

**International  
Social Service**

United States of  
America Branch, Inc.

200 E. Lexington Street  
Suite 1700  
Baltimore, MD 21202  
USA

T 443.451.1200  
F 443.451.1220  
www.iss-usa.org  
iss-usa@iss-usa.org

Date:

Company Name  
Contact Person  
Address  
City, State, Zip

Dear 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-Emergency evacuation.

ISS-USA working with DHHS through an annual cooperative agreement has referred an emergency evacuation case to your agency.

**1. Documents for the Repatriate:** Please present this client with the enclosed documents:

- **Privacy Act Statement; Repayment Agreement & Decline of service form 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.
- **HHS Repatriation Processing sheet**
- **The fact sheet Temporary Assistance For Repatriates**
- **Repatriate's rights & obligations**

**2. Documents for the providers of services (State or NGO):**

The following documents are enclosed to assist your agency in providing services to the evacuee and his/her family.

- **Emergency evacuation welcome Letter to States and NGO's**
- **ISS-USA Repatriation Staff Contact List**
- **Insure least billing for evacuee prior to providing service letter**
- **Waiver instructions**

If you have any questions, please don't hesitate to contact me at (443) 451-1204 or the case worker assigned, or Salome Sullivan Repatriation Training Manager at (443) 451-1205. The cell phone number for Evacuation services is **443-813-0236**.

Sincerely,

Stephney Allen  
Director of Operations

**HHS Repatriation Processing Sheet**  
Complete one Form Per Family/Traveling Unit

**U.S. Citizen:** Head of Family/Traveling Unit Are you a U.S. Citizen under the age of 18 traveling without an adult? Yes\_\_No\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First MI

Disclosure of your social security number is voluntary. The statutory authority for this collection is 42 U.S.C. section 1313.

DOB \_\_\_\_\_ Birth Place \_\_\_\_\_ Gender M\_\_F\_\_ U.S. Passport # \_\_\_\_\_  
Mo/Day/Yr

Are you a U.S. Citizen under the age of 18 traveling with an adult? Yes\_\_No\_\_

Accompanying Adult \_\_\_\_\_ Passport (Country/#) \_\_\_\_\_  
Last First MI

Repatriated From \_\_\_\_\_ Repatriation Center (Airport) \_\_\_\_\_ Date \_\_\_\_\_

**Accompanying Dependents:**

Name	Passport #	Relationship	DOB

**Next of Kin/Emergency Contact in U.S.:**

Name	Address	Phone	Relationship

Do you need assistance? Y\_\_N\_\_

**DO NOT COMPLETE BELOW**

**Repatriation Services Provided (to be completed by Processing Center Staff):**

Transportation	Lodging	Medical
_____ \$ _____	_____ \$ _____	Pharmacy _____ \$ _____
_____ \$ _____	_____ \$ _____	Mental Health _____ \$ _____
_____ \$ _____	_____ \$ _____	Other _____ \$ _____
Total \$ _____	Total \$ _____	Total \$ _____
Cash Advance \$ _____		Final Total \$ _____

**Signature** (Head of Family/Traveling Unit: \_\_\_\_\_) **Date** \_\_\_\_\_

**Exit from Processing Center:**

Date \_\_\_\_\_ Time \_\_\_\_\_

Destination/Address \_\_\_\_\_  
Street City State Zip Code

Transportation Carrier \_\_\_\_\_ Travel Date \_\_\_\_\_ Estimated Arrival \_\_\_\_\_



ADMINISTRATION FOR CHILDREN AND FAMILIES
OFFICE OF REFUGEE RESETTLEMENT
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

U.S. REPATRIATION PROGRAM PRIVACY AND
REPAYMENT AGREEMENT FORM

Privacy Act Statement

The U.S. Repatriate Program provides funds for financial, medical, transportation and other assistance to individuals who are certified by the Department of State as repatriates in need. This assistance must be repaid to the U.S. Government by the repatriate. Section 1113 of the Social Security Act authorizes the collection of the information solicited on these repatriation forms for the purpose of determining your eligibility for such assistance.

The Department may disclose this information to other Federal, State or private organizations, if necessary to enable the Department of Health and Human Services to carry out its responsibilities under Section 1113 of the Act, or to enable another Federal agency to carry any functions related to your return from a foreign country and entry into the United States, or as otherwise expressly authorized by the Assistant Secretary for Children and Families. Furnishing the information on these forms is voluntary; however, if you fail to provide the requested information, such failure may result in your being found ineligible for repatriation assistance.

Health Insurance Portability and Accountability Act Consent Form

I, (print) \_\_\_\_\_, authorize the Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR), Repatriation Program (Program), to collect and have access to my protected health information (PHI) and to disclose my PHI to appropriate Program contractor/s, partner/s for the purpose of making Program Financial Decisions (PFD). PFD includes but is not limited to waivers and loan collection decisions.

Authorizing HHS/ACF/ORR/Program to collect, have access to and disclose your PHI information is volunteer. However, without your authorization, HHS/ACF/ORR/Program may be unable to proceed with your request and/or make a PFD decision regarding your case. We collect this information under the Privacy Rule authority issued pursuant to the Health Insurance Portability and Accountability Act of 1996.

Acceptance of Repatriation Services and Repayment Agreement

I understand that all financial, medical, transportation and other assistance provided to me through the Repatriation Program must be repaid. I understand that I will be billed by the United States Department of Health and Human Services 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 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 the Department of Health and Human Services, Administration for Children and Families, ORR/DSL, 370 L'Enfant Promenade SW, Washington, DC 20447, Attention: Repatriation Branch.

Name (print) Last \_\_\_\_\_ First/MI \_\_\_\_\_

Address: \_\_\_\_\_

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 by me is correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

All payments must be paid and sent to PSC/HHS:

PSC/HHS  
Office of Family Services  
Attention: Repatriation Collections Office  
5600 Fishers Lane  
Room 8B45  
Rockville, MD 20857  
Tel: (301) 443-9250 (Richard Harris)  
E-mail: Rharris@psc.gov

**Decline of Repatriation Services**

The U.S. Repatriation Program provides funds for temporary assistance such as financial, medical and transportation services to individuals who are certified by the Department of State as repatriates in need. This assistance is given in the form of a loan and must be repaid to the U.S. Government. Section 1113 of the Social Security Act and 45 CFR 212 and 211, authorize the collection of the information solicited on these repatriation forms for the purpose of determining your eligibility for such assistance. Please be advised that the current interest rate for all repatriation loans is 11-percent.

The Department may disclose this information to other Federal, State or private organizations, if necessary, to enable the Department of Health and Human Services to carry out its responsibilities under Section 1113 of the Act or to enable other partner agencies to carry out any function related to your return from a foreign country and entry into the United States.

Furnishing the information on this form is voluntary; however, if you fail to provide the requested information, such failure may result in ineligibility of repatriation assistance.

You have been provided with information regarding this Program and have chosen not to receive assistance from the Repatriation Program. Please complete the below information.

***By signing this form I willingly decline all services offered by U.S. Repatriation Program.***

Signed \_\_\_\_\_  
(Repatriate signature) Date \_\_\_\_\_

Signed \_\_\_\_\_  
Case worker/ Coordinator signature Date \_\_\_\_\_



*International Social Service-United States of America Branch, Inc.*

***INTERNATIONAL SOCIAL SERVICE-UNITED STATES OF AMERICA BRANCH***

**CONTACT LIST FOR THE U.S. REPATRIATION PROGRAM**

General Office Number: 443-451-1200

Fax: 443-451-1230/ 443-451-1220

After Hours Repatriation cell phone number: 410-591-4998.

Emergency Evacuation cell phone number: 443-813-0236

Julie Gilbert Rosicky  
Executive Director  
200 E. Lexington Street, Suite 1700  
Baltimore, MD 21202  
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Repatriation Program Training Manager  
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Email: [SSullivan@iss-usa.org](mailto:SSullivan@iss-usa.org)

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200 E. Lexington Street, Suite 1700  
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Fax: 443-451-1230  
Email: [ANoguera@iss-usa.org](mailto:ANoguera@iss-usa.org)



## 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)



## TEMPORARY ASSISTANCE FOR REPATRIATES *U.S. Repatriation Program*

No one likes to think about becoming ill or destitute when far away from home in a foreign country. If it happens to U.S. citizens, the U.S. Government may help.

The U.S. Repatriation Program provides temporary assistance, care and treatment for persons after they have returned to this country. Any assistance given under this program is like a loan which must be repaid to the U.S. Government.

Temporary assistance under this program may include money needed for food, shelter, clothing and transportation. It may also include payment for special services needed such as medical and psychiatric care. The amount and type of assistance provided is determined by a local social service agency according to the state's standards for the Temporary Assistance to Needy Families (TANF).

As part of the program of assistance – guidance, counseling and, if necessary, vocational rehabilitation services may also be provided to help the repatriate get back on his/her feet and become financially independent.

*Federal assistance to destitute and ill citizens returned to the U.S. from foreign countries is authorized by Section 1113 of the Social Security Act. Assistance to U.S. citizens who are returned to the U.S. from foreign countries because of mental illness is authorized by Public Law 86-571.*

### ***Who is Eligible for Assistance?***

Repatriates must meet four qualifications to be eligible for assistance under the Repatriation Program. They are:

**Certification:** Eligibility must be certified by the U.S. Department of State to the U.S. Department of Health and Human Services.

**Citizenship:** Repatriate must be a U.S. citizen or the dependent of a U.S. citizen. Those who qualify as a dependent of a U.S. citizen include: spouse, parents, spouse's parents, grandparents, unmarried minor children including adopted children and stepchildren, unmarried adult children who are dependent because they have disabilities, including adopted children and stepchildren, and minor siblings of the U.S. citizen and his/her spouse.

**Within the U.S.:** Repatriate must be in the U.S., having returned from a foreign country because repatriate is destitute or ill (including mentally disabled), or because of war, threat of war or similar crisis.

**Need:** Repatriate must be without available resources for living expenses.

*Eligibility for the Repatriation Program is based on certification by the U.S. State Department, U.S. citizenship and individual need. Assistance is available without regard to race, color or national origin in accordance with the Civil Rights Act of 1964. Repayment of the cost of assistance is required.*

### ***How the Program Works***

The U.S. Department of State certifies the persons who qualify for assistance under this program. If repatriate is to return to the U.S. because of destitution or illness and needs assistance after arrival in the U.S., the U.S. Department of State will notify ISS-USA, the direct service provider contracted by the Administration for Children and Families Office of Refugee Resettlement (ORR) in the U.S. Department of Health and Human Services about the repatriate's situation, including arrival time and final destination. This information is provided by a U.S. Consular office abroad.

When necessary, the ISS-USA will arrange with a social service agency in the State where the repatriate will arrive to have a social worker meet the repatriate (and family). The worker will provide services that the repatriate and dependents need, such as transportation, medical care and financial assistance.

*The information provided to the local social service agency will be held in strict confidence.*

If the repatriate needs assistance with getting reestablished in a community, he/she will be referred to the local social service agency in that area. In addition to temporary financial aid, the social service agency will be able to help the repatriate with vocational or occupational training to become self-supporting, as well as by providing child welfare and medical services. The agency will also assist the repatriate in making application for benefits under other government programs for which the repatriate may be eligible.

### ***How Long Can a Repatriate Receive Assistance?***

The repatriate may receive temporary assistance under the U.S. Repatriation Program for up to 90 days from the date of arrival in the U.S. If the repatriate attains other resources or secure income from employment and/or benefits, he/she will no longer be eligible for temporary assistance under the Repatriation Program.

If, in the judgment of the social service agency which is assisting the repatriate, he/she is unable to attain self-support or self-care for such reasons as age, disability or lack of vocational preparation, and is not eligible for other assistance programs, temporary repatriation assistance may be extended but the social service agency must get prior authorization for this extension from the ORR, by submitting a waiver request as soon as possible to ISS-USA..

*While the repatriate is receiving temporary assistance under the U.S. Repatriation Program, the repatriate must report promptly to the local social service agency any circumstance or change that may affect eligibility for continued assistance.*

### ***Repayment***

If the repatriate receives assistance under the U.S. Repatriation Program, he/she is required to repay the cost of such assistance to the U.S. Government. When the repatriate is first assisted at the time of arrival in the U.S., he/she will be required to sign an agreement to repay the U.S. Government for the cost of assistance provided. ORR's Payment Support Center (PSC) will send a letter to you informing that the repatriate of the amount of debt and how it can be paid off. In addition, the repatriate will be asked to return a repayment plan to ORR's PSC by a specific date. Failure to comply with the repayment plan or delinquent payments may result in interest and penalties.

### ***Additional Information***

Specific questions about the U.S. Repatriation Program or about applying for assistance under the program should be directed to ORR or ISS-USA at the address below,

*US DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
OFFICE OF REFUGEE RESETTLEMENT  
370 L'Enfant Promenade SW  
Washington, DC 20447  
[www.acf.hhs.gov/programs/orr/programs/repatriation.htm](http://www.acf.hhs.gov/programs/orr/programs/repatriation.htm)*

*International Social Service, United States of America Branch  
200 E. Lexington Street, Suite 1700  
Baltimore, MD 21202  
T: 443-451-1200 F: 443-451-1230  
Email: [iss-usa@iss-usa.org](mailto:iss-usa@iss-usa.org)  
[www.iss-usa.org](http://www.iss-usa.org)*

*Edited March, 2009*

**International  
Social Service**

United States of  
America Branch, Inc.

Date

Dear Hospital/Facility Administrator:

Thank you for agreeing to provide medical services to Mr. \_\_\_\_\_, 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 U.S. because of destitution, illness, war, threat of war, or a similar crisis. Temporary assistance is provided to eligible repatriated individuals in the form of a loan repayable to the Federal Government (45 CFR 212.7).

Please be advised that in accordance with the U.S. Repatriation Program, Administration and Fiscal Procedures Policy (U.S. Repatriate Program Action Transmittal 89-B), 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. If the repatriate has medical insurance, the agency should try to obtain payment from the insurance company before charging the costs to the Repatriation Program.

Therefore, if you decide to submit a reimbursement request to the Department of Health and Human Services (HHS), you must specify whether the proposed rate reflects 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.

Claims should be submitted directly to the repatriate's medical insurance (e.g. Medicaid) if the eligible repatriate has and/or is eligible for such medical benefits. Please notify ISS-USA in writing if you will be submitting this bill directly to an insurance company or somewhere else for reimbursement.

HHS may reimburse *eligible, reasonable and allowable* expenses that are not covered by an outside source such as an insurance provider and Medicaid as long as the expenses meet the criteria of the Repatriation Program.

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

With best regards,

U.S. Repatriation Program  
International Social Service-USA

200 E. Lexington Street  
Suite 1700  
Baltimore, MD 21202  
USA

T 443.451.1200  
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## International Social Service-USA Branch

200 East Lexington Street Suite 1700 Baltimore, MD 21202  
Phone: 443-451-1200 Fax: 443-451-1230  
[www.iss-usa.org](http://www.iss-usa.org) [iss-usa@iss-usa.org](mailto:iss-usa@iss-usa.org)

# U. S. Repatriation Program

## INSTRUCTIONS FOR SUBMITTING REQUEST FOR LOAN WAIVERS

A waiver of repayment must be requested in writing by the service provider or the repatriate. (ISS-USA will follow the Debt Waiver processing procedure)

- Please send the letters or emails to ISS-USA Waiver Department:  
200 E. Lexington Street, Suite 1700,  
Baltimore, MD 21202  
(Or email to [iss-usa@iss-usa.org](mailto:iss-usa@iss-usa.org) )
- The request must include: Repatriate last name, first name, middle name, DOB, last 4 digits of social security #, date repatriated, country repatriated from, final destination state and must request for the waiver of his/her debt.
- Upon receipt of the written request, the ISS-USA Repatriation staff will send the requestor (the repatriate or local service provider) an acknowledgment letter outlining the items required to begin the waiver process along with the Financial Debtor Form (CMS-379) to be completed and returned to ISS-USA. These forms are located on our website: [www.iss-usa.org](http://www.iss-usa.org)
- When the requested information is received, the ISS-USA repatriation staff will notify the Program Support Center to place the collection of this debtor on hold until the Department of Health and Human Services (DHHS) makes a decision regarding the debt.
- The ISS-USA repatriation staff processed the information received from the requestor, creates a request for waiver memo to HHS that outlines the details of the repatriation, the repatriates' current status, a summary of the financial outlay regarding the repatriate, makes a recommendation based on the facts of the case and sites the federal guidelines and forwards the information to HHS for review and a decision.
- Once the decision is made, HHS sends a written decision memo to the ISS-USA repatriation staff; the assigned staff will follow up by sending a response letter to notify the repatriate of the final decision. The Program Support Center is also copied on this letter and follows their procedure for collecting debt. A copy of the final decision letter will be placed in the case file.