



**INTERNATIONAL
SOCIAL SERVICE
USA**

22 Light Street
Suite 200
Baltimore, MD
21202
www.iss-usa.org

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 case 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

SUPPORT



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**INTERNATIONAL
SOCIAL SERVICE
USA**

22 Light Street
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Baltimore, MD
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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

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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



International Social Service-USA Branch

22 Light Street, Suite 200 Baltimore, MD 21202

Phone: 443-451-1200 Fax: 443-451-1230

www.iss-usa.org iss-usa@iss-usa.org

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 organizations letter head 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.

Your organizations' letter head

Date

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

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: 202-401-9200

(NOTE: Instructions are in the back of this form. Use additional pages where space on this form is insufficient or continue on reverse side)

(1) Case Name: List First, Last, middle initial 1. _____ 2. _____ 3. _____ 4. _____	2. Last 4 of the SSN 1. _____ 2. _____ 3. _____ 4. _____	(3) Case Number _____ (4) Do you recommend a loan waiver or deferral? <input type="checkbox"/> Yes <input type="checkbox"/> No
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(5) Reason for Repatriation <input type="checkbox"/> Destitution <input type="checkbox"/> Mental Illness <input type="checkbox"/> International Crisis/Emergency Repatriation <input type="checkbox"/> Medical Illness (Diagnosis, if known) <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	(10) Check the type of claim Initial <input type="checkbox"/> Interim <input type="checkbox"/> Final <input type="checkbox"/> Cancel/Refund <input type="checkbox"/>
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(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 Billeting/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 the above information is correct to the best of his/her knowledge 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 conditions prescribe in 45 CFR 211.14 or 212.9. 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"

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 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 vouches, 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' 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 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.



**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
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 _____ 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: _____
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**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 _____

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.



International Social Service-USA Branch

22 Light Street Suite 200 Baltimore, MD 21202

Phone: 443-451-1200 Fax: 443-451-1220

www.iss-usa.org iss-usa@iss-usa.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 representative¹. 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@iss-usa.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 detail 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.iss-usa.org. Debtors can complete this 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 the debtor thirty (30) days prior to the end of the deferral notifying of 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 requests timely extensions of the deferral. Same investigation process is performed with new supportive information.
- Repatriates information are maintained within ISS-USA secured filing system.

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: 202-401-9246

**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 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 Ardenes 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 (<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 below table for each waiver/deferral applicant

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

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)

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
Self					

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

2. **Legal guardian employment information:** complete this section if filling 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 below table 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 and total amount per asset owed by the individual/s requesting this waiver/deferral both in the U.S. and overseas

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 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.

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		
Total per month \$		

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.

Question	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?		

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