timely notification to ISS of any development on the case (change of address and benefits)
9) Close the case on or before 90 days
10) Provide feedback to ISS through a follow-up survey
POST-ARRIVAL

- After arrival ISS will contact the State Coordinators or local provider on the first business day after the repatriate arrives to confirm that all went as planned.
- ISS will remind the state or local service provider to have all loan repayment forms signed by the repatriate and forwarded to ISS-USA case manager.
- ISS will inform DOS about the repatriate’s arrival.
PLEASE REMEMBER

- Any assistance over $1500 is a high cost case
- ORR must approve the request prior to proceeding with the plan.
- Submit request for extension or waiver recommendation as soon as possible.
CASES ARE CLOSED BEFORE 90 DAYS TYPICALLY WHEN:

- The repatriate immediate needs are met, they have access to benefits, housing and appropriate care.
- HHS/ACF/ORR discovers that the repatriate has access to other sources of income.
- The repatriate who was destitute or without available resources overseas and upon arrival, is able to regain access to financial resources. (Example the Repatriate is receiving SSI, lost bank card and/or is a Veteran with benefits)
- The Repatriate dies upon arrival to the U.S.
EXTENSIONS

- Certain temporary assistance may be furnished beyond the 90 day eligibility period if prior authorization is approved by ORR.
- Temporary assistance may be extended if the eligible repatriate is handicapped in attaining self-support or self-care for reasons such as age, disability, or lack of vocational preparation;
- Extension requests for temporary assistance must be submitted to ORR or its grantee before the 90-eligibility day expires. (Form RR-07)
- Services can be extended for up to 9 months.
WAIVERS AND DEFERRALS

- A formal request in writing must be submitted to ISS requesting a waiver. (Client or local case worker)
- Demographic and identifiable information must be provided along with completion of the Loan Waiver and Deferral Form (Form RR-03).
- The requests are evaluated based on financial need; Mandated by federal regulations
  - Public Law Title 45
  - Sec 211 and 212

Insufficient income available to repay debts.

HHS reviews, grants, defers, suggest payment plans, and denies all waiver requests.
REIMBURSEMENT PROCESS:

1. Requests from States and CBO’s arrives at ISS

2. ISS reviews, compiles & request supporting and or missing documentation

3. HHS reviews, approves, denies, or holds request

4. With ORR Approval = ISS cuts the check
REIMBURSEMENT

- Reimbursement Payment Requests
- Documents required Monthly
- Cover letter
- Signed Privacy and Repayment Agreement Form
- Form RR-04
- Support documentation
- Original receipts, copies of checks, acknowledgement of support received etc.
- Detailed case notes
RESOURCES AVAILABLE:

- ISS List Serve, please add your name to our mailing list on the website if you haven’t already.
- ISS Website: www.iss-usa.org
- HHS ACF Website: https://www.acf.hhs.gov/orr/programs/repatriation
- ISS Staff
- 24 Hour emergency repatriation assistance by cell phone 410-591-4998
FOR MORE INFORMATION:

Financial Information
Stephney Allen
Director of U.S. Repatriation Program & Internal Operations
Phone: 443-451-1204
Email: sallen@iss-usa.org

Case Management Information
Yalemzewd Bekele-Mulat
Repatriation Program Manager
Phone: 443-451-1216
Email: ymulat@iss-usa.org

International Social Service-USA
22 Light Street, Suite 200
Baltimore, MD 21202
Fax: 443-451-1220
Skype: iss-usa
www.iss-usa.org

“Bringing resolution across borders
Trayendo resoluciones entre fronteras”
Thank you!
With your help we are making a huge difference in the life of our repatriates.