

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

Understanding Reasonable and Allowable Services



AGENDA

- I. Welcome Remarks (Housekeeping)
- II. Program Overview
- III. Core Services
- IV. Welcome Package
- V. Reasonable and Allowable Expenses
- VI. Guideline for Administrative Cost
- VII. Q & A Session
- VIII. Closing Remarks

TODAY YOU WILL:

1. Learn more about the core services required by the regulations
2. Learn about reasonable and allowable expenses
3. Be able to develop comprehensive plans for arrival and follow-up





THE U.S. REPATRIATION PROGRAM

- The Program was established in 1935 under Section 1113 of the Social Security Act.
- The Program is a repayable loan to the U.S. Government, not an entitlement.
- Temporary assistance is provided for up to 90 days.
- The Program budget is capped at \$1M. annually
- Repatriates can request extensions and waivers/deferrals.





ISS-USA - HHS COOPERATIVE AGREEMENT

- International Social Service (ISS) is a nonprofit, nongovernmental agency, established in 1924 in Geneva, Switzerland. Our ISS American Branch is based in Baltimore, Maryland.
- 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.





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.*

THE ISS-USA REPATRIATION TEAM



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THE PROGRAM MANAGES TWO MAJOR ACTIVITIES

1. **Emergencies Repatriations** [Executive Order 12656 (E.O. 12656) as amended]
 - Group Repatriations: evacuations of 50-500 individuals
 - Emergency Repatriations: evacuations of 500 or more individuals

2. **Non-emergency Repatriations**
 - Mentally ill repatriates (45 CFR 211), Care and treatment of Mentally Ill Nationals of the United States, Returned from Foreign Countries
 - Others (45 CFR 212), Assistance for United States Citizens Returned From Foreign Countries



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?

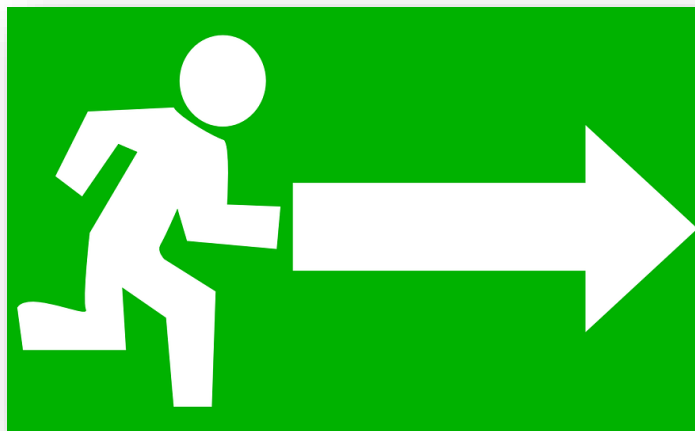


- Individuals identified by the Department of State as having returned, or been brought, from a foreign country to the United States because of the destitution of the citizen of the United States or the illness of such citizen or any of his dependents or because of war, threat of war, invasion, or similar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



HOW THE REPATRIATION PROGRAM WORKS

1. The U.S. citizen or a dependent of U.S. citizen contacts the Embassy overseas.
2. DOS makes the initial determination regarding eligibility for repatriates overseas.
3. Eligibility within the continental U.S. is determined by HHS, ISS-USA and the individual states.





THE REFERRAL PACKAGE

The referral package is referred to the state coordinator or the local service provider by email or fax.

- ☐ Case Referral from ISS-USA
- ☐ Cable
- ☐ Current Picture of the Repatriate
- ☐ Medical Information (if available)
- ☐ Certificate of Mental Incompetence

[Print No. 10 Envelope](#)

Participant Profile

Name: John Doe
Address1:
Address2:
City State, Zip:
Home Phone:
SSN: 056789115
Case Number: 14500

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 Cx/Demographic

Passport Number	720800000
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

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DOS CABLE: BACKGROUND INFORMATION



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



THE REFERRAL PACKAGE CONT.

The following documents are also requested (when applicable):

- ☐ Medical records
- ☐ List of medications & sufficient medication for time of transit
- ☐ Mental health evaluation in-country prior to departure
- ☐ Social security card or number
- ☐ Birth certificate
- ☐ Notation of any “Prior Criminal Record”
- ☐ Vaccination records
- ☐ School report card

But not always obtained...



THE REFERRAL PACKAGE CONT.

Documentation

- ☐ Birth certificate, passport, social security card, picture ID
 - ISS will provide before arrival if possible all available documentation; or the repatriate, (parent or relative) or escort may bring and hand deliver upon return to the USA.

Information to give to ISS-USA:

- ☐ Tentative plans for case
- ☐ The name of the case manager for case (and contact phone number for emergencies)
- ☐ The name of the person who will meet the repatriate at the airport





COORDINATOR WELCOME PACKAGE



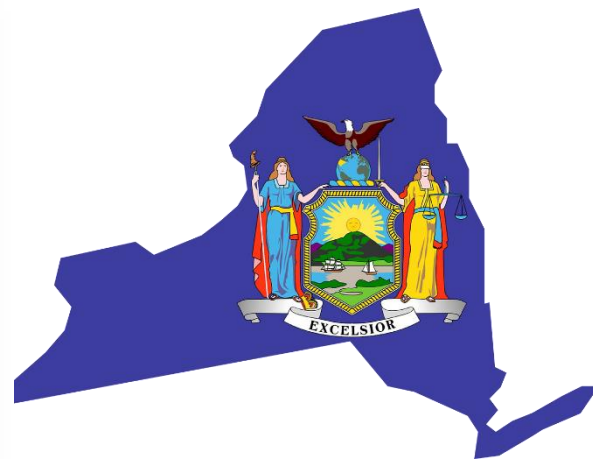
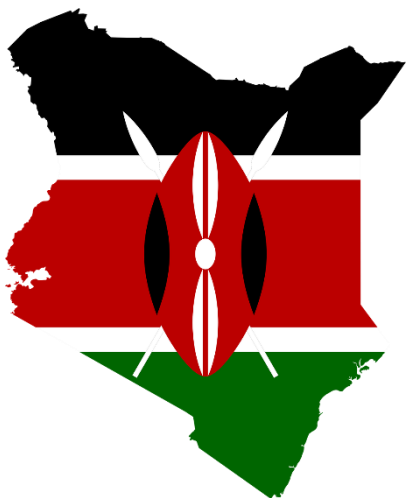
Coordinator Welcome Package:

- ☐ Welcome letter
- ☐ ISS-USA contact list
- ☐ Reimbursement instruction letter
- ☐ Forms:
 - PAW/Repayment Agreement and Decline of Service
 - RR-04 form
- ☐ Repatriation ACF general (brochure)
- ☐ Temporary Assistance for Repatriates (brochure)
- ☐ Repatriate's rights & obligations
- ☐ Waiver request forms and letter
- ☐ Hospital/ facility letter
- ☐ Other sample letters



SAMPLE NON-EMERGENCY REFERRAL

Jane is a destitute American citizen in Kenya. She requested repatriation to Miami, FL but her port of entry is New York.





PORT OF ENTRY (POE) OR STATE OF FINAL DESTINATION (FD)?



Miami



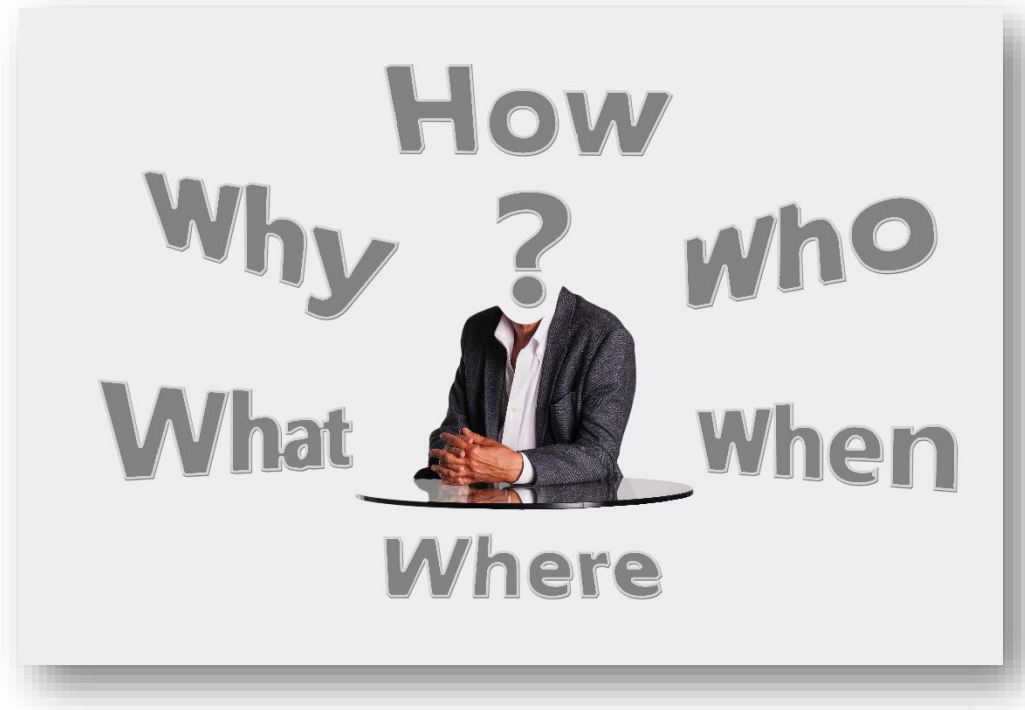
New York

Limited services/Full services



CONFIRM IMPORTANT TRAVEL INFO

- When? Date and time with current time zone
- What airline? Carrier
- Where? POE and FD
- Any Warrants...





TRANSPORTATION TO FINAL DESTINATION



- POE or FD service
- Onward travel (ISS-USA)
- Escort (ISS-USA)
- Wheel chair may be necessary
- Ambulance if necessary (ISS-USA)
- Bus pass, taxi services
- ISS-USA can arrange for this if you provided the possible options, ambulance company name and price.



REPATRIATE WELCOME PACKAGE

Repatriate Welcome Package:

- ☐ ACF welcome letter
- ☐ Repatriation ACF general brochure (fact sheet)
- ☐ Forms: PAW/ Repayment Agreement and Decline of service
- ☐ Repatriate's rights & obligations
- ☐ Waiver request forms and letter
- ☐ Closing letter sample
- ☐ State contact or Local contact: Name, Phone, Email



GENERAL SCOPE OF SERVICES

1. Meet and greet the repatriate at the port of entry (POE) and or final destination.
2. Provide clients with information about the Program and services available at the state and local level.
3. Obtain a signed repayment agreement from.
4. Coordinate all necessary services for the repatriate.
5. Provide repatriates with temporary assistance as authorized under Program regulations.
6. Assist repatriate with timely processing and application of available services (e.g. Medicaid, Food Stamps, etc.).
7. Perform periodic reviews to ensure Program eligibility.
8. Provide periodic reports and/or case updates to ACF and/or its grantee.
9. Provide information and/or assist repatriate with their requests for extensions, waivers and/or deferrals.
10. Other assistance as it may be deemed necessary in accordance with Program regulations and guidance.



REQUIRED CORE SERVICES

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.
- Refusal of Temporary Assistance Form RR-06.
- If repatriate refuse to sign any document, please note your attempt on the repayment agreement, writing client refused to sign, date and sign (your signature).

3. Other considerations:

- Unaccompanied Minors: when the transfer of custody from the escort to the authorized parent or relative is achieved upon arrival and if the parent or relative is not requesting ongoing services (loan and case management for up to 90 days), International Social Service (ISS-USA) is required to close the case upon arrival or after placement confirmation.

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

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



WHO SHOULD SIGN THE REPAYMENT FORM RR-05?

- Any repatriate who is capable of making competent 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.
- If other money is available and the repatriate qualifies for it, it is recommended that he/she pursue that first because they will not need to repay it.



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 (90 days).
 - 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.



REQUIRED CORE SERVICES

4. Assistance finding a shelter or permanent housing:



- For unaccompanied minors, CPS will determine with a home study/safety check if the parent or relative's home is safe for placement.
- If a 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).
- Assist the client in locating permanent housing.



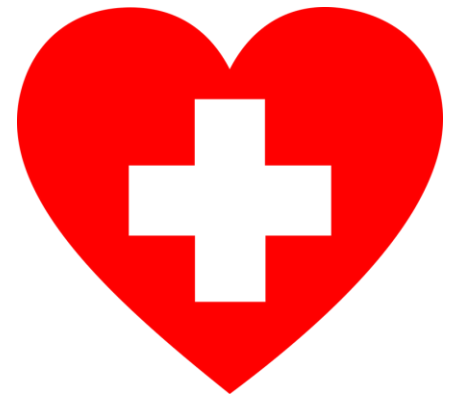
REQUIRED CORE SERVICES

5. Arrange for CPS referral to:

- Request a child abuse/background check.
- Request a brief home study/safety check on the parent, relative.
- Arrange for foster care for the unaccompanied minor or any temporary placement.

6. Assistance for medical care/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.





REQUIRED CORE SERVICES

7. Assist in the application for public assistance, especially Medicaid and food stamps:
 - Must schedule a visit to the public assistance office (within a couple of days of repatriate's arrival) for the repatriate to apply for all the benefits he/she/they may qualify for. Expedite benefits if possible.
8. Issue resettlement money at the rate allowed by the TANF rate equivalent for state (given to family size per household), if not eligible for or doesn't qualify for other benefits:
 - The repatriate (parent/relative or guardian) must sign the Repatriation Loan Agreement to receive the loan money (equivalent of the TANF rate, same amount for up to 3 months).



REQUIRED CORE SERVICES

9. Provides periodic reports and/or case updates to ACF and/or its grantee:
- 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.





PLEASE REMEMBER


- Any assistance over \$1,500 is a high cost case. ACF must approve the request prior to proceeding with the plan.
- Submit a request for extension or waiver recommendations as soon as possible.
- Maintain repatriates' file in order and in a secured location.
- Please keep the records for three years from the date of final submission of the final of reimbursable expenses. Ask ISS-USA for exceptions.





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.

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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

The Repatriation Program is federally-funded and county agencies can be reimbursed by the federal government for 100% of all reasonable and allowable Program costs.

These costs fall into two categories:

- Direct Services: Costs of Direct Assistance to Repatriates
- Administrative Services: Costs for County Administration & Case Management



REASONABLE COSTS

- A cost is reasonable if 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 the 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.



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 or Medicaid (psychiatric care, etc.)
- ☐ Medications for the use of the repatriate
- ☐ Lodging, rent, security deposit
- ☐ Utilities (prorate, if not entire month)
- ☐ Telephone and communication (prorate if not entire month)
- ☐ Training necessary for employment
- ☐ Counseling
- ☐ Transportation (weekly, monthly bus pass, taxi service or mobility service)



REIMBURSEMENT REQUESTS

- ☐ Documents required monthly
- ☐ Cover letter
- ☐ Signed Repayment Agreement/Privacy Act Waiver 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



GUIDELINE FOR ADMINISTRATIVE COSTS

- Unaccompanied minor cases from 1 to 5 hours for planning meet and greet as well as placement with Child Protective Services (CPS) care.
 - The case closes the day of arrival. Exception: if a receiving family member request assistance upon arrival and signs the repayment agreement, they can receive general destitute assistance as below.
- 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, assistance with application of public benefits, referral to resources in the community, finding shelter, and follow up for up to 3 visits of 30 minutes of direct service.



GUIDELINE FOR ADMINISTRATIVE COSTS CONT.

- Critically ill cases from 1 to 15 hours if placed in hospital or nursing home, including planning for a repatriate with medical issues:
 - Placement, meet and greet, hospital medical evaluation, finding shelter, transportation, ensure third party letter for hospital expenses is given to the hospital or nursing home facility. The social worker of the placement will develop a discharge plan, including the referral to public assistance and or other benefits. Follow up for up to 3 visits of 30 minutes of direct service.
- Certified mentally incompetent cases from 1 to 20 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 is applying for public benefits. If client is release to their own care, provide assistance with the application of public benefits, referral to resources in the community, finding shelter, and follow up for up to 3 visits of 30 minutes of direct service.



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.

