

U.S. REPATRIATION PROGRAM TRAINING BRINGING U.S. CITIZENS BACK HOME:

Financial Processes and Reimbursement



AGENDA

- I. Welcome Remarks (Housekeeping)
- II. Program Overview
- III. Reimbursable Expenses: Reasonable and Allowable
- IV. How to Submit a High Cost Request
- V. Sample Medical Expenses – Letter
- VI. Sample Administrative Cost – Case Management Hours
- VII. Reimbursement Process:
 - Non-Emergency Processing Claims (ISS)
 - Emergency Processing Claims (HHS)
 - When & How to Submit a Reimbursement Request
 - Forms Required
- VIII. Debt to Repatriates (Waiver)
- IX. Program Extensions
- X. Q & A Session
- XI. Closing Remarks

TODAY YOU WILL:

1. Learn more about reasonable and allowable reimbursable expenses
2. Learn how to identify and complete reimbursement, high cost, extension, or waiver documents and forms
3. Learn how to submit accurate and compliant high cost and extension requests





WHO IS ISS-USA AND WHAT DO WE DO?

- International Social Service (ISS) was established in 1924 in Geneva, Switzerland. Our ISS American Branch is based in Baltimore, Maryland.
- We are a nonprofit, nongovernmental agency, that is part of an International Social Work Federation operating in 100 Countries around the world.
- We promote resolutions in the best interests of children, adults and families separated by international borders.
- We provide intercountry social services, research, training, technical assistance and advocacy.





ISS-USA - HHS COOPERATIVE AGREEMENT

- The Department of Health and Human Services, Administration for Children and Families and ISS-USA signed a cooperative agreement to provide repatriation services.
- The new five-year agreement will extend ISS' 25-year working relationship with the U.S. Repatriation Program.



THE ISS-USA REPATRIATION TEAM



Julie Rosicky,
Executive Director



Stephney Allen,
Director of U.S.
Repatriation Program
& Internal Operations



Esther Keinkede,
Finance Coordinator



Yalemzewd Mulat,
Repatriation Program
Manager



Abigail Ayele,
Operations Assistant



Nicole Johnson,
Database Coordinator



Amanda Reed,
Repatriation Assistant



Rachel Bruton,
Case Manager



Patricia Penn,
Case Manager



REIMBURSEMENT

- The Repatriation Program is federally-funded, and authorized service providers can be reimbursed by the Federal government for 100 percent of all **reasonable** and **allowable** program costs, contingent upon availability of funds.
- These costs fall into two categories:
 - Direct Services: Costs of direct assistance to repatriates (food voucher, hotel, taxi, etc.)
 - Administrative Services: Case management hours and other administrative costs





REASONABLE COSTS

- A cost is reasonable if it is recognized as ordinary and necessary, it reflects the decision a prudent person would make in purchasing the item, AND the item is necessary for the completion of Program or project objectives.
- From a procurement standpoint, this means selecting the best combination of price and features after doing the required paperwork, including securing sponsor approval before acting if necessary.
- Under Federal Acquisition Regulation (FAR), “a cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person in the conduct of a competitive business.” Reasonable is based on various facts and circumstances and embraces themes such as “ordinary and necessary,” “generally accepted,” “sound business practices,” and “arms-length.”



ALLOWABLE COSTS

- “Allowability” refers to whether or not the Government will pay for a particular cost incurred in connection with government contracts.
- Costs must be allowable under the federal cost principles (OMB Circular A-21 or EDGAR) and conform to any limitations imposed by HHS/ACF.
- Limitations are usually disclosed in policy statements, requests for proposal, application guidelines, or the award document.
- Examples of costs that may be charged under this federal regulation:
 - Case management time (e.g. case managers, social workers, etc.)
 - Travel costs to and from meet and greet (parking, tolls & mileage)
 - Travel costs incurred for official business in carrying out Program management and administrative activities.



WHAT CAN BE A HIGH-COST EXPENSE?

- Nursing homes
- Assisted living facilities (ALF)
- Medical escort
- Transportation (ambulance)
- Rent
- Utilities
- Medical expenses
- And many more...





HOSPITAL PLACEMENTS

- Please refer Medical Center Administrators or Social Workers to ISS-USA Financial Staff for an explanation of the requirement of obtaining medical coverage.





THIRD PARTY PAYMENT

- Any medical care and hospital care will be paid in accordance with the state agency's fee schedule or the average payment rate for other third party groups such as Blue Cross, Blue Shield and insurance carriers.*
- If the repatriate is not eligible for medical coverage (e.g. Medicaid), the Repatriation Program may cover those costs that are allowable, reasonable, and allocable for up to 90 days.*



HOW TO SUBMIT A HIGH COST REQUEST

- Send a tentative list of expenses with justification to the ISS-USA case manager.
 - Example:

Case number 00000 September 2020

Description	Cost
Rent	\$600
Security Deposit	\$600
Furniture Voucher (Goodwill/Salvation Army)	\$200
Utilities	\$150
Prescription Medication	\$50
Total:	\$1,600

- Include a brief narrative in support of costs.



EXAMPLE OF DIRECT EXPENSES

- Food voucher, meals
- Cash assistance (equivalent of the TANF rate)
- Clothing (weather appropriate clothing, uniforms, including shoes)
- Toiletries (personal hygiene)
- Medical care not covered by Medicare, Medicaid, or Third Party Insurance
- Medications for the use of the repatriate
- Lodging, rent, security deposit
- Telephone and communication (prorate if not entire month)
- Training necessary for employment
- Counseling
- Transportation (weekly, monthly bus pass, taxi service, or mobility service)



DIRECT EXPENSES

- Medical Expenses can be costly!
- We advise all partners that repatriates, when required, be taken to Public Health Service Hospitals if available.
- Immediately upon admission, hospital social workers and state case workers must work in conjunction to apply for medical benefits (State or Federal).



SAMPLE MEDICAL LETTER



22 Light Street
Suite 200
Baltimore, MD
21202

www.iss-usa.org

Date XXXX, 2018

Facility Address:
Attention: Facility Contact
City, State Zip

RE: Repatriate XXXXXXXX; ISS Case# XXXXXX

Dear Mr. / Ms.,

Thank you for accepting and providing medical services to Mr. XXXXXXXX, 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 United States (U.S.) because of destitution, illness, war, threat of war, or a similar crisis. Temporary assistance is provided to eligible repatriated individuals, for up to 90 days, in the form of a loan repayable to the Federal Government (45 CFR 212.7). Temporary assistance may be provided beyond the 90 day eligibility period upon prior authorization by Department of Health and Human Services (HHS) staff, if the repatriate is found to be handicap in attaining self-support or self-care for such reasons as age, disability or lack of vocational preparation. This extension can be provided for up to nine additional months.

International Social Service USA (ISS-USA) operates under a cooperative agreement with the Department of Health and Human Services Office of Refugee Resettlement to complete a range of case management and administrative tasks in performances of the Repatriation contract.

Please be advised The U.S. Repatriation Program is the payee of last resort for medical expenses. HHS through its grantee, ISS-USA, will reimburse reasonable, allowable and allocable expenses that are not covered by outside source, such as an insurance provider and Medicaid. 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. Therefore, if Mr. XXXXXXXX is not eligible for medical coverage, (e.g. Medicaid) the Repatriation Program will cover those costs that are allowable, reasonable, and allocable for up to 90 days.



Please submit invoices which reflect 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 to:

22 Light Street
Suite 200
Baltimore, Maryland 21202
Attention: Stephney Allen

Phone: (443) 451-1204
Fax: (443) 451-1204
Email: SAllen@iss-usa.org

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

With best regards,

Stephney Allen
Director of U.S. Repatriation Program and Internal Operations





SAMPLE ADMINISTRATIVE COSTS

- Unaccompanied minor cases: from 1 to 5 hours for planning meet and greet as well as placement with Child Protective Services (CPS);
 - Planning and general coordination includes meet and greet, family placement, and/or CPS placement. The case closes the day of arrival. Planning may take from one to two hours depending on the case.
 - Exemption: if a receiving family member requests assistance on behalf of the minor upon arrival to the U.S., and signs the repayment agreement, the minor may be able to receive temporary assistance. HHS will make that determination and the state may or may not be involved.



SAMPLE ADMINISTRATIVE COSTS

- Destitute cases: from 1 to 5 hours if placed in a shelter/motel.
 - Including planning for a repatriate with no mental health issues, meet and greet, transportation, provide assistance with the application of public benefits (only if the repatriate is unable to do it by him/herself), referral to resources in the community and finding shelter.
 - It is the responsibility of the repatriate to reach out to the local case worker to provide an update on his/her situation; this follow up must be done within an established time by phone or in person (repatriate going to the case manager's office).



SAMPLE ADMINISTRATIVE COSTS

- Critically ill cases: from 1 to 10 hours if placed in hospital or nursing home.
 - Including planning for a repatriate with medical issues placement, meet and greet, process the hospital medical evaluation, finding a most-appropriate placement, transportation, ensure third party letter for hospital expenses is given to the hospital or nursing home facility.
 - The social worker (SW) in the institution (e.g. hospital, nursing home, etc.) will develop a discharge plan, including the referral to public assistance and or other benefits. Depending on the condition of the client, a phone call to the SW or, under rare circumstances, a follow up visit (only if necessary) to gather information that cannot be delivered electronically or via mail, may be required.



SAMPLE ADMINISTRATIVE COSTS

- Certified mentally incompetent cases: from 1 to 15 hours for planning for a repatriate with mental health issues.
 - Including but not limited to meet and greet, onsite or hospital mental health evaluation, transportation, ensure the facility social worker (SW) is applying for public benefits, contact the assigned SW at least once a month to get updates on benefits.
 - If client is released, provide assistance with the application of public benefits (only if the repatriate is unable to do it by him/herself and assistance was not provided at the institution), referral to resources in the community, finding shelter, and follow up by phone or in person (repatriate going to the case manager's office).



CASE MANAGEMENT HOURS

Administration and case management costs are reimbursable to the local provider by HHS.

1. Local provider personnel costs claimed to the Repatriation Program must be directly attributable to a specific repatriation case.
2. Keep honest track of your time during case planning, follow up, and closing. Notes are carefully reviewed to ensure that claimed time is reasonable.
3. Time spent on the Program must be properly recorded, along with a detailed description of the activities performed.



SAMPLE TIME LOG

Repatriation Activity log					
Repatriate name: John Doe			Case number: 56079		
Case worker: Janet Miller			Hourly rate: \$34		
<u>Date</u>	<u>Activity</u>	<u>Time From to</u>	<u>Total /Minutes</u>	<u>Mileage \$0.55/mile</u>	<u>Total \$</u>
3/10/2020	Phone and email communication with ISS, processed referral received	10:30 to 10:45 am	15 min	N/A	\$ 8.5
3/10/2020	Phone call to hospital to arrange services for Repat, SW set up admission at the emergency dept.	11:20 to 11:35 am	15 min	N/A	\$ 8.5
3/10/2020	Discussed plan for pick up at airport with ISS case manager	10:15 to 10:30 am	15 min	N/A	\$ 8.5
3/10/2020	Phone call to ambulance to arrange for transport from airport to hospital	2:40 to 2:55 pm	15 min	N/A	\$ 8.5
3/10/2020	Transportation to the airport to meet and greet		N/A	46 miles	\$ 25.3
3/10/2020	Meet and greet at the airport	1:15 to 2:45 pm	1 Hour & 30 min	N/A	\$ 51
		TOTAL Hours:	2hrs 30 min		
TOTAL					\$ 110.3



HOW TO DOCUMENT CASE MANAGEMENT HOURS AND RATES

- ☐ Find out the hourly rate for your state/county.
- ☐ Keep track of your time in a database or a time log.
- ☐ Print your agency case notes (if allowed).
- ☐ Take good notes of your interactions with the repatriate (i.e. summarize phone conversations, visits, etc.).
- ☐ Print emails sent and received.
- ☐ Keep record in proper locations.

Note: If insufficient information is received, HHS/ACF may request additional documents to support your request.



ADMINISTRATIVE COST: CASE MANAGEMENT



Example Local Rates

Position	Hourly Rate
Supervisor	\$34.00
Case Manager	\$20.00



BRIEF BUT DETAILED CASE SUMMARY

ISS Case # 2000 Date: 2/12/1820

From: 7:05 am to 9:20am Total: 2 hours and 15 minutes

On the event date CW (name) picked up Repat at JFK airport. Repat arrived at 7:45am from X country. Upon arrival Repat right hand was wrapped in a bandage and it was black & blue. Mrs. S stated that she injured her hand on the conveyer belt in customs. She signed the repayment agreement.

CW escorted Repat to (Name) Hospital at address and phone: (718) 600-3000.

While at hospital the hospital social worker contacted the daughter, to get information regarding the Repat mental and physical health. The daughter stated that the Repat has been admitted in the past to a mental hospital, and she provided the doctor's name and phone #. The Repat was given an x-ray and a psychological evaluation and was admitted into the hospital, where she currently remains. The social worker will send her entitlement applications by next week.



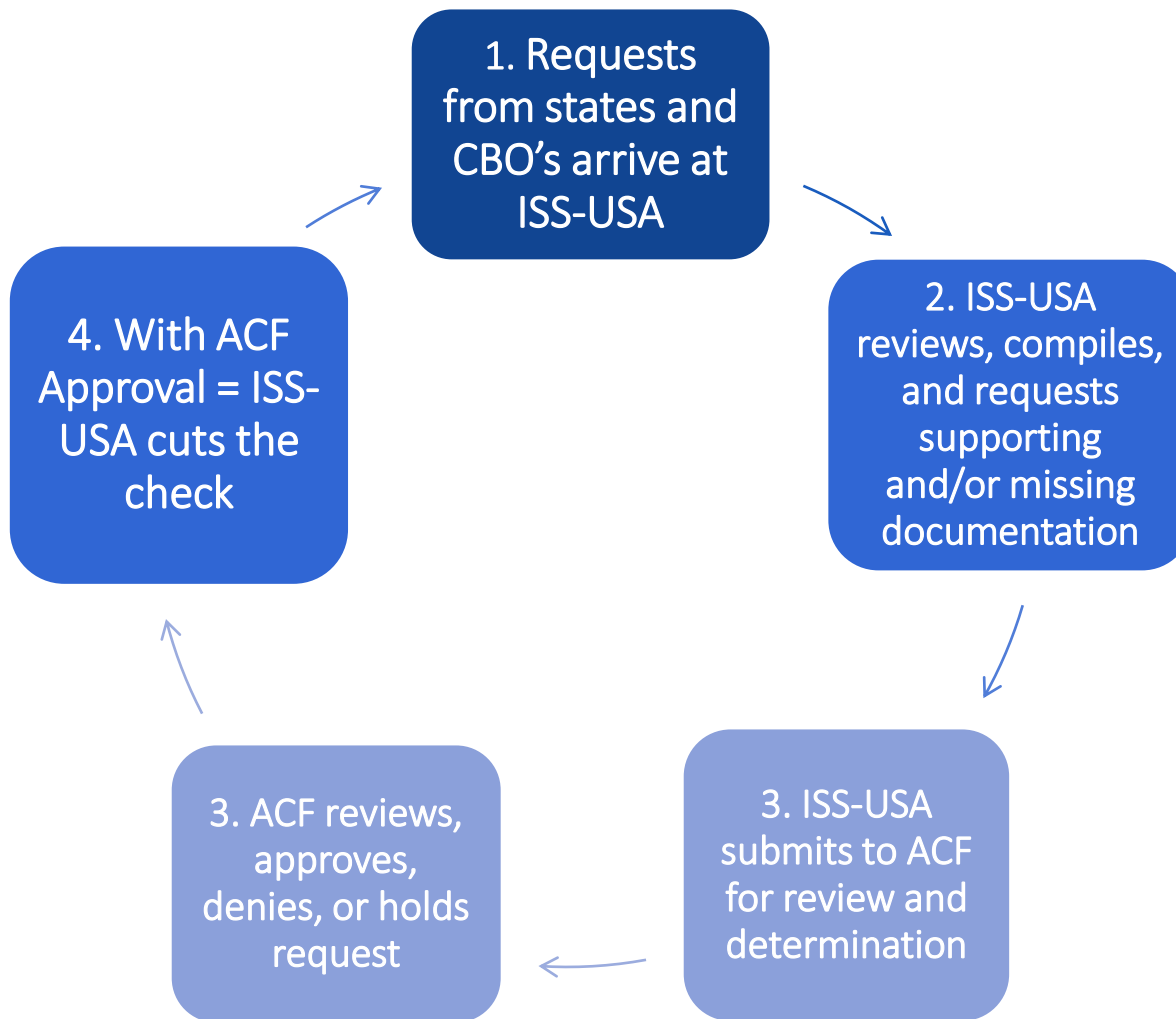
PLEASE REMEMBER

- Any assistance over \$1,500 is a high-cost case; needs HHS approval before proceeding with the plan.
- Submit request for extension or waiver recommendation as soon as possible.
- Timely notify ISS-USA of any development on the case (change of address and benefits).
- Maintain repatriate's file in order and in a secured location.
- Please keep the records for three years from the date of final submission of the final reimbursable expenses...ask ISS-USA for exceptions.





REIMBURSEMENT PROCESS





REIMBURSEMENT REQUESTS

A complete reimbursement request contains:

1. Properly completed and signed Privacy and Repayment Agreement Form (RR-05) or Refusal of Temporary Assistance Form (RR-06).
2. Cover letter containing the name, address, telephone number, and e-mail address of the county contact person for the claim; the time period covered by the claim (e.g., April 17, 2020 – May 16, 2020); and the agency to which the reimbursement should be issued.
3. Properly completed RR-04, Non-Emergency Monthly Financial Statement, detailed explanations of all costs; with the current address of the repatriate.
4. All supporting documentation, such as original receipts, copies of checks, and signed cash disbursement acknowledgment forms.
5. Case notes with detailed description of the activities performed and itemized spent time in hours and minutes.



REIMBURSEMENT REQUESTS CHECKLIST

- ☐ Send requests on a monthly basis
- ☐ Cover letter
- ☐ Signed Privacy and Repayment Agreement Form RR-05 or Refusal of Temporary Assistance Form RR-06
- ☐ Non-Emergency Monthly Financial Form RR-04
- ☐ Attach supporting documentation
- ☐ Original receipts, copies of checks, acknowledgement of support received, etc.
- ☐ Detailed case notes
- ☐ Note that the fiscal year ends September 30th

PRIVACY AND REPAYMENT AGREEMENT FORM RR-05



DEPARTMENT OF HEALTH & HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
330 C Street S.W., Washington D.C. 20201, Telephone: 202-401-9200

OMB Control No: 0970-0474
Expiration date: 03/31/2019

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 Ardenne Avenue, Suite 100, Rockville, MD 20857. Tel: (301) 443-9250.

Signature: _____	Date: _____
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THE PAPERWORK REDUCTION ACT OF 1996 (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"



SAMPLE COVER LETTER

Your organizations' letter head

Date

Stephney Allen,
Director of the 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



NON-EMERGENCY MONTHLY FINANCIAL STATEMENT FORM RR-04

DEPARTMENT OF HEALTH & HUMAN SERVICES Administration for Children and Families U.S. REPATRIATION PROGRAM Non-Emergency Monthly Financial Statement Form 330 C Street S.W., Washington D.C. 20201, Telephone: 202-401-9200 <small>(NOTE: Instructions are in the back of this form. Use additional pages where space on this form is insufficient or continue on reverse side)</small>			
(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	
(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"/>	
(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 willfully - (1) falsifies,



TWO LOANS



1. Any Embassy, DOS

- Loan with DOS: International travel expenses
- Promissory note signed overseas

2. Anywhere in the USA

- Loan with HHS/ACF: Domestic travel and direct services expenses
- Repayment agreement signed on the day of the arrival



WAIVERS




- You can assist the repatriate with their request for repatriation loan waivers, deferrals, and/or payment plans.
- Explain that two loans were created, but we can only assist with the HHS domestic portion of the repatriation loan. HHS has no authority over the Department of State international portion of the loan.



WAIVERS AND DEFERRALS

- A formal request in writing must be submitted to ISS requesting a waiver (client or local case worker).
- Demographic and identifiable information must be provided along with completion of the Loan Waiver and Deferral Form RR-03.
- The requests are evaluated based on financial need and insufficient income available to repay debts. Mandated by federal regulations: Public Law Title 45, Sec 211 and 212. In addition, HHS looks at the potential for future collection.
- HHS reviews, grants, defers, suggests payment plans, and denies all waiver requests.



OMB Control No: 0970-0474
Expiration date: 03/31/2019

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, Accounting Services--Debt Collection Center, 7700 Wisconsin Avenue, Mail Stop 10230B, Suite 8-8110D, Bethesda, MD 20857. Telephone: 301-492-4664 or email to PscDebtServicing@psc.hhs.gov.

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.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 0.30 hour 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.

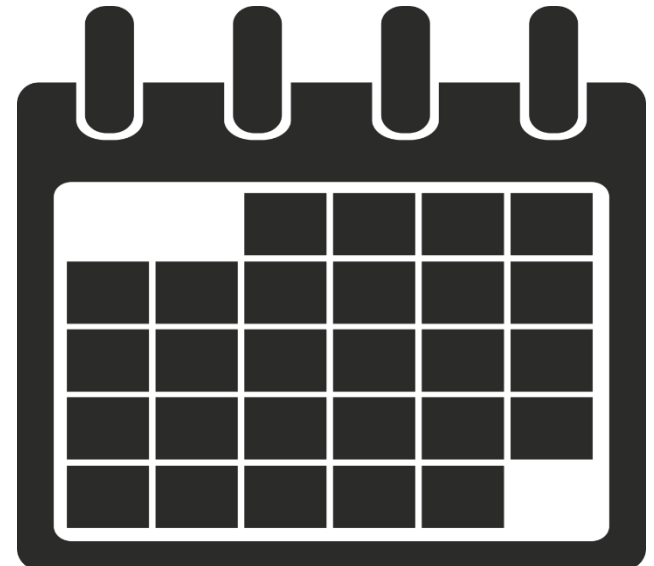
Personal information provided on this form may only be disclosed for program purposes or under the conditions prescribe in 45 CFR 211.14 or 212.9.

Form RR - 03Page 1 of 4



EXTENSIONS

- Certain temporary assistance may be extended beyond the 90 day eligibility period if prior authorization is approved by ACF.
- Temporary assistance may be extended if the eligible repatriate is handicapped in attaining self-support or self-care for reasons such as age, disability, or lack of vocational preparation.
- Extension requests for temporary assistance must be submitted to ACF or its grantee before the 90 day eligibility expires (Form RR-07).
- Services can be extended for up to 9 months.





EXTENSIONS CONT.

Extensions are granted if:

- ☐ Repatriate is handicapped in attaining self-support or self-care for the following reason/s:
 - Age (e.g. copy of birth certificate, passport, state ID, etc.)
 - Disability (e.g. a letter from the attending physician with diagnosis and treatment, social security letter, etc.)
 - Lack of vocational preparation (e.g. a letter from the unemployment office)
 - Other reasons (specify)

Information Needed:

- ☐ Requested Temporary Assistance (Please describe)
- ☐ For how many days/months is this assistance requested?
- ☐ How much administrative cost are you requesting?
- ☐ Total amount estimated on temporary assistance



EXTENSIONS CONT.

- A formal written request must be submitted to ISS-USA by the case worker on behalf of the repatriate or by the repatriate. This request must include the Temporary Assistance Extension Form (RR-07) along with supportive documentation.
- You can assist the repatriate with requesting an extension.
- Extension requests for temporary assistance must be submitted to HHS at least 2 weeks before the 90 day eligibility expires.
- The 90 days is counted from the date of arrival to the U.S. and includes each calendar day (including holidays and weekends).





IMPORTANT

- ISS-USA does not have the authority to approve or deny repatriation reimbursement, waivers, extensions, or high cost requests. This is an exclusive function of HHS/ACF.
- HHS reviews, grants, defers, suggest payment plans, or denies all reimbursement waiver, extension, and high cost requests.
- All reimbursement requests must be received during the allowable time on or before the fiscal year (FY) is over.
- **Our current fiscal year 2020 ends on September 30th, 2020.**
- At the end of the FY, all unused Repatriation Program funds for the year are returned by ISS to the U.S. Treasury and are no longer available to pay state/local providers' claims.



FOR MORE INFORMATION

- HHS ACF Website: <https://www.acf.hhs.gov/orr/programs/repatriation>
- ISS Website: ISS-USA.org
- Email: repatriationinquiry@iss-usa.org

Financial Information

Stephney Allen

**Director of U.S. Repatriation Program &
Internal Operations**

Phone: 443-451-1204

Email: sallen@iss-usa.org

Case Management Information

Yalemzewd Bekele-Mulat

Repatriation Program Manager

Phone: 443-451-1216

Email: ymulat@iss-usa.org

Thank you!

With your help we are making a huge difference in the life of our repatriates.

