

# U.S. REPATRIATION PROGRAM TRAINING

## UNACCOMPANIED MINORS:

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



# AGENDA

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

# TODAY YOU WILL:

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1. Learn about legal authorities and regulations
2. Learn how to implement services for unaccompanied minor cases



# THE ISS-USA REPATRIATION TEAM



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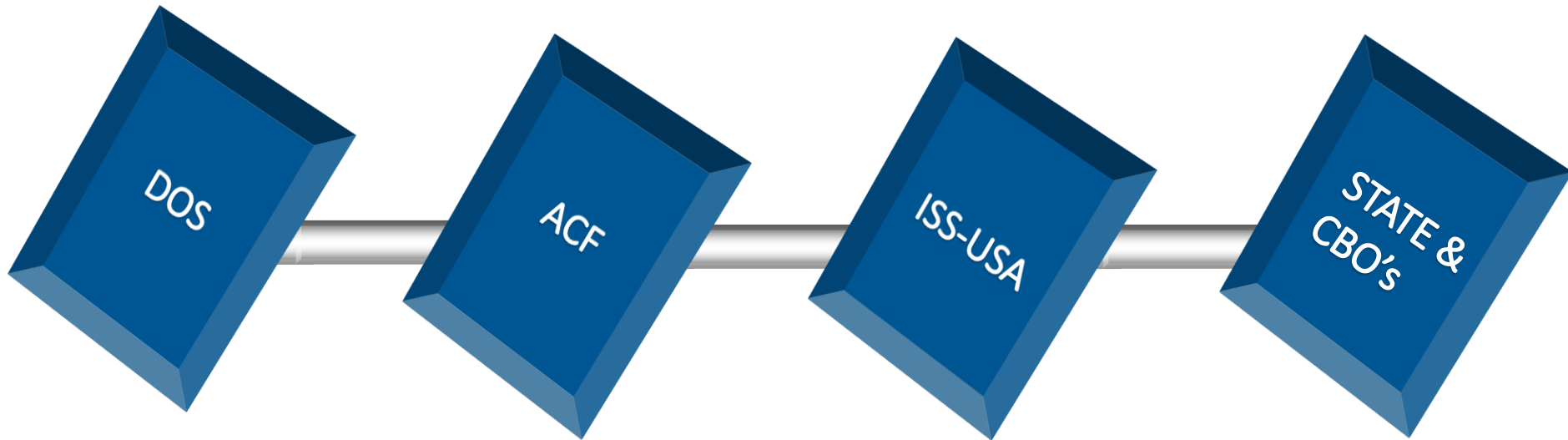
# THE U.S. REPATRIATION PROGRAM

- 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.



# AGENCIES IN THE REPATRIATION PROGRAM IN SUCCESSFUL PARTNERSHIP

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# LEGAL AUTHORITIES

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## 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](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

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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



# ROLE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

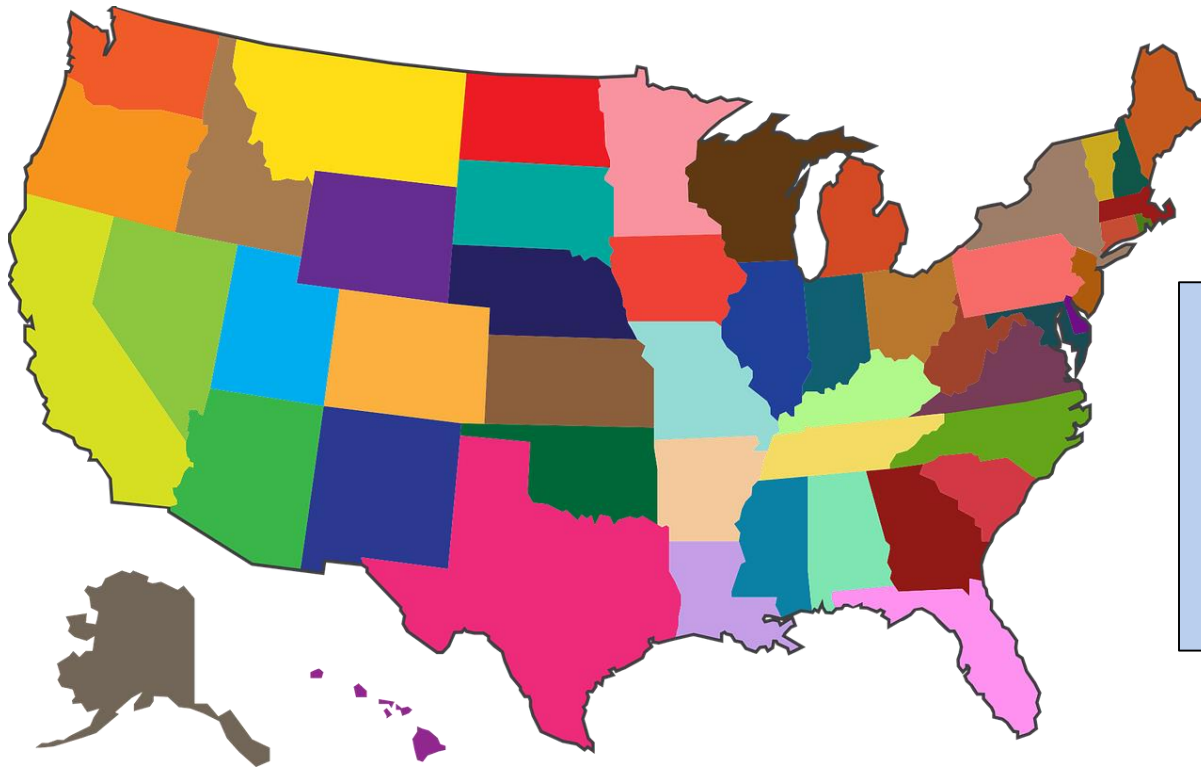
- HHS is the lead federal agency within the U.S. for all repatriation activities.\*
- HHS is responsible for management, coordination and execution of Program regulations, provision of temporary services to eligible repatriates upon their arrival to the Continental United States (CONUSA) from overseas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





# 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

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- Minor 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)



# UNACCOMPANIED MINORS

An unaccompanied minor is defined as:

- All children under the age of 18, not in the care of their parent or another adult legally designated to care for them.
- A child abandoned when his/her parent dies while traveling abroad.
- A child whose parent is arrested, incapacitated, or otherwise unable or unwilling to provide care for a child.



\*42 USC Sec.1313, Title 42, Chapter 7, Subchapter XI, Part A, 1



# 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)

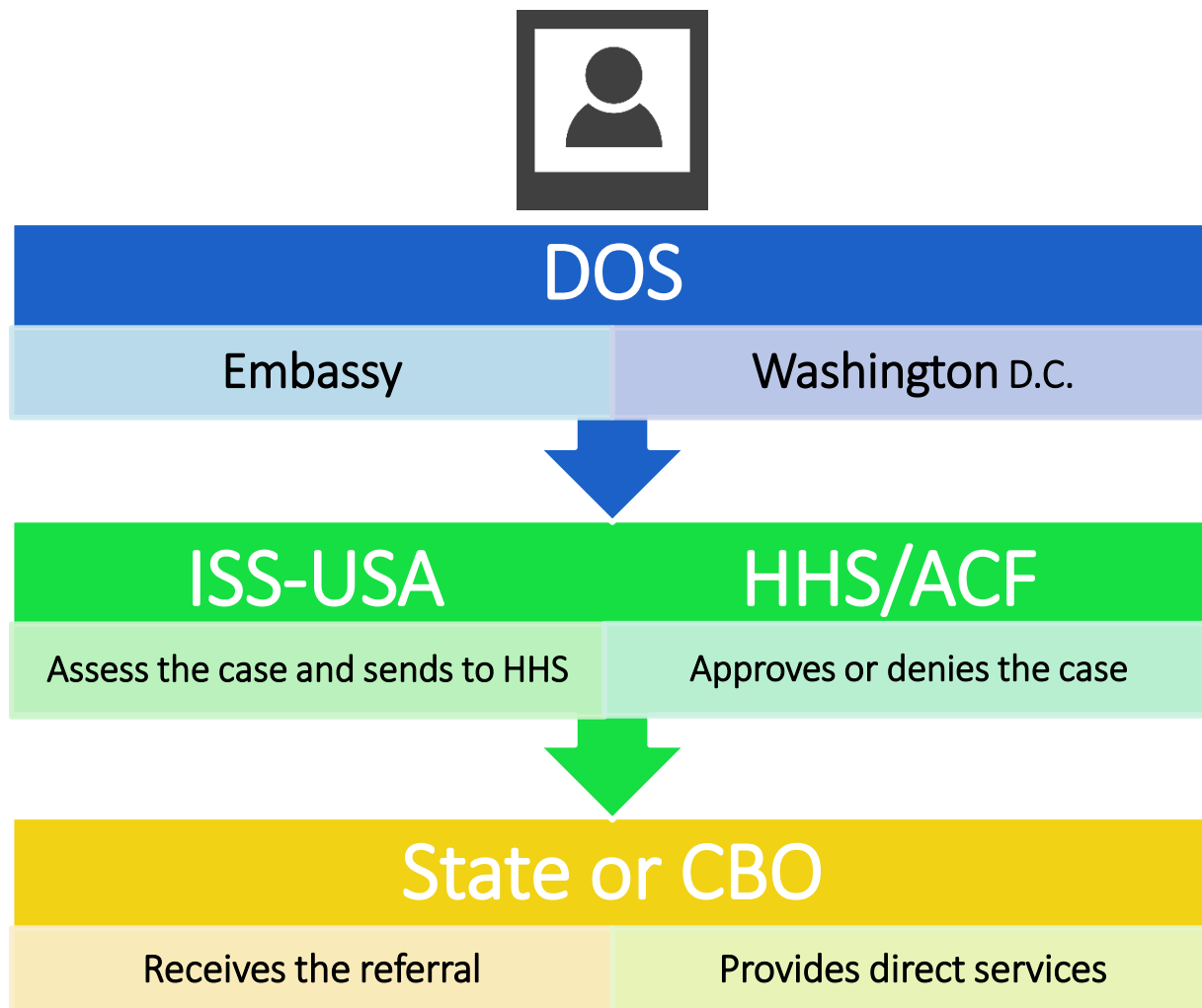


The Repatriation Program helps the most vulnerable American citizens who have no one else to turn to. A large percentage of returning Americans in this program are children.





# 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

## 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

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# SCOPE OF SERVICES (CONSULATE/DOS):

- ☐ Collect information on the minor (age, circumstances for repatriation, current housing situation, custodial rights of parents, identify relatives).
- ☐ Act as legal authority authorized to act on behalf of U.S. citizen minors.
- ☐ Find out if there is documentation indicating any special needs (medical, educational, psychological, behavioral) and provide applicable doctor or school reports.
- ☐ Assess and recommend a need for psychological evaluation or counseling.
- ☐ Provide legal documentation and list of contacts for future depositions if required by CPS in state of repatriation.
- ☐ Attempt to find parent or legal guardian.
- ☐ Determine most appropriate city for child's repatriation.
- ☐ Secure escort, including person to help with any transfer at POE and assist with on-going flights, etc.
- ☐ If needed for coordination, utilize conference call with ISS, child, social service provider and legal representative from CPS in state of repatriation, and ISS case manager.
- ☐ Maintain name, organization, contact information, etc. for any host country social or civic service providers who have dealt with the child.
- ☐ If the Freedom of Information Act (FOIA) permits, share with parents or other relevant adults documentation of all contacts.



# SCOPE OF SERVICES (ISS-USA):

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- ☐ Consult with DOS to help determine appropriate management of case and appropriate destination for the child.
- ☐ Make referral to state repatriation coordinator or to CPS.
- ☐ Procure copies of all documentation needed for the child and service agencies. Deliver them to the state repatriation coordinator/agency representative.
- ☐ Procure copies of travel itinerary and flight changes. Ensure that DOS has escort or personnel to assist at each point of transit and at arrival and processing by Customs.
- ☐ Maintain contact information from Post and Social Service providers and share among the groups to monitor child's travel and arrival.
- ☐ Work with the repatriation coordinator or CPS to arrange for child protection and foster care.

## ESCORT:

- ☐ Ensure that records requested are hand-delivered.
- ☐ Be English-speaking.
- ☐ Be prepared to talk with social service providers.



# LOCAL PROVIDERS/REPATRIATION COORDINATOR/SOCIAL SERVICE PROVIDERS

- ☐ Providers will be in a state where there is a responsible relative to take care of child; or will be the state of last residence.
- ☐ Obtain all travel information and contact numbers. Arrange to meet child at POE and provide clothing or immediate supplies.
- ☐ Plan for child's temporary placement in foster home or shelter prior to arrival.
- ☐ Work through ISS to ensure all needed documentation, depositions, medical or school records, etc. are procured from Post prior to child's repatriation.
- ☐ Keep all information concerning placement of child confidential and if siblings are involved, an attempt to keep children together in placement will be made.
- ☐ Alert local child protective services that child is coming and inform them of any needs the child may have.
- ☐ Procure translation services if child does not speak English.





# LOCAL PROVIDERS/REPATRIATION COORDINATOR/SOCIAL SERVICE PROVIDERS

- ❑ Assess situation and then alert Child Protective Services and have a plan in place for hearing to grant custody over the child and establish foster placement (if the parent was previously abusive/neglectful or if parents are responsible for child's current unaccompanied minor status).
- ❑ Arrange for and accompany child to magistrate hearing, as set up and executed within three days (state-specific); and monitor follow-up arrangements for jurisdiction hearing at 30 days.
- ❑ Continue to seek appropriate placement for child with relative, but maintain assessment for any such placement from local Child Protective Services.
- ❑ Be advocates for child to explain child's right to be resettled in their state of last residence or in a state where they have family or other ties.
- ❑ Follow-up and report to ISS of placement and situation with child and contact ISS-USA for any clarification.





# RECEPTION AT PORT OF ENTRY

- ❑ The service providers can gain access to the security area at the airport in order to meet an unaccompanied minor when provided with a letter from the DOS or their own state agency indicating their purpose and the need to proceed in that manner.



- ❑ When arranging travel itineraries for any case involving an unaccompanied minor, ESPECIALLY IN THOSE CASES WHERE A PARENT WHO HAS ABANDONED THE CHILD MAY COME FORWARD AND OPPOSE THE REPATRIATION, please make sure that DOS/OCS includes with the information sent to you a letter as follows.



# RECEPTION AT PORT OF ENTRY

☐ The letter should include this information:



1. It should be on official State Department stationary and signed by the OCS/DOS or consular officer.
2. It should be addressed to HOMELAND SECURITY at the airport which is the POE.
3. It should explain that said minor (NAME AND PASSPORT NUMBER) is being repatriated.
4. It should authorize the repatriation coordinator or social service provider to meet the unaccompanied minor at the gate and assist him/her through customs; and/or request the services of authorized airport Homeland Security to assist the child and/or the social service provider in meeting the child and accompanying the child through customs, until the child is in the custody of Child Protective Services.

☐ Remember to request this letter from DOS. The letter should be sent to the STATE REPATRIATION COORDINATOR along with the itinerary for the unaccompanied minor.



# CASE MANAGEMENT HOURS

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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>
3/10/2018	Phone and email communication with ISS, processed referral received	10:30 to 10:45am	15 min	N/A	\$ 8.5
3/10/2018	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
3/10/2018	Discussed plan for pick up at airport with ISS case manager	10:15 to 10:30 am	15 min	N/A	\$ 8.5
3/10/2018	Phone call to ambulance to arrange for transport from airport to hospital	2:40 to 2:55 pm	15 min	N/A	\$ 8.5
3/10/2018	Transportation to the airport to meet and greet		N/A	46 miles	\$ 25.3
3/10/2018	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

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- ☐ 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: 2/12/18**

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

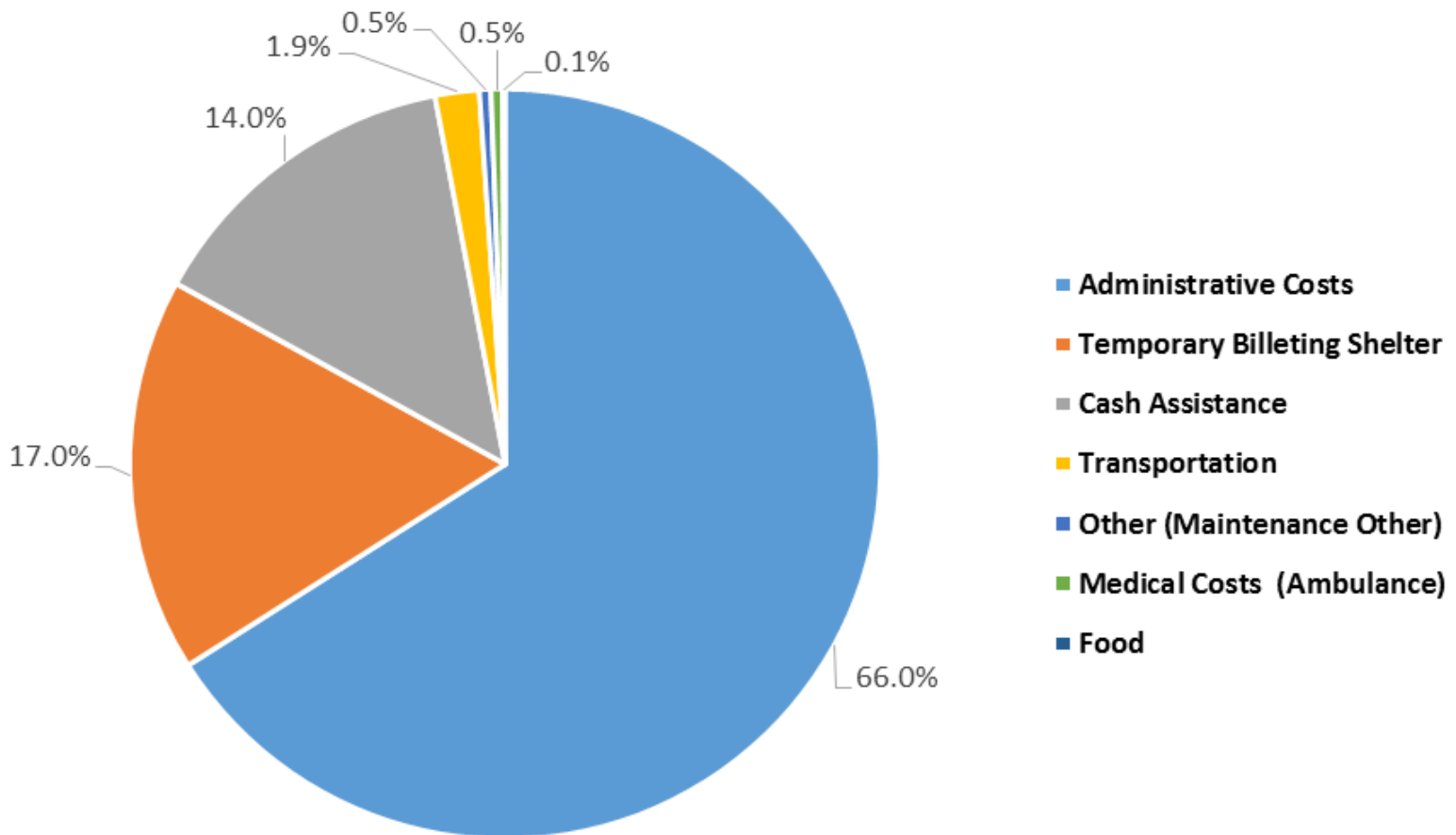
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On the event date CW (name) picked up Repat at JFK airport. Repat arrived at 7:45am from X country. Upon arrival Repat right hand was wrapped in a bandage and it was black & blue. Mrs. S stated that she injured her hand on the conveyer belt in customs.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

## Repatriation Program Assistance Provided





# PLEASE REMEMBER

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- Any assistance over \$1,500 is a high-cost case.
- HHS must approve the request prior to proceeding with the plan.
- Submit request for extension or waiver recommendation as soon as possible.





# CASE CLOSED

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Cases are closed before 90 days typically when:

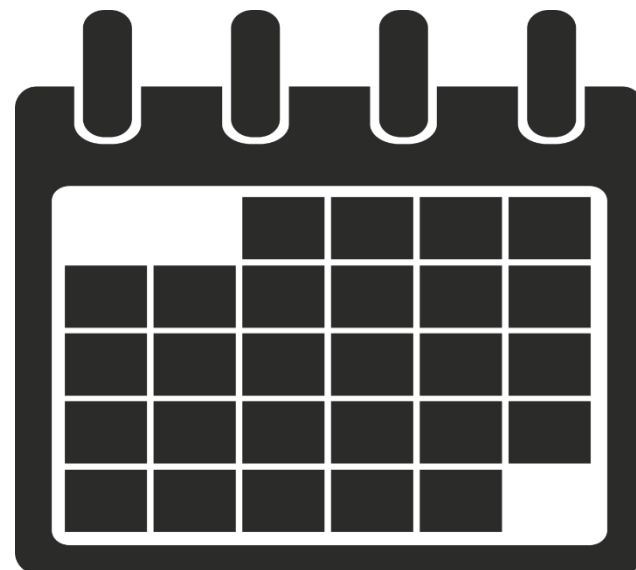
- The repatriate immediate needs are met, they have access to benefits, housing and appropriate care.
- HHS/ACF discovers that the repatriate has access to other sources of income.
- The repatriate who was destitute or without available resources overseas and upon arrival, is able to regain access to 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.
- CPS or an authorized guardian takes custody of the child at the airport and no additional services are requested.



# EXTENSIONS

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- 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.





# 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)

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**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](mailto: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.

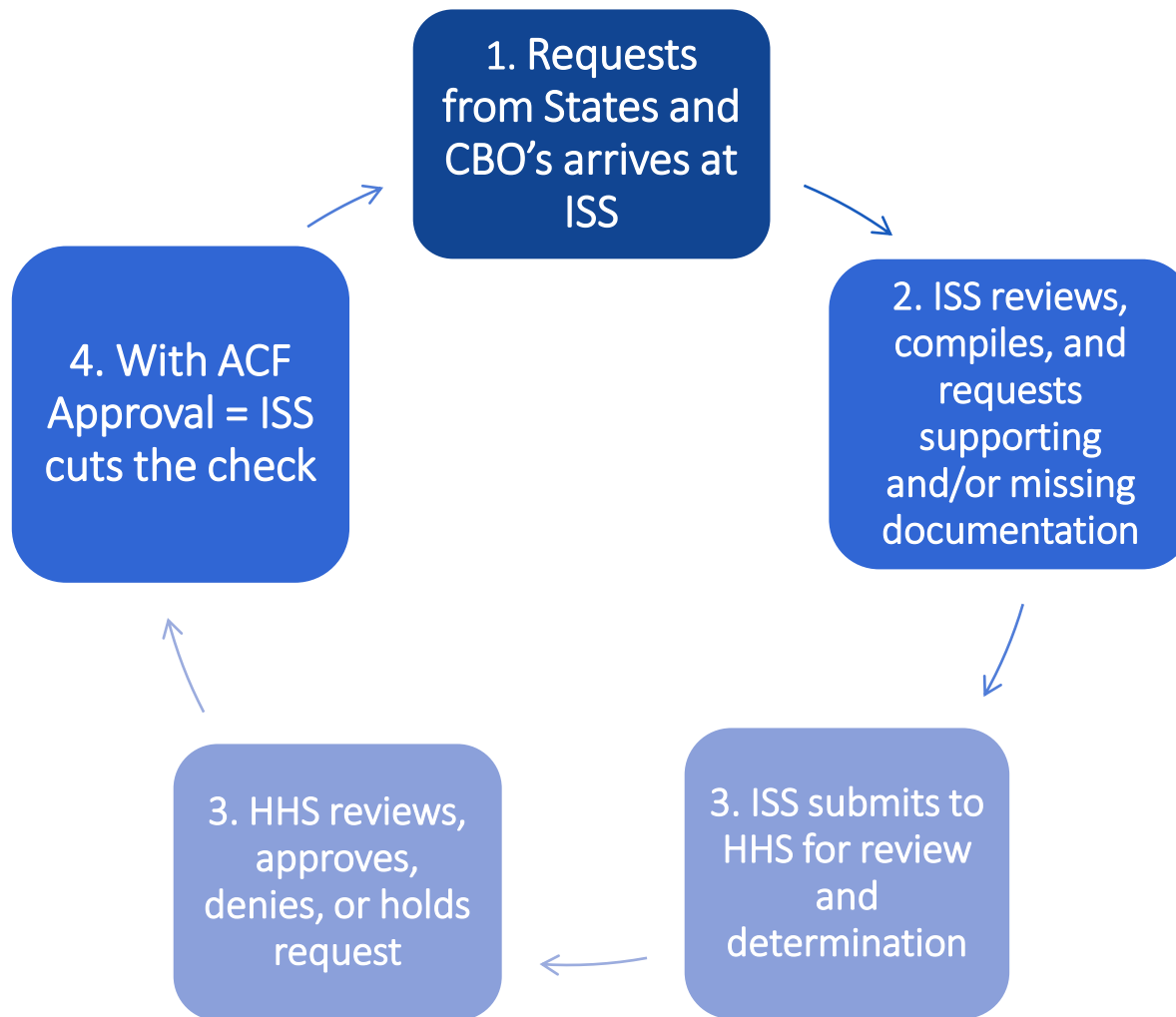
Personal information provided on this form may only be disclosed for program purposes or under the conditions prescribe in 45 CFR 211.14 or 212.9.

Form RR - 03

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# REIMBURSEMENT PROCESS





# REIMBURSEMENT

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- ☐ 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](https://ISS-USA.org)
- Email: [repatriationinquiry@iss-usa.org](mailto: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](mailto:sallen@iss-usa.org)

## **Case Management Information**

**Yalemzewd Bekele-Mulat**

**Repatriation Program Manager**

Phone: 443-451-1216

Email: [ymulat@iss-usa.org](mailto:ymulat@iss-usa.org)

# Thank you!

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

