

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

The U.S. Repatriation Program Overview, Legal Authorities, and Goals



AGENDA

- I. Welcome Remarks (Housekeeping)
- II. Repatriation Program History
- III. Legal Authorities & Regulations
- IV. Temporary Assistance
- V. The State's Responsibility
- VI. Core Services
- VII. Q & A Session
- VIII. Closing Remarks

TODAY YOU WILL:

1. Learn about the Repatriation Program history
2. Learn about legal authorities and regulations
3. Learn how to implement the required core services





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.



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



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' 20-year working relationship with the U.S. Repatriation Program.
- In the 2019 fiscal year, the Repatriation Program assisted almost 600 repatriates from 100 different countries with travel and other services.





THE U.S. REPATRIATION PROGRAM

- The Program is a repayable loan to the U.S. Government, not an entitlement.
- Temporary assistance is provided for up to 90 days.
- Repatriates can request extensions and waivers/deferrals.
- The Program budget is capped at \$1M. annually.
- During emergencies Congress may increase the cap.





U.S. REPATRIATION PROGRAM HISTORY

- The Program was established in 1935 under Section 1113 of the Social Security Act (42 U.S.C.1313).
- Congress established the Program to provide repayable assistance to eligible citizens and their dependents.
- The Program was instituted to meet the immediate need of repatriates until their existing resources became available.

Historical Context

- In 1935 international travel for business or pleasure was limited by cost to an elite group of U.S. citizens.
- Ocean liners were the primary mode of intercontinental transportation and most traveled between the U.S. and Europe, with New York as the major port.
- Worldwide communication networks were sparse and unreliable.
- Federal social services programs were just beginning.



U.S. REPATRIATION PROGRAM TRENDS



- The number of U.S. citizens and their dependents traveling overseas have increased in number and complexity.
- The amount and type of repatriates have changed, while Program jurisdictional authority and regulations remain the same.

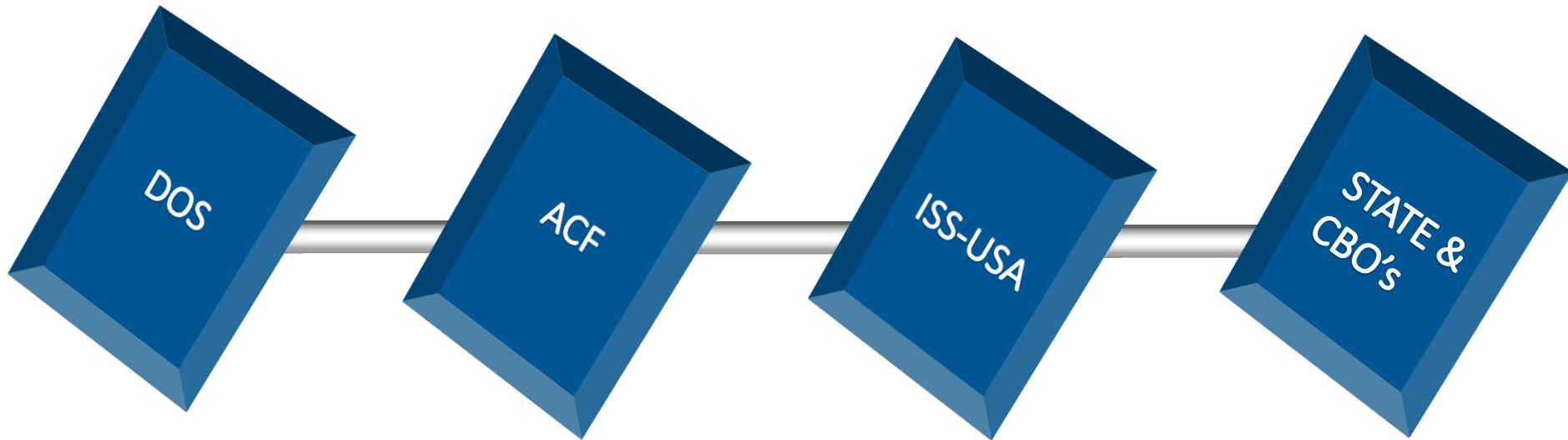


U.S. REPATRIATION PROGRAM GOAL

- The United States Repatriation Program is committed to helping eligible repatriates referred from the U.S. Department of State by providing them with a loan to cover for necessary temporary services upon their arrival to the United States.



AGENCIES IN THE REPATRIATION PROGRAM IN SUCCESSFUL PARTNERSHIP





LEGAL AUTHORITIES

Statute:

The Program is authorized under the Social Security Act, Section 1313 (42 U.S.C. 1313) Title 42, Chapter 7, Subchapter XI, Part A, Assistance for United States Citizens Returned From Foreign Countries.*

- http://www.ssa.gov/OP_Home/ssact/title11/1113.htm

Regulation:

Title 45, Chapter II, Part 211 and 212 of the Code of Federal Regulations sets forth the rules which govern reception, provision of temporary services, temporary assistance and related services, and transportation to final destination for U.S. citizens and their dependents returned from foreign countries. It also contains the rules for repayment to the United States and other general rules such as confidentiality and nondiscrimination rights.*



REGULATIONS

The Repatriation Program activities are based on the following regulations:

General: 42 USC Sec.1313, Title 42, Chapter 7, Subchapter XI, Part A,
Assistance for United States Citizens Returned From Foreign Countries

Individual Activity: 45 CFR 212, Assistance for United States Citizens
Returned from Foreign Countries

Public Law: 86-571, 24 USC Sec 321-329, Title 24, Chapter 9 –
Hospitalization of Mentally Ill Nationals Returned from Foreign Countries

Mentally Ill Activity: 45 CFR 211, Care and Treatment of Mentally Ill
Nationals of the United States, Returned from Foreign Countries

Group Activity: 42 USC Sec.1313 and Executive Order 12656 (EO 12656)

Emergency Activity: 42 USC Sec. 1313 and EO 12656 National Emergency
Repatriation Plan, November 18, 1998



ROLE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

- HHS is the lead federal agency within the U.S. for all repatriation activities.*
- HHS is responsible for management, coordination and execution of Program regulations, provision of temporary services to eligible repatriates upon their arrival to the Continental United States (CONUSA) from overseas during both emergencies and non-emergency evacuations.*
- This responsibility was delegated by the HHS Secretary to the Administration for Children and Families (ACF).*





INDIVIDUAL ACTIVITY: 45 CFR 212

Assistance for United States Citizens Returned from Foreign Countries:

1. Routine referrals
2. Eligibility: U.S. citizens and dependents
3. Reception: initial determination, provision of temporary assistance
4. Periodic review and re-determination
5. Termination of temporary assistance
6. Duty to report
7. Repayment to the U.S.
8. Federal payments
9. Disclosure of information
10. Non-discrimination



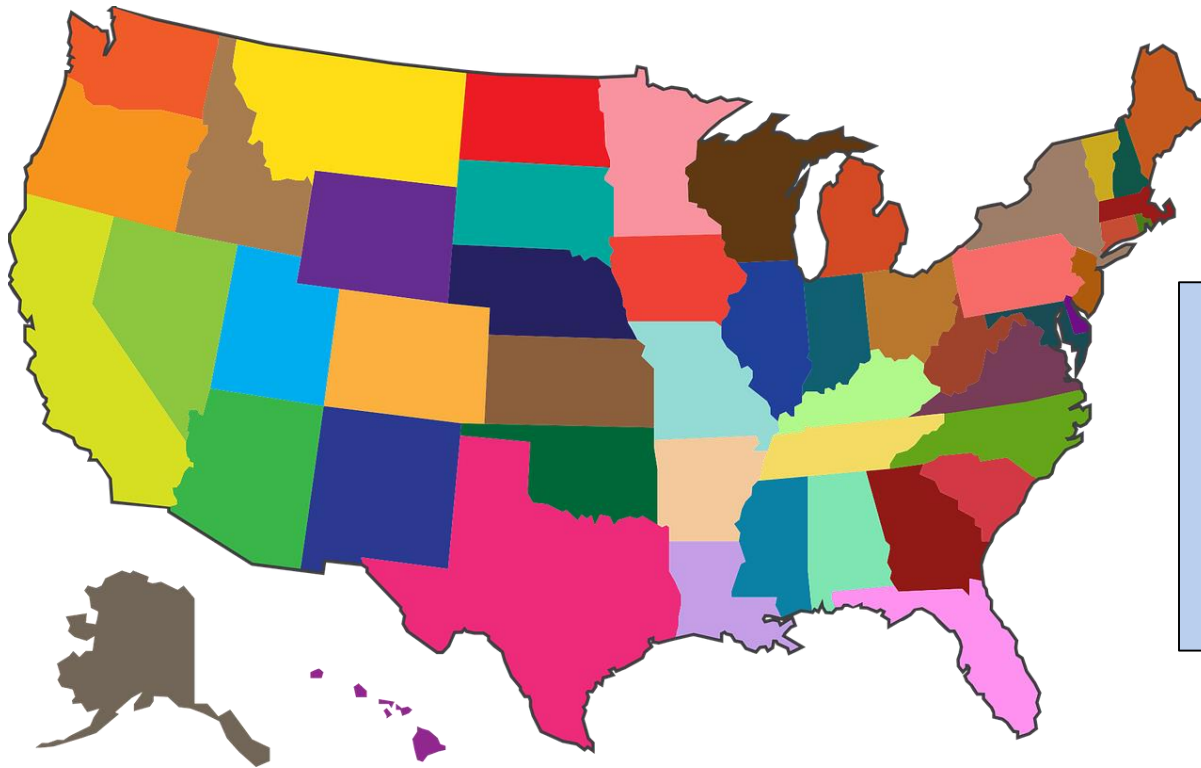
MENTALLY ILL ACTIVITY: 45 CFR 211

1. Eligibility: U.S. Nationals, U.S. Citizens and dependents of U.S. citizens
2. Certificates
3. Notification to legal guardian, spouse, next of kin, or interested persons
4. Action under State law; appointment of guardian
5. Reception; temporary care, treatment, and assistance
6. Transfer and release of eligible person
7. Continuing hospitalization
8. Examination and reexamination
9. Termination of hospitalization
10. Request for release from hospitalization
11. Federal payments
12. Financial responsibility of the eligible person; collections, compromise, or waiver of payment
13. Disclosure of information
14. Nondiscrimination



REPATRIATION

- U.S. citizens have the constitutional right to relocate to any destination of their choice within the continental United States and U.S. territories.



- Guam
- Trust Territories
- American Samoa
- Northern Mariana Islands
- U.S. Virgin Islands
- Puerto Rico



REASONS REPATRIATES ARE REFERRED TO A STATE OF FINAL DESTINATION

- Repatriate will be deported to the closest port of entry (POE).
- It was requested by the repatriate.
- Repatriate was born in the state.
- Minor has relatives in the state.
- Parents of the minor are residents of that state.
- Repatriate used to live in the state (last residency).
- No logical reason at all.





WHAT IS TEMPORARY ASSISTANCE?



- “Temporary Assistance means money payments, medical care, temporary billeting, transportation, and other goods and services necessary for the health or welfare of individuals (including guidance, counseling, and other welfare services) furnished to them within the United States upon their arrival in the United States and for such period after their arrival, not exceeding ninety (90) day period.”*



* 42 USC Sec.1313, Title 42, Chapter 7, Subchapter XI, Part A, (C)



WHO IS ELIGIBLE?



- Individuals identified by the Department of State as having returned, or been brought, from a foreign country to the United States because of the destitution of the citizen of the United States or the illness of such citizen or any of his dependents or because of war, threat of war, invasion, or similar crisis and; are without available resources.



HOW IS ELIGIBILITY DETERMINED?

- Overseas: DOS
- Within the CONUSA: HHS
 - ISS-USA
 - States





FROM THE ELITE TO THE DESTITUTE; TODAY'S PROFILE OF REPATRIATES

- Financial issues (destitution)
- Medical issues (medical tourism, chronically ill)
- Psychiatric issues (Schizophrenia, Bipolar)
- Family Crisis (internet dating, divorce, break-up)
- Victim of crime (domestic violence, assault)
- Unaccompanied minors (abuse, neglect, failed adoptions)
- Arrest (criminals serving sentence overseas)
- War, civil unrest, natural disaster
- Other (deportation)

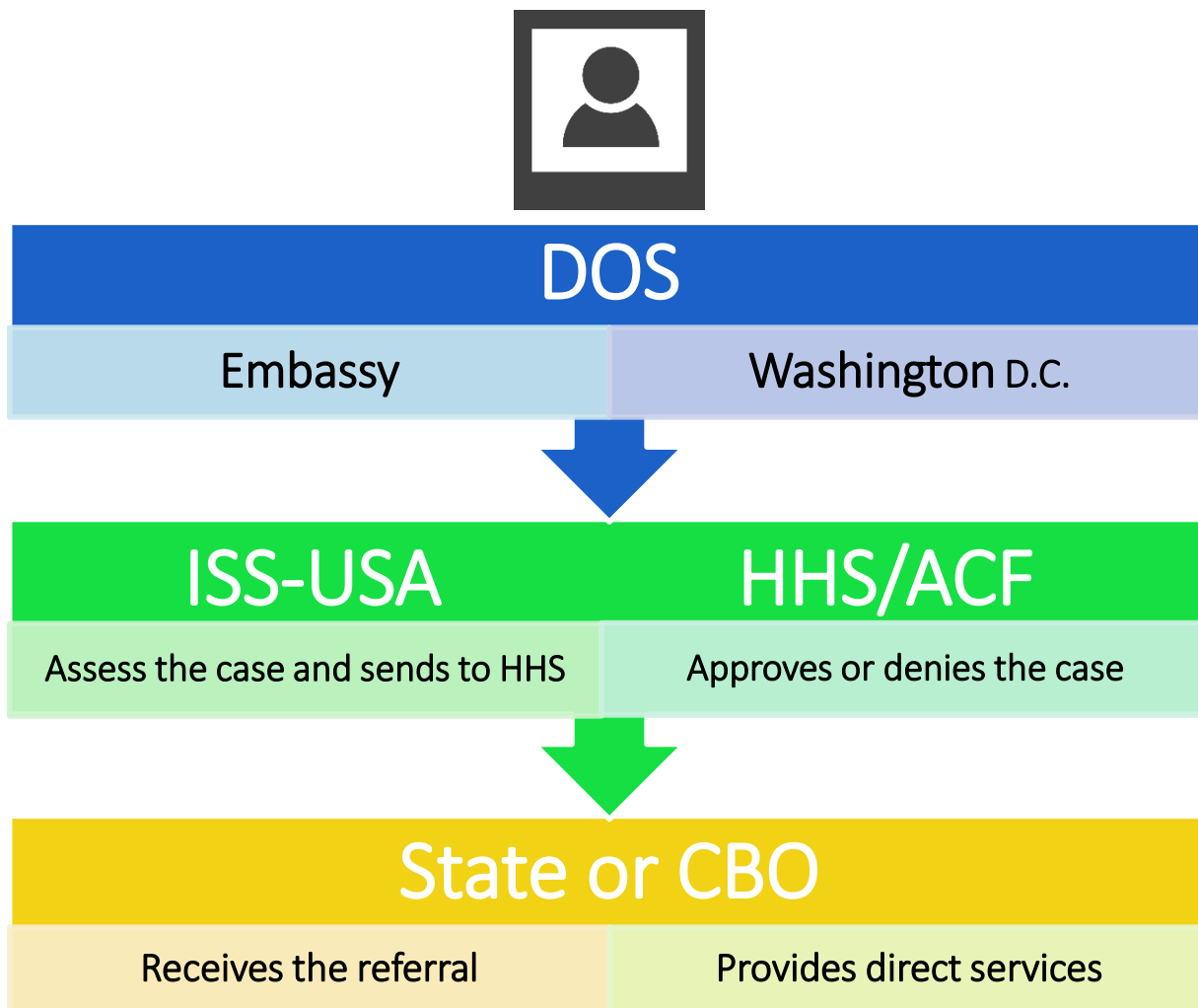


The Repatriation Program helps the most vulnerable American citizens who have no one else to turn to. A large percentage of returning Americans in this program are children.





NON-EMERGENCY REFERRALS



REPATRIATION DOCUMENTS

DOS CABLE



UNCLASSIFIED

MRN: JERUSALEM
Date/DTG: Jan , 2012
From: AMCONGEN JERUSALEM
Action: SECSTATE WASHDC IMMEDIATE
E.O.:
TAGS: CASC, AFIN, CPAS
Captions: SENSITIVE
Pass Line: CA/OCS/ACS/NESA
 _ACSIP_TLV201111128940310_ACSIP

Subject: FIMED : REPATRIATION OF Jane Smith

1. **Name/DPOB:** Jane Smith, 1 March 1980, Texas
2. **PPT:** NO. 757876000
3. **Source of Funds Contacted:**
4. **Prior Post Action:** N/A
5. **Privacy Act Waiver:** Subject was unable to sign a PAW due mental incompetence. See Certificate of Mental Incompetence.
6. **Total Assistance Required:**
7. **Desires to Return to U.S.:** Yes
8. **HHS Assistance:** ISS/HHS assistance is requested in meeting Ms. Smith at JFK Airport in New York. The psychiatric hospital that is currently treating her is willing to send a psychiatric escort to the POE in New York. She will need an escort from New York to final destination. She will need to be hospitalized upon arrival in Miami and has no health insurance.
9. **Date Last Departed U.S.:** December 2011
10. **Last Residence in U.S.:** Unknown
11. **Final Destination:** Austin, Texas
12. **Federal Benefits/SSN:** 600-25-0000
13. **Reason for Destitution:** Subject had a psychotic and was involuntarily committed to a psychiatric hospital by Israeli authorities. The order is good until July 2012.
14. **Diagnosis:** Psychotic episode.
15. **Present Location:** Herzog Hospital, Jerusalem
16. **Attending Physician:** Dr. Heller
17. **Date Able to Travel:** January 6, 2012
18. **Hospitalization Required:** Possibly, will need diagnosed in Texas.
19. **Medical Records:** Medical records will be provided.
20. **Medical Escort:** Subject will be accompanied by a medical escort.
21. **Escort to Final Destination:** No, only to New York. Will need escort to Texas.
22. **Special Requirements:** Not yet known.
23. **Remarks:** According to Dr. Keller of Herzog hospital, Amcit arrived in Israel on 1 December 2011. She was admitted to the Psychiatric Women Ward on 2 December 2011. She is in an acute psychotic state, violent and suicidal. This is most probably because she was on drugs and alcohol. Jane suffers from depression and agoraphobia. She can have anxiety attack on a plane. Jane refused to take her medicine in the past. Dr. Keller said that Jane can only travel to the U.S with a medical escort. Medication: Zyprexa, Velotab and Clonazepam.

Privacy/PII
 This email is UNCLASSIFIED

REPATRIATION DOCUMENTS

CERTIFICATE OF MENTAL INCOMPETENCE

CERTIFICATE OF MENTAL INCOMPETENCE

ABC Hospital
Paseo Corrientes
Buenos Aires, Argentina

October 7

CHIEF CAUSE OF MENTAL INCOMPETENCE

1. TREATING PHYSICIAN: Dr. Juan Alvarez, Chief of Psychiatry,
ABC Hospital, Buenos Aires, Argentina. Tel. 224 5577 or 224 6712.

2. PATIENT: J.S. or Juan Rogelio E. Barnes, born on August 25,
1945, Chicago, Illinois, U.S.A. Passport No. TTT500003, issued
March 10, 1967, Chicago.

3. DIAGNOSIS: Mr. Barnes is afflicted with paranoia
with delusions and is violent when provoked. He
may be violent and must be kept under constant surveillance for
his own protection and that of other patients. He is conscious
incapable of making reasoned decisions regarding his own welfare
and disposition of traveling without medical escort.

4. PROGNOSIS: Patient is not considered likely to recover or
to be capable of independent living at any time in the near future.
Requires constant medical supervision.

5. MEDICATIONS PRESENTLY BEING GIVEN: 6 mg. Lithium 4x a day
and 10 mg. Valium, 3x a day.

6. LOCATION OF PATIENT: ABC Hospital, Central Block, Buenos
Aires, Argentina, Room 401A.

7. CARE REQUIRED: Mr. Barnes requires full care and protection.
He is a mental health facility in the United States designed to
treat severely mentally ill. This hospital is not authorized to
openly nor staffed to provide the degree of care Mr. Barnes needs.

8. PHYSICIAN'S SIGNATURE: _____

(H. ALV)

This certificate was prepared in
compliance with the requirements
of 24 U.S.C. 1375-1379

Signature of consular officer

Jorge Gomez
(Title of consular officer)
Argentine Embassy, Buenos Aires
(Location of consular office)
October 8, 1967
(Date)

REPATRIATION DOCUMENTS

SAMPLE REFERRAL

[Print No.10 Envelope](#)

Participant Profile

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

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



 January 25, 2010

Page 1 of 2



SAFETY AND MENTAL COMPETENCY

- If the repatriate signs a decline of service form upon arrival at POE or at his/hers final destination, no services can be provided beyond this day.
- If the repatriate is deemed mentally insane overseas, a team of mental health providers should once again examine whether the repatriate is mentally competent to make decisions. Follow your local procedure.
- People can change their minds. If they need assistance, they can reapply to the Program anytime during the eligibility period.

 **ADMINISTRATION FOR CHILDREN & FAMILIES**
Office of Human Services Emergency Preparedness & Response
330 C Street, S.W., Washington, DC 20001 | www.acf.hhs.gov/hspepr

OMB Control No: 0970-0474
Expiration date: 04/30/2022

**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 content. 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. A representative (spouse, guardian, and/or legal representative) may ordinarily sign on his/her behalf.

Introduction: The U.S. Repatriation 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 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 the box indicating whether you are the authorized representative or repatriate.

Repatriate ☐ Authorized Representative ☐

Type Name: _____ DOB: _____

Signature: _____ Date: _____

Witness: _____ Date: _____
Case worker or intake staff signature

Intake person notes:

THE PAPERWORK REDUCTION ACT OF 1995 (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.

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 - 06



PERSONAL SAFETY AND AGGRESSIVE REPATRIATES

- If repatriate exhibits aggressive behavior, follow your state's established procedures for the situation.
- Notify the local police or call 911 for backup and assistance.
- If repatriate is taken into custody by the police, he/she would be released when no longer considered a threat to himself/herself or others.






FOR COMPETENT REPATRIATES

- If the repatriate is found competent to make decisions, the repatriate should be asked, whether he/she consents to receive services.
- If he/she consents to receive services, he/she must sign the repayment agreement to proceed.
- Follow the core procedure.

OMB Control No: 0970-0474
Expiration date: 05/31/2019

 **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: _____

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"

Form RRE - 05



PORT OF ENTRY OF FINAL DESTINATION?

- Services at POE will be requested on a case by case basis.
- Depending on the case, repatriates can be deported to the nearest POE since the foreign government is bearing the expenses for the repatriate returning.
- Client can remain in the POE until they are stable to travel on to their final destination and in some cases full services can be provided.





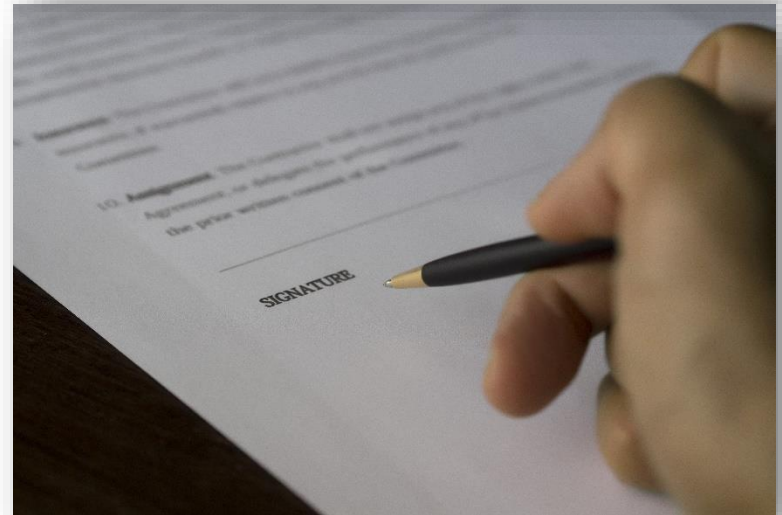
CORE SERVICES AT THE STATE LEVEL

1. Meet and greet at the airport:

- Inform the repatriate about the Program, especially that it is a loan.
- Provide a copy of the welcome package for the repatriate.


2. Obtain signature on appropriate documents:

- Privacy and Repayment Agreement Form RR-05.
- **The Program is voluntary; they can refuse services.** Refusal of Temporary Assistance Form RR-06.
- If the repatriate refuses to sign any document, note your attempt on the repayment agreement, writing "Client Refused To Sign". The local case manager should sign and date the document.





WHO SHOULD SIGN THE REPAYMENT 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 Ardennes Avenue, Suite 100, Rockville, MD 20857. Tel: (301) 443-9250.

Signature: _____ Date: _____

THE PAPERWORK REDUCTION ACT OF 1996 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 0.06 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 1501 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."

Form RR - 05

- Any repatriate who is capable of making decisions.
- Family member of unaccompanied minors.
- Guardian of minors or incompetent repatriates.
- Mentally ill repatriates that are cleared by mental health team or hospital for outpatient treatment.
- Minors and mentally incompetent repatriates (evaluated by mental health provider upon arrival) are not required to sign the agreement.



REFUSAL OF TEMPORARY ASSISTANCE FORM RR-06

- The Repatriation Loan Program is voluntary and repatriates can refuse services.
- If the repatriate signs a refusal of temporary assistance form, upon arrival at POE or final destination:
 - The assigned worker, with the assistance of a qualified mental health provider (if applicable), should once again determine whether the repatriate is mentally competent to make decisions.
 - The repatriate should be provided with the phone number of the local social service public assistance offices and/or local emergency providers.
 - No services can be provided beyond this point. If services are provided they are not reimbursable.
- If the repatriate changes their mind and needs assistance, they can reapply to the Program at any time during the eligibility period.
 - If the repatriate reapplies for services, a needs assessment must be conducted by the local provider; that evaluation must then be forwarded to ISS-USA for HHS/ACF final determination.



CORE SERVICES AT THE STATE LEVEL

3. Transportation from the airport to the final destination:

- Arrange for transportation (by ambulance, van, car or taxi) to go to hospital if POE is not final destination ensuring the repatriate is taken safely for placement in a shelter, hospital or nursing home.

4. Financial Assistance:

- Cash should be provided in accordance with Program guidelines and should follow the equivalent TANF rate for the State (depending on family size per household).





CORE SERVICES AT THE STATE LEVEL

5. Assistance finding a shelter or permanent housing:

- If public shelter is available, it is the first choice.
- If the client is arriving after hours, weekends or the shelters are full ISS can arrange for an inexpensive hotel (when provided with the possible options, hotel name and price).

6. Assistance finding medical care or psychiatric care if needed:

- Arrange for a mental health team to conduct an evaluation if necessary at the airport or at the nearest state hospital.
- Locate and notify the nearest state hospital facility about the case and arrange for third party billing rate with hospital. ISS will provide a letter.





CORE SERVICES AT THE STATE LEVEL

7. Case management follow-up:

- Assistance under the Program can be provided for up to 90 days (Day 1 is the arrival day and it ends on the 90th calendar day after arrival).
- Direct the client in applying for public benefits and provide referrals.
- Submit timely applications for all eligible & appropriate benefits to cover immediate needs: Medicaid, Medicare, SSI, TANF (if eligible), Food Stamp, housing (shelter or permanent housing), job training etc.
- Create and oversee a plan to meet the immediate needs for the repatriate, assisting them towards becoming independent in 90 days or less.



CORE SERVICES AT THE STATE LEVEL

8. Monitor case at different intervals to ensure eligibility:

- Timely notification to ISS of any development on the case (change of address and benefits).
- Any assistance over \$1,500 is a high cost case; ISS-USA needs ACF approval before proceeding with the plan.

9. Submit request for extension or waiver recommendation as soon as possible (if needed).

10. Close the case on or before 90 days:

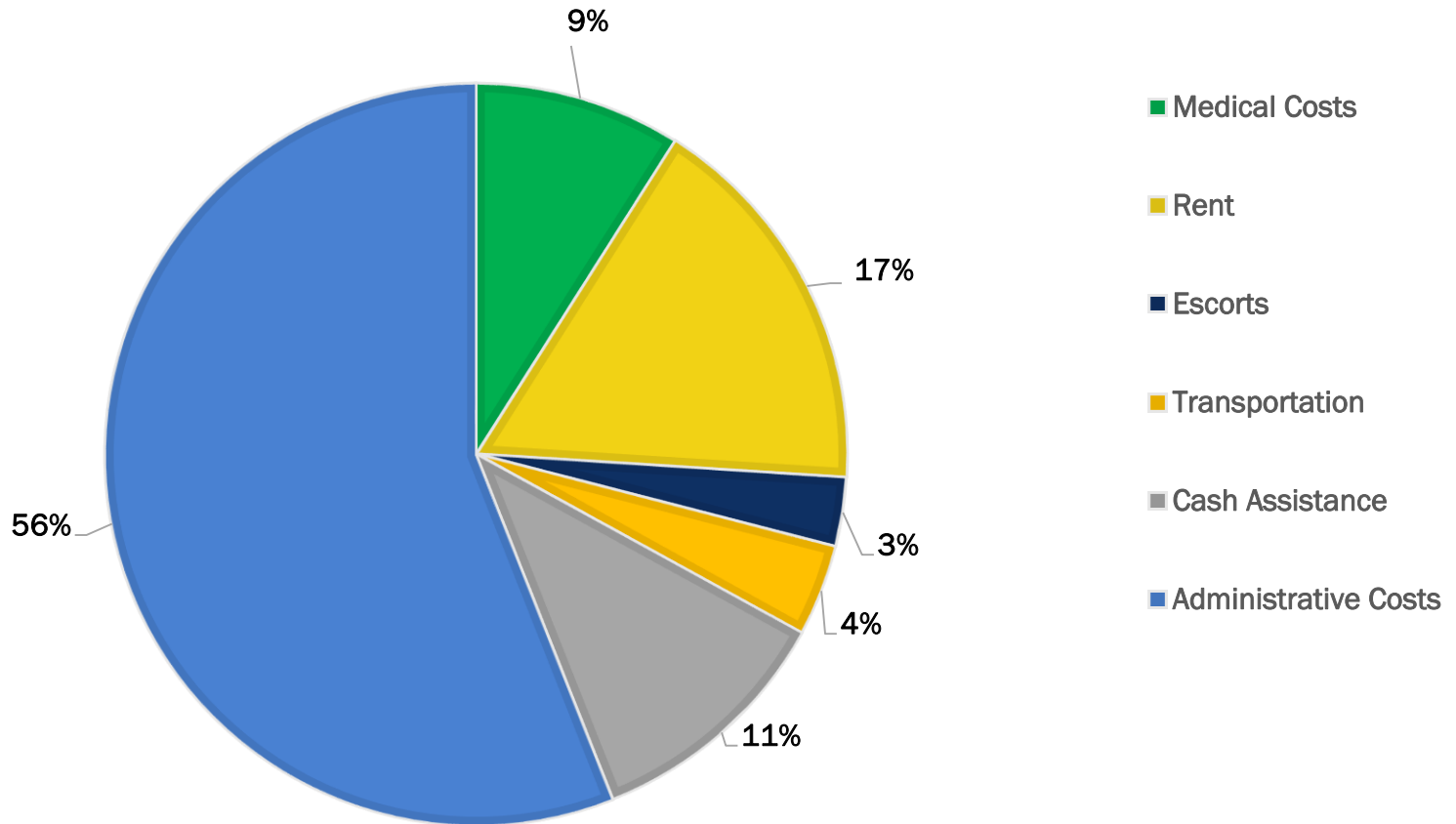
- Submit information to ISS with a closing summary of benefits and current address.
- Complete the survey monkey after case closing.



POST ARRIVAL

- After arrival, ISS will contact the State Coordinators or local provider on the first business day after the repatriate arrives to confirm that all went as planned.
- ISS will remind the state or local service provider to have all loan repayment forms signed by the repatriate and forwarded to the ISS-USA case manager.
- ISS will inform DOS about the repatriate's arrival.

Assistance Needed





IMPORTANT REMINDERS

- Any assistance over \$1,500 is a high cost case.
- ACF must approve the request prior to proceeding with the plan.
- Submit request for extension or waiver recommendation as soon as possible.
- Remind the local service provider to have all loan repayment forms signed by the repatriate and sent back to ISS-USA.





CASE CLOSED

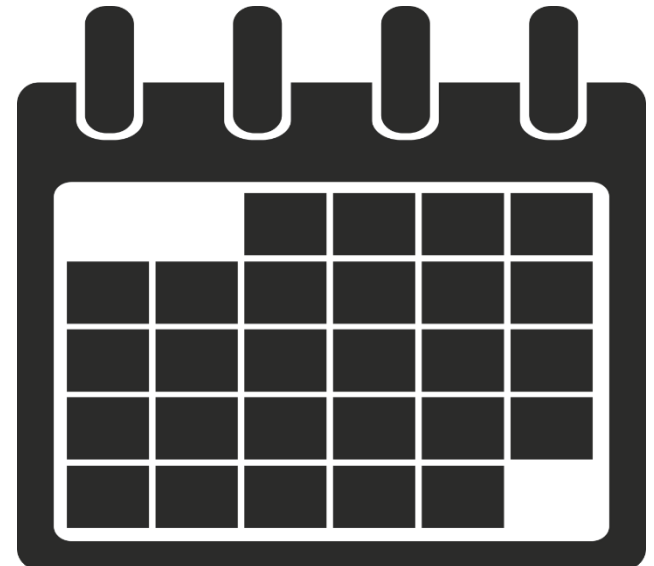
Cases are closed before 90 days typically when:

- The repatriate's immediate needs are met: they have access to benefits, housing and appropriate care.
- HHS/ACF discovers that the repatriate has access to other sources of income.
- The repatriate who was destitute or without available resources overseas and upon arrival, is able to regain access to financial resources. (Example: the repatriate is receiving SSI, lost bank card and/or is a veteran with benefits)
- The repatriate dies upon arrival to the U.S.



EXTENSIONS

- Certain temporary assistance may be furnished 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.





REPATRIATION FILES

- Please keep the records for three years from the date of submission of the final expenditure report. Ask ISS for exceptions.
- Please send to ISS any paper files or electronic records kept (older than 3 years) on any repatriates that you served. ISS-USA will cover shipping costs for these case files to be submitted to:

International Social Service – USA

1120 N Charles St, Suite 300


Baltimore, MD 21201





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.
- 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.

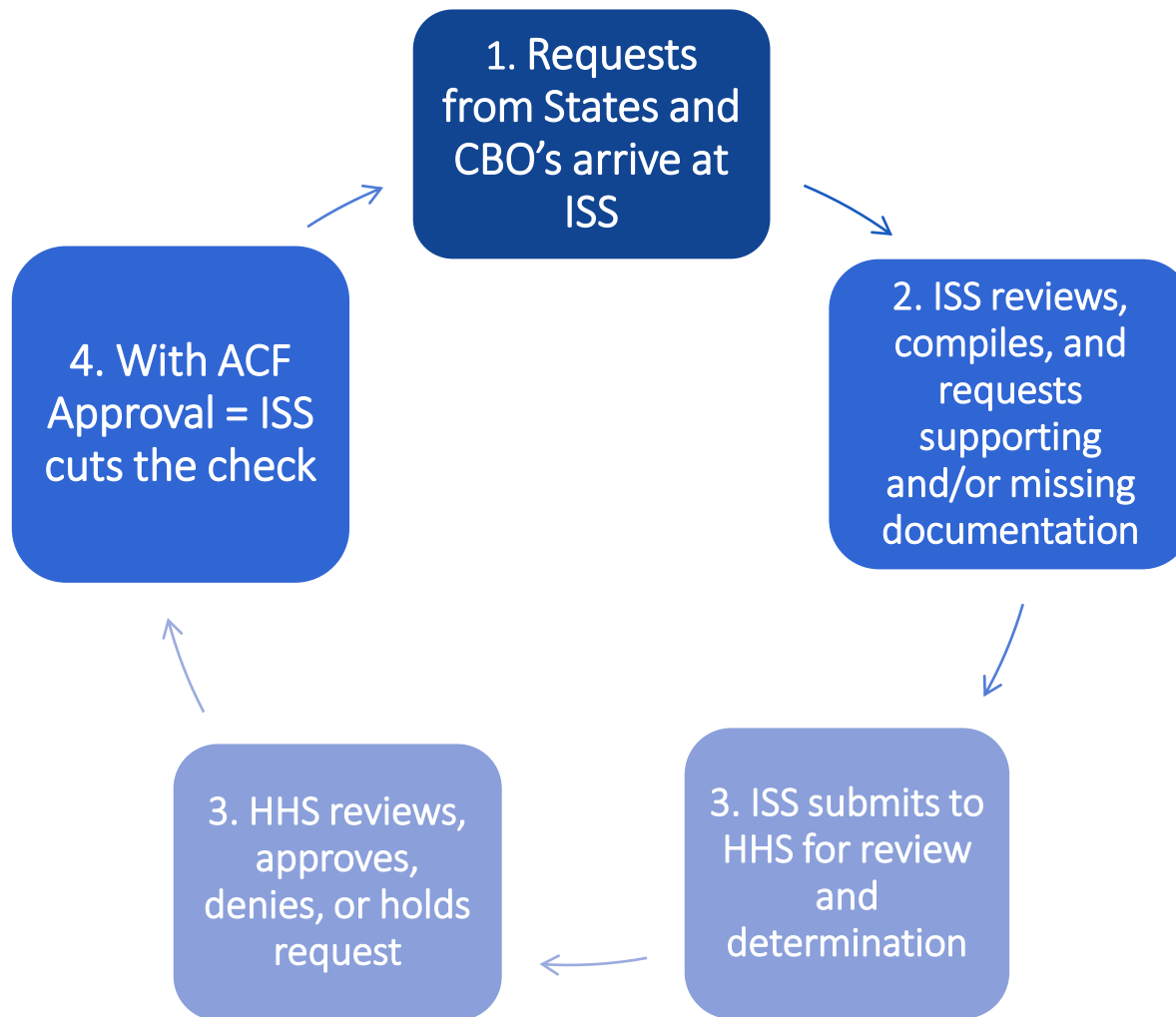
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 0.30 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency 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



REIMBURSEMENT PROCESS





REIMBURSEMENT

- ☐ Reimbursement payment requests
- ☐ Documents required monthly
- ☐ Cover letter
- ☐ Signed Privacy and Repayment Agreement Form RR-05
- ☐ Non-emergency Monthly Financial Form RR-04
- ☐ Support documentation
- ☐ Original receipts, copies of checks, acknowledgement of support received, etc.
- ☐ Detailed case notes



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.

