



## International Social Service-USA Branch

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# U. S. Repatriation Program Welcome Package For Repatriate

### Includes:

1. HHS/ ACF/ ORR welcome letter
2. Repatriation HHS/ACF/ORR fact sheet
3. Forms:
  - PAW/ Repayment agreement and Decline of service
4. Repatriate's rights & obligations
5. Closing letter sample
6. Waiver request procedure
7. State contact or Local contact:

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

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



ADMINISTRATION FOR CHILDREN AND FAMILIES  
OFFICE OF REFUGEE RESETTLEMENT  
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 Refugee Resettlement, we welcome you back to the U.S. We want to make your transition from overseas to your final destination within the U.S. as smooth as possible. This letter briefly outlines some of the information contained in this welcome package and some of the services you may receive if determined to be eligible for a Repatriation loan.

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

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

1. *HHS Privacy Act Statement and Repatriation Repayment Agreement Form* for you to sign if you want to accept the Repatriation Loan. This form will serve as an agreement between you and the Federal Government where 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



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## ***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 Administration for Children and Families' Office of Refugee Resettlement.

## ***Programmatic Structure***

The Program contains four different activities. Two of these are characterized by ongoing caseloads with individual repatriations including mentally ill repatriates (42 U.S.C. § 1313 and 24 U.S.C. §§ 321-329). The other two activities are contingency components related to emergency repatriations of over five hundred individuals or group repatriations of up to 500 individuals evacuated during an event (42 U.S.C. § 1313, and E.O. 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 ORR finds that the circumstances involved necessitate or justify the furnishing of a service extension. In order to qualify for an extension of services, repatriates and/or representatives must submit their requests prior to the end of their 90 days eligibility period. All temporary assistance is provided in accordance to 45 C.F.R 211 and 212.

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

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

## ***Contact Information***

Elizabeth Russell  
Coordinator, HHS Repatriation Program  
330 C Street SW, Washington DC 20201  
Phone: 202.401.9246, Fax: 202.401.6533  
E-mail [Elizabeth.Russell@acf.hhs.gov](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, 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.

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



## Repatriate's rights & obligations

The United States (U.S.) Repatriation Program was established by Title XI, Section 1113 of the Social Security Act (Assistance for U.S. Citizens Returned from Foreign Countries) to provide temporary assistance to U.S. citizens and their dependents who have been identified by the Department of State (DOS) as having returned, or been brought from a foreign country to the U.S. because of destitution, illness, war, threat of war, or a similar crisis ([http://www.ssa.gov/OP\\_Home/ssact/title11/1113.htm](http://www.ssa.gov/OP_Home/ssact/title11/1113.htm)). Also provides services to the Mentally Ill for the care and treatment of legally insane or otherwise mentally ill persons who are returned to the U.S. from foreign countries. This program is authorized under 24 U.S.C. 321 and also 45 CFR 211 and 212. (<http://caselaw.lp.findlaw.com/casecode/uscodes/24/chapters/9/toc.html>).

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

- 1- The repatriate has the right as U.S. citizen to travel and to live in any state that he/she may choose. For more information about this please see: Shapiro v. Thompson, 394 U.S. 618 (1969), more information available at: [http://www.oyez.org/cases/1960-1969/1967/1967\\_9/](http://www.oyez.org/cases/1960-1969/1967/1967_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 for Refuge Resettlement as a person who qualifies for assistance under this program. <http://www.acf.hhs.gov/programs/orr/programs/repatriation.htm>
- 3- The repatriate can receive services for up to 90 days upon arrival to the US if he/she signs the repayment agreement for the loan. The State coordinator's main responsibility is assisting with notification and coordination of services prior to arrival and timely submission of necessary applications for benefits. Case worker should meet the repatriate and relatives at the airport, and should provide needed services in accordance to Program regulations., such as transportation to the final destination, shelter, food, medical care and financial assistance (according to the TANF rate in the state).
- 4- The repatriate has the right to be treated with fairness and respect as any other citizen of United States in the state in which he/she is resettling. The amount and type of assistance provided is determined by a local social service agency according to the state's standards for the Aid to Families with Dependent Children program. Repatriates must be advised at all times about the loan and amount they owe.
- 5- The repatriate has the right to receive care and services without discrimination *without regard to race, color or national origin in accordance with the Civil Rights Act of 1964.* <http://www.aclu.org/>
- 6- The repatriate has the right to refuse services, because this loan program is voluntary.
- 7- The repatriate is expected to repay the loan within established time. Eligible repatriates can apply for a loan waiver request. For more information about eligibility of waivers contact 443-451-1200 or [iss-usa.org@iss-usa.org](mailto:iss-usa.org@iss-usa.org) **Attention: Waiver Department.**
- 8- The repatriate has the right to seek assistance if he/she feels that he/she is being discriminated against by contacting the: Office for Civil Rights U.S. Department of Health and Human Service: Toll-free:(800) 368-1019

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

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**INTERNATIONAL  
SOCIAL SERVICE  
USA**

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Date:

Dear \_\_\_\_\_

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

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

Program Support Center  
U.S. Department of Health and Human Services  
12501 Ardennes Avenue  
Suite 100  
Rockville, MD 20857  
Phone: 301-443-1965 Website: [www.psc.gov](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  
22 Light Street, Suite 200  
Baltimore, MD 21202  
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 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**

SUPPORT



PROTECT



REUNITE

