



## International Social Service-USA Branch

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# U. S. Repatriation Program Welcome Package For Repatriate

Includes:

1. HHS/ ACF/OHSEPR Welcome Letter
2. Repatriation HHS/ACF/OHSEPR Fact Sheet
3. Forms:
  - RR-05 Privacy and Repayment Agreement Form
  - RR-06 Refusal of Temporary Assistance Form
4. Repatriate's Rights & Obligations
5. Closing Letter Sample
6. Waiver Request Procedure
7. State Contact or Local Contact:

Name: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_



ADMINISTRATION FOR CHILDREN AND FAMILIES  
OFFICE OF HUMAN SERVICES, EMERGENCY PREPAREDNESS & RESPONSE  
330 C Street S.W.  
The Mary E. Switzer Building, Room 5103-C  
Washington, DC 20201

## 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 Human Services, Emergency Preparedness & Response, 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 you accept the loan and commit to repaying all the cost associated with 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



## ***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 destitution, 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 Department of Health and Human Services (HHS), under the Administration for Children and Families (ACF), Office of Human Services Emergency Preparedness & Response (OHSEPR).

## ***Programmatic Structure***

The Program contains two different activities. The non-emergency activity is characterized by ongoing caseloads with individual repatriations including mentally ill repatriates (42 U.S.C. § 1313 and 24 U.S.C. §§ 321-329). The emergency activity has contingency components related to mass evacuations and /or emergency repatriations (42 U.S.C. § 1313, and E.O. 12656). 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 HHS/ACF/OHSEPR 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 to 45 C.F.R 211 and 212.

## ***During Emergency or Group Repatriations***

In the event of a massive evacuation from overseas, HHS/ACF/OHSEPR is the lead Federal agency responsible for the coordination and provision of temporary services within the USA to all non-combatant evacuees returned from a foreign country. While ACF 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 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  
Email: [Elizabeth.Russell@acf.hhs.gov](mailto:Elizabeth.Russell@acf.hhs.gov)



DEPARTMENT OF HEALTH & HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
330 C Street S.W., Washington D.C. 20201

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:** Providing 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, Attention: U.S. Repatriation Program.

Repatriate's Name (print) Last \_\_\_\_\_ 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- Program Support Center, Accounting Services – Debt Collection Center, 7700 Wisconsin Avenue, Suite 8-8110D, Mail Stop 1023B, Bethesda, Maryland 20857 (Zip Code 20814 for UPS/FEDEX Mail). Email: [PSCDebtServicing@psc.hhs.gov](mailto:PSCDebtServicing@psc.hhs.gov) Telephone: 301-492-4664**

<b>Signature:</b> _____	<b>Date:</b> _____
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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"



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES**  
330 C Street S.W., Washington D.C. 20201

**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 content. 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. A 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 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 the box indicating whether you are the authorized representative or repatriate.***

Repatriate

Authorized Representative

Type Name: \_\_\_\_\_

DOB

Signature: \_\_\_\_\_

Date

Witness: \_\_\_\_\_

Case worker or intake staff signature

Date

**Intake person notes:**

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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.

## 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/OP\\_Home/ssact/title11/1113.htm](http://www.ssa.gov/OP_Home/ssact/title11/1113.htm)). The Repatriation Program 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. ([https://www.acf.hhs.gov/sites/default/files/orr/repatriation\\_guide\\_section\\_2\\_mentally\\_ill\\_repatriates\\_final.pdf](https://www.acf.hhs.gov/sites/default/files/orr/repatriation_guide_section_2_mentally_ill_repatriates_final.pdf)).

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. For more information about this please see:
  - a. Shapiro v. Thompson, 394 U.S. 618 (1969), more information available at:
  - b. <https://www.oyez.org/cases/1967/9>
- 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 of Human Services Emergency Preparedness and Response as a person who qualifies for assistance under this program. <https://www.acf.hhs.gov/ohsepr/resource/repatriation-q-as>
- 3) The repatriate can receive services for up to 90 days upon arrival to the U.S. if he/she signs the repayment agreement for the loan.
- 4) 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.
- 5) 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).
- 6) The repatriate has the right to be treated with fairness and respect as any other citizen of the 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.
- 7) 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/>
- 8) The repatriate has the right to refuse services, because this loan program is voluntary.
- 9) The repatriate is expected to repay the loan within an 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](mailto:iss-usa.org@iss-usa.org) **Attention: Waiver Department.**
- 10) 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 Services: Toll-free:(800) 368-1019

For more information, please contact International Social Services-USA Branch at: [www.iss-usa.org](http://www.iss-usa.org)



1120 N. Charles Street  
Suite 300  
Baltimore, MD 21201  
USA

[www.iss-usa.org](http://www.iss-usa.org)

## Closing Letter

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 meeting their basic needs. It has been reported by your case manager that you have access to assistance and have resources immediately available to meet your needs. 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 your case was referred to the Program Support Center for collection. Their contact information is below.

Program Support Center  
Debt Collection Center  
7700 Wisconsin Avenue  
Suite 8-8110D  
Bethesda, MD 20857  
Phone: (301) 492-4664  
Website: [www.psc.gov](http://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  
1120 N. Charles Street, Suite 300  
Baltimore, MD 21201  
Email: [iss-usa@iss-usa.org](mailto: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 your loan.

Please contact the Department of State (DOS) for inquiries about your loan for international travel 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**





**DEPARTMENT OF HEALTH & HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES**  
330 C Street S.W., Washington D.C. 20201

**U.S. REPATRIATION PROGRAM  
Repatriation Loan Waiver and Deferral Request Form**

Submitted for Government Action on Claims due the United States

(NOTE: Use additional pages where space on this form is insufficient or continue on reverse side of pages)

**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 the Administration for Children and Families (ACF) in accordance to 45 CFR 211.13 and 212.7.

This form must be submitted to the U.S. Repatriation Program at the address listed at the top of this form. The 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:

[https://www.acf.hhs.gov/sites/default/files/ohsepr/rr\\_03\\_repatriation\\_loan\\_waiver\\_and\\_deferral\\_request\\_form\\_final\\_92619.pdf](https://www.acf.hhs.gov/sites/default/files/ohsepr/rr_03_repatriation_loan_waiver_and_deferral_request_form_final_92619.pdf)

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: Accounting Services – Debt Collection Center, 7700 Wisconsin Avenue, Suite 8-8110D, Mail Stop 1023B, Bethesda, Maryland 20857 (Zip Code 20814 for UPS/FEDEX Mail). Email: [PSCDebtServicing@psc.hhs.gov](mailto:PSCDebtServicing@psc.hhs.gov) Telephone: 301-492-4664

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 ( <i>Repatriate</i> )	2. Birth Date (DD/MM/YYYY)
3. Home Address (Street–City–State–Zip) This address is <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary?	4. Phone/e-mail:
5. Name of Spouse/Legal Guardian ( <i>give address if different from yours</i> )	6. Date of Birth (DD/MM/YYYY)

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

Last Name	First Name	DOB (DD/MM/YYYY)	Social Security Number	Relationship

**PART II: PUBLIC ASSISTANCE**

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

Applicant's name	Type of assistance applied for (E.g. TANF, SSI, Medicaid, Section 8)	Date application was submitted	Application Status: Pending, Approved, denied, other	Date application was accepted	Amount receiving or expecting to receive

**PART III: REPATRIATE EMPLOYMENT AND INCOME INFORMATION**

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

Occupation	How Long in Present Employment?	
Present Employer's Name	Address	Phone No

**2. Legal guardian employment information:** Complete this section if filing out this form on behalf of a minor or mentally/physically impaired adult

Occupation		How Long in Present Employment?	
Present Employer's Name	Address		Phone No.

**3. Household Monthly Income:** Complete the table below and include the total amounts per household. Provide documentation whenever applicable (e.g. paystubs).

Name	Salary or Wages \$	Income received from or for the dependent (e.g. child support, SSI) (\$)	Other income (e.g. rent) \$

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

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

**PART V: FIXED MONTHLY EXPENSES AND LIABILITIES:**

Complete the information below 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. For example, if the medical bill is \$2,000 and you are responsible for 10% of the bill, the amount you will list is \$200.

Expenses and Liabilities	Monthly payment	Total amount currently owed
Food		

Rent		
Mortgage: If different from rent		
Utilities		
Transportation		
Hospitals/Doctors/prescription		
Lawyer		
Car		
Furniture		
Clothes		
Taxes owed		
Insurance: Specify		
Credit cards		
Child support		
Other Loans: Specify		
Other: Specify		
<b>Total per month \$</b>		

**PART X: GENERAL QUESTIONS**

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

Questions	Yes	No
1. Are you a party of any pending lawsuit?		
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?		
3. Do you have any claims against any individual, trust, partnerships, corporations, or government?		
4. Are you a trustee, executor, or administrator of any estate?		
5. Is there anybody holding money on your behalf?		
6. Will you receive or inherit any financial assets within the next two years?		
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?		
8. Do you receive or expect to receive federal, state, or local cash refund?		

Below, provide an explanation to all YES answers in Part X. Use additional pages, if needed.

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"

**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.