

## **Participant Profile**

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**Name:** John Doe  
**Address1:**  
**Address2:**  
**City State, Zip:**  
**Home Phone:**  
**SSN:** 056789115  
**Case Number:** 14000

### **Demographic Information**

**Gender:** Male  
**Marital Status:** Single  
**Race:**  
**DOB:** 02/17/1950  
**Age:** 59  
**Referral Source:**  
**Funding Source:**  
**Assigned Staff:** Audrey Noguera

### **Other Contact Information**

**Work Phone:**  
**Work Phone Ext.:**  
**Cell Phone:**  
**Pager:**  
**Email:**

### **Custom Demographics**

#### **Site-Wide CxDemographic**

**Passport Number** 720000000  
**Date Passport Issued** 10/21/2009  
**US Citizen** Yes  
**Country of Birth** United States  
**State of Birth** Kentucky  
**Relationship to US Repatriate** Self  
**Country of Citizenship** United States  
**Place of Birth (Historical)** KY, USA

### **Family Members**

<b>Family Member's Name</b>	<b>Family Name</b>	<b>Family Relationship</b>
Jonny Doe	Repatriate's Family name	Child
Jane Doe	Repatriate's Family	Mother/Wife

UNCLASSIFIED

FM AMEMBASSY HONDURAS  
TO SECSTATE WASHDC 3600

E.O. 12958: N/A

TAGS: CASC, GT

SUBJECT: FIMED: REPATRIATION OF AMCIT

1. Name/DPOB: John Doe 02/17/1950 KY

2. PPT: 9000000

3. Source of Funds Contacted: None (see remarks)

4. Prior Post Action: see remarks

5. Privacy Act Waiver: verbal waiver obtained; subject will return to post to sign written PAW

6. Total Assistance Required: up to \$1000

7. Desires to Return to U.S.: Yes

8. HHS Assistance: Yes

9. Date Last Departed U.S.: Unknown

10. Last Residence in U.S.:

11. Final Destination: Charleston, North Carolina

12. Federal Benefits/SSN:

13. Reason for Destitution: Injury and cannot work, no family or friends, no personal savings

14. Diagnosis: N/A

15. Present Location: Honduras

16. Attending Physician: N/A

17. Date Able to Travel: As soon as possible

18. Hospitalization Required: Yes

19. Medical Records: No

20. Medical Escort: No

21. Escort to Final Destination: No

22. Special Requirements: He will need medical care upon arrival in U.S.

23. Remarks: AMCIT will be deported due to working illegally in Honduras since 1990, and having a visa that expired in February. Mr. J. D. has been diagnosed with Epilepsy. Mr. J. D. requested to be repatriated to NC.

Upon return to the U.S., he will need HHS assistance (housing, food and medical care).

Note -- Mr. J.D. previously received a repatriation loan in May 2005, which he has since repaid in full.

# 1. Case Intake/Referral Form

ISS-USA

Assessment Date: 05/27/2009

John Doe

**A-1. Date Case Opened**

05/27/2009

**A-2. Repatriate's Last US Address**

10 St. Rt. 2000 W. Greenville, KY 42345

**A-3. Primary reason for Repatriation**

Destitute

**A-4. Why Destitute**

No Available Funds

**A-5. Secondary Reasons for Repatriation**

Mental/Emotional Illness

**A-6. Referral Contains the Following**

Privacy Act Waiver (PAW)

**A-7. Country/Post Requesting Action**

Honduras

**A-8. Contact Info for All Relevant DOS Parties**

Maureen Mueller

**A-9. Opening Summary**

Case involves Case involved J. D. a 59-year-old male who will be deported due to working illegally in Honduras since 1990, and having a visa that expired in February. Mr. J D has been diagnosed with Epilepsy. Mr. J. D. requested to be repatriated to NC.

**C-1. Final Destination State**

North Carolina

**C-2. Destination Requests**

Shelter

**C-3. Other Services Required**

Cash Assistance

**C-4. Who Requested Repatriation?**

Deportation

**D-1. Country of Birth**

United States

**D-2. State of Birth**

Kentucky

**D-3. City, State Zip Code of Last Residence**

Greenville, KY 42345

**D-4. Former Adoptee**

Yes

**D-5. Current Location (in foreign country)**

Medical facility

# 1. Case Intake/Referral Form

*ISS-USA*

Assessment Date: 08/27/2009

John Doe

**E-1. Are the repatriate pregnant?**

No

**E-2. Hospitalized**

No

**F-1. Approved by ORR?**

Yes

SAMPLE



Picture from:  
<http://media.photobucket.com/image/passport%20photos...>

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