



International Social Service-USA Branch

1120 N. Charles Street Suite 300 Baltimore, MD 21201

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U. S. Repatriation Program Welcome Package For Repatriate

Includes:

1. HHS/ ACF/OHSEPR Welcome Letter
2. Repatriation HHS/ACF/OHSEPR Fact Sheet
3. Forms:
 - RR-05 Repayment and Privacy Agreement Form
 - RR-06 Refusal of Temporary Assistance Form
4. Repatriate's Rights & Obligations
5. Closing Letter Sample
6. Waiver Request Procedure
7. State Contact or Local Contact:

Name: _____

Phone: _____ Email: _____



ADMINISTRATION FOR CHILDREN AND FAMILIES
OFFICE OF HUMAN SERVICES, EMERGENCY PREPAREDNESS & RESPONSE
330 C Street S.W.
The Mary E. Switzer Building, Room 5103-C
Washington, DC 20201

WELCOME BACK TO THE UNITED STATES OF AMERICA

Dear fellow American/s,

On behalf of the Assistant Secretary of the United States (U.S.) Administration for Children and Families and the Director of the Office of Human Services, Emergency Preparedness & Response (ACF/OHSEPR), we welcome you back to the U.S. We want to make your transition from overseas to your final destination within the U.S. as smooth as possible. This letter briefly outlines some of the information contained in this welcome package and some of the services you may receive if determined to be eligible for a Repatriation loan.

As you may already know, the Repatriation Program is not an entitlement program but a loan that is repayable to the Federal Government. Please read the Repatriation Program Factsheet for more information about this loan Program.

You are being given a welcome package which contains the below information. Upon request, your case worker will be able to explain these documents.

1. *HHS Privacy Act Statement and Repatriation Repayment Agreement Form* for you to sign if you want to accept the Repatriation Loan. This form will serve as an agreement between you and the Federal Government where you accept the loan and commit to repaying all the cost associated to your temporary assistance. In addition, through this form you authorize us to share and collect information necessary to provide you with temporary services and to carry out the activities of this Program.
2. *U.S. Repatriation Program Factsheet*
3. *Repatriates' rights and responsibilities*
4. *Sample closing letter*
5. *Factsheet and Waiver Request*
6. *List of main numbers and services available*

Your case worker will refer you or provide you with information regarding the services available at the local service agencies (e.g. county, community, state, etc) in your area. In addition, if you need assistance with vocational or occupational training as well as child welfare and medical services please inform your case worker for appropriate and timely coordination of services.

Once again, we welcome you back to the United States and wish you a successful return to your family and country.

Sincerely,

The US Repatriation Program



ADMINISTRATION FOR **CHILDREN & FAMILIES**

Office of Human Services Emergency Preparedness & Response
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov/ohsepr

Fact Sheet: U.S. Repatriation Program

Mission Statement

The U.S. Repatriation Program supports eligible U.S. citizens and their dependents repatriated from a foreign country by providing them with temporary assistance upon their arrival to the United States. Individuals eligible for temporary assistance may receive services in the form of a loan.

General Background

The U.S. Repatriation Program (Program) was established in 1935 under Section 1113 of the Social Security Act to provide temporary assistance to private U.S. citizens and their dependents identified by the Department of State (DOS) as having returned from a foreign country to the United States because of destitution, illness, war, threat of war, or a similar crisis, and are without available resources. Upon the repatriates' arrival in the United States, the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Human Services Emergency Preparedness and Response (OHSEPR) is responsible for the provision of assistance.

Programmatic Structure

The Program contains two different activities. The non-emergency activity is characterized by ongoing repatriations of individuals including mentally ill repatriates (42 U.S.C. § 1313 and 24 U.S.C. §§ 321-329). The emergency activity is contingent upon a mass evacuation and/or emergency repatriation (42 U.S.C. § 1313, and E.O. 12656). However, the core program policies and administrative procedures are the same for both emergency and non-emergency repatriation.

Temporary Assistance

Temporary assistance is defined in Section 1113 of the Social Security Act as cash, medical care, temporary shelter, transportation, and other goods and services necessary for the health or welfare of individuals, including guidance, counseling, and other welfare services. Temporary assistance is available for up to 90 days from the repatriate's date of arrival to the United States. The service provider must periodically evaluate a repatriate's situation to assess a repatriate's available resources, including benefits and services. All temporary assistance is provided in accordance to 45 C.F.R 211 and 212.

Emergency Repatriation

During a mass evacuation from overseas, HHS/ACF/OHSEPR is the lead federal agency responsible for the coordination and provision of temporary assistance within the United States to all eligible repatriates returned from a foreign country. OHSEPR is responsible for the national emergency repatriation planning, coordination, and implementation. States and territories, through ACF-established repatriation agreements, are responsible for the reception, provision of temporary assistance, and onward transportation of repatriates. OHSEPR works with other federal agencies (e.g. CDC, DoD, ASPR, DHS) and non-federal entities (e.g., Red Cross) to support the provision of temporary assistance as needed.

Contact Information

Office of Human Services Emergency Preparedness and Response
OHSEPR-repatriation@acf.hhs.gov

U.S. REPATRIATION PROGRAM REPATRIATION REPAYMENT AND PRIVACY AGREEMENT

PAPERWORK REDUCTION ACT OF 1995 (b. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is for the repatriate to accept temporary assistance under the U.S. Repatriation Program; to agree to repay HHS for temporary assistance; and to allow HHS to share personal information for benefits purposes. Public reporting burden for this collection of information is estimated to average 0.17 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to obtain a benefit (42 U.S.C. Section 1313). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0474 and the expiration date is 06/30/2025. If you have any comments on this collection of information, please contact the U.S. Repatriation Program, 330 C St. SW, Washington, D.C. 20201.

SECTION I: REPATRIATE INFORMATION			
1. Repatriate Last Name	2. Repatriate First Name	3. Repatriate Middle Name	
4. Address (Street, City, State, Zip Code)			
5. Social Security Number	6. Date of Birth (MM/DD/YYYY)	7. Phone Number	8. Email Address
SECTION II: ACCEPTANCE OF REPATRIATION SERVICES AND REPAYMENT AGREEMENT			
<p>9. Repatriation Services and Repayment Agreement</p> <p>I agree to receive temporary assistance under the U.S. Repatriation Program. I understand that I must repay the U.S. Department of Health and Human Services (HHS) for all financial, medical, shelter, transportation, and other temporary assistance I received through the U.S. Repatriation Program, unless the Office of Human Services Emergency Preparedness and Response (OHSEPR) grants me a waiver. I understand that HHS will bill me directly, and I agree to repay HHS this amount in full. Payment in full 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. Department of the Treasury for private consumer loans will accrue on the unpaid portion, in addition to any fees and penalties. Until I repay the full amount, I agree to report all changes in my address to HHS at 330 C Street S.W., Washington D.C. 20201, Attention: U.S. Repatriation Program. All payments must be sent to HHS - Program Support Center, Accounting Services – Debt Collection Center, 7700 Wisconsin Avenue, Suite 8310-A, Bethesda, Maryland 20857; Email: PSCDebtServicing@psc.hhs.gov; Telephone: 301-492-4664.</p>			
<p>10. Privacy Act Statement</p> <p>I authorize the HHS U.S. Repatriation Program (Program) to collect and have access to my personal identifiable information (PII) including my information on this form and the following Program forms: Emergency Repatriation Eligibility Application (RR-01), Loan Waiver and Deferral Application (RR-03), Routine Repatriation Reimbursement Request (RR-04), and Temporary Assistance Extension Request (RR-07), as applicable. I authorize the Program to disclose my PII to other Federal and state agencies, grantees, service providers, contractors, or private organizations, if necessary for HHS to carry out its responsibilities under 42 U.S.C. 1313 and 24 U.S.C. Sections 321 - 329, or to enable another Federal agency to carry out any functions related to my return from a foreign country to the United States, or as otherwise expressly authorized by appropriate HHS staff, in accordance with 45 CFR 211.14 and 45 CFR 212.9. Providing this information is voluntary, however failure to do so will mean HHS is unable to provide assistance.</p>			
SECTION III: SIGNATURE OF REPATRIATE / AUTHORIZED REPRESENTATIVE			
<p><i>By signing this document, I certify that I understand and agree to all terms and conditions of the Repayment Agreement and understand the Privacy Act Statement and certify that the information I have provided on this form is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, section 1001)</i></p>			
11. Signature	12. Date (MM/DD/YYYY)		

SECTION IV: AUTHORIZED REPRESENTATIVE INFORMATION (IF APPLICABLE)

13. Representative Last Name	14. Representative First Name	15. Representative Middle Name
16. Relationship to Repatriate	17. Phone Number	18. Email Address

SECTION V: REPATRIATE DEMOGRAPHIC INFORMATION (VOLUNTARY).

Mark the applicable boxes with "X" that apply for each question. All responses are voluntary.

<p>19. Race</p> <p><input type="checkbox"/> American Indian / Alaskan Native (please specify) _____</p> <p><input type="checkbox"/> Black / African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>20. Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, Dominican, South or Central American or other Spanish culture or origin, regardless of race</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p>	<p>21. Marital Status</p> <p><input type="checkbox"/> Never Married</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>
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<p>22. Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> X</p> <p><input type="checkbox"/> Other (please specify) _____</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p>23. Primary Language</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Mandarin</p> <p><input type="checkbox"/> French</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>24. Are you a veteran?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>25. Do you have a disability?</p> <p><input type="checkbox"/> Mental</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Emotional</p> <p><input type="checkbox"/> No</p> <p>If yes, please specify: _____</p>
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<p>26. Highest Level of Education</p> <p><input type="checkbox"/> Primary school (K-8th grade)</p> <p><input type="checkbox"/> Some high school</p> <p><input type="checkbox"/> High school graduate / GED</p> <p><input type="checkbox"/> Some college</p> <p><input type="checkbox"/> College degree</p> <p><input type="checkbox"/> Advanced college degree (e.g., Master's)</p> <p><input type="checkbox"/> Doctorate or Professional Degree (e.g., PhD, JD, MD)</p>	<p>27. Annual Household Income</p> <p><input type="checkbox"/> \$0 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$25,000</p> <p><input type="checkbox"/> \$25,001 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$75,000</p> <p><input type="checkbox"/> \$75,001 and above</p>	<p>28. How did you hear about the U.S. Repatriation Program?</p> <p><input type="checkbox"/> Flyer at Airport</p> <p><input type="checkbox"/> Friend or Family</p> <p><input type="checkbox"/> Overseas Evacuation Site</p> <p><input type="checkbox"/> Government Employee</p> <p><input type="checkbox"/> Other: _____</p>
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GENERAL INFORMATION

Purpose: This form is for the repatriate to accept temporary assistance under the U.S. Repatriation Program, agree to repay HHS for temporary assistance, and allow HHS to share personal information for benefits purposes.

Who Should Complete this Form: This form can be completed and signed by:

- Repatriate on behalf of themselves and dependents;
- Adult representative of a minor child (parent, guardian, or legal representative); or
- Adult representative of a mentally or physically impaired adult.

When to Submit: As soon as an eligible individual decides to apply for temporary assistance, but no later than 90 days from the repatriate's date of arrival in the United States from a foreign country.

Where to Submit: Return the signed copy to your case worker.

Disclaimer: Title 18 of the United States Code 1001 provides 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."

SPECIFIC INSTRUCTIONS

SECTION I: REPATRIATE INFORMATION

Item 1. Repatriate Last Name. Enter the repatriate's last name.

Item 2. Repatriate First Name. Enter the repatriate's first name.

Item 3. Repatriate Middle Name. Enter the repatriate's middle name. If no middle name, write "NMM."

Item 4. Address (Street, City, State, Zip Code). Enter the repatriate's U.S. address. Include apartment/unit number if applicable.

Item 5. Social Security Number. Enter the repatriate's social security number.

Item 6. Date of Birth (MM/DD/YYYY). Enter repatriate's date of birth. Format as two-digit month and day and four-digit year.

Item 7. Phone Number. Enter the primary phone number to communicate regarding participation in the U.S. Repatriation Program.

Item 8. Email Address. Enter the primary email address to send communications regarding participation in the U.S. Repatriation Program.

SECTION II: ACCEPTANCE OF REPATRIATION SERVICES AND REPAYMENT AGREEMENT

Items 9 and 10. Repatriation Services and Repayment Agreement and Privacy Act Statement. Read in full.

SECTION III: SIGNATURE OF REPATRIATE/ AUTHORIZED REPRESENTATIVE.

Item 11. Signature. Sign to indicate understanding and agreement to all terms and conditions of the Repayment Agreement and the Privacy Act Statement and to certify that the information provided on this form is correct.

Item 12. Date (MM/DD/YYYY). Provide date of signature. Format as two-digit month and day and four-digit year.

SECTION IV: AUTHORIZED REPRESENTATIVE INFORMATION (IF APPLICABLE).

Item 13. Representative Last Name. Enter the authorized representative's last name.

Item 14. Representative First Name. Enter the authorized representative's first name.

Item 15. Representative Middle Name. Enter the authorized representative's middle name. If no middle name, write "NMM."

Item 16. Relationship. Indicate the relationship of the authorized representative to the U.S. citizen (example: parent, legal guardian).

Item 17. Phone Number. Enter the primary phone number to communicate regarding participation in the U.S. Repatriation Program.

Item 18. Email Address. Enter the primary email address to send communications regarding participation in the U.S. Repatriation Program.

Items 19-28. Demographic Information. These questions are voluntary. Select appropriate box(es).

U.S. REPATRIATION PROGRAM REFUSAL OF TEMPORARY ASSISTANCE

SECTION I: INTRODUCTION

The U.S. Repatriation Program provides temporary assistance to U.S. citizens and their dependents returned by the Department of State from a foreign country to the United States because of destitution, illness, war, threat of war, invasion, or similar crisis; and who are without resources immediately accessible to meet their needs. The full cost for the temporary assistance provided must be repaid to the U.S. Government unless a waiver has been applied for and approved by the U.S. Department of Health and Human Services / Administration for Children and Families / Office of Human Services Emergency Preparedness and Response.

SECTION II: REFUSAL OF U.S. REPATRIATION PROGRAM TEMPORARY ASSISTANCE

I understand the information I have received, verbally and in writing, about temporary assistance available under the U.S. Repatriation Program, and I decline assistance.

SECTION III: SIGNATURE

1. I am: <input type="checkbox"/> an individual eligible for the U.S. Repatriation Program and am declining assistance <input type="checkbox"/> an Authorized Representative (relationship to individual _____)		
2. Name (Last, First, Middle)	3. Date of Birth (MM/DD/YYYY)	4. Country Returned From
5. Signature	6. Date (MM/DD/YYYY)	
7. Witness (Print)	8. Date (MM/DD/YYYY)	
9. Notes:		

PAPERWORK REDUCTION ACT OF 1995 (b. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to refuse temporary assistance under the U.S. Repatriation Program. Public reporting burden for this collection of information is estimated to average 0.05 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is voluntary (42 U.S.C. Section 1313). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0474 and the expiration date is 06/30/2025. If you have any comments on this collection of information, please contact the U.S. Repatriation Program, 330 C St. SW, Washington, D.C. 20201.

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

GENERAL INFORMATION

Purpose: For individuals eligible for the U.S. Repatriation Program to opt out of receiving temporary assistance through U.S. Repatriation Program.

For case worker or service provider: Before obtaining the individual's signature on this form, please verify that the signatory is an adult with sufficient level of literacy and language skills to understand this form. Persons with mental and physical conditions that may impede their understanding and/or completion of this form should not be required to sign it.

Who Should Sign this Form: This form can be completed and signed by the following:

- Individual on behalf of themselves and dependents;
- Adult representative of a minor child (parent, guardian, or legal representative); or
- Adult representative of a mentally or physically impaired adult.

Where to Submit: Return the signed copy to your repatriation case worker.

SPECIFIC INSTRUCTIONS

SECTION III: SIGNATURE

Item 1. Check the box according to who is filling out the form. If the individual refuses to fill out the form after refusing assistance, a case worker should note this in Item 9.

Item 2. Name (Last, First, Middle). Print name formatted as last name, first name, and middle name.

Item 3. Date of Birth (MM/DD/YYYY). Enter date of birth for the eligible individual as two-digit day and month and four-digit year.

Item 4. Country Returned From. Provide the name of the primary country the individual is returning from. This does not include airport layover countries.

Item 5. Signature. Individual's signature to indicate they have been provided with information regarding the U.S. Repatriation Program and have chosen NOT to receive assistance from this Program.

Item 6. Date (MM/DD/YYYY). Enter the date as two-digit day and month and four-digit year.

Item 7. Witness (Print). Format the witness's name as Last Name, First Name, Middle Initial.

Item 8. Date (MM/DD/YYYY). Enter the date as two-digit day and month and four-digit year.

Item 9. Notes. Include notes, if necessary.

Repatriate's Rights & Obligations

The United States (U.S.) Repatriation Program was established by Title XI, Section 1113 of the Social Security Act (Assistance for U.S. Citizens Returned from Foreign Countries) to provide temporary assistance to U.S. citizens and their dependents who have been identified by the Department of State (DOS) as having returned, or been brought from a foreign country to the U.S. because of destitution, illness, war, threat of war, or a similar crisis (http://www.ssa.gov/OP_Home/ssact/title11/1113.htm). The Repatriation Program provides services to the Mentally Ill for the care and treatment of legally insane or otherwise mentally ill persons who are returned to the U.S. from foreign countries. This program is authorized under 24 U.S.C. 321 and also 45 CFR 211 and 212.

(https://www.acf.hhs.gov/sites/default/files/documents/orr/repatriation_guide_section_2_mentally_ill_repatriates_final.pdf).

The Program, through its cooperative agreement with International Social Services (ISS-USA), coordinates with the state of final destination to provide any appropriate temporary assistance for the eligible individual and dependent/s.

- 1) The repatriate has the right as U.S. citizen to travel and to live in any state that he/she may choose. For more information about this please see:
 - a. Shapiro v. Thompson, 394 U.S. 618 (1969), more information available at:
 - b. <https://www.oyez.org/cases/1967/9>
- 2) The repatriate has the right to receive services, because he/she was verified by the U.S. Department of State & the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Human Services Emergency Preparedness and Response as a person who qualifies for assistance under this program. <https://www.acf.hhs.gov/ohsepr/faq/us-repatriation-program-faqs>
- 3) The repatriate can receive services for up to 90 days upon arrival to the U.S. if he/she signs the repayment agreement for the loan.
- 4) The State Coordinator's main responsibility is assisting with notification and coordination of services prior to arrival and timely submission of necessary applications for benefits.
- 5) Case workers should meet the repatriate and relatives at the airport, and should provide needed services in accordance to Program regulations, such as transportation to the final destination, shelter, food, medical care and financial assistance (according to the TANF rate in the state).
- 6) The repatriate has the right to be treated with fairness and respect as any other citizen of the United States in the state in which he/she is resettling. The amount and type of assistance provided is determined by a local social service agency according to the state's standards for the Aid to Families with Dependent Children Program. Repatriates must be advised at all times about the loan and amount they owe.
- 7) The repatriate has the right to receive care and services without discrimination: *without regard to race, color or national origin in accordance with the Civil Rights Act of 1964.* <http://www.aclu.org/>
- 8) The repatriate has the right to refuse services, because this loan program is voluntary.
- 9) The repatriate is expected to repay the loan within an established time. Eligible repatriates can apply for a loan waiver request. For more information about eligibility of waivers contact 443-451-1200 or iss-usa.org@iss-usa.org **Attention: Waiver Department.**
- 10) The repatriate has the right to seek assistance if he/she feels that he/she is being discriminated against by contacting the: Office for Civil Rights U.S. Department of Health and Human Services: Toll-free:(800) 368-1019

For more information, please contact International Social Services-USA Branch at: www.iss-usa.org



1120 N. Charles Street
Suite 300
Baltimore, MD 21202
USA

www.iss-usa.org

Closing Letter

Date:

Dear _____

We are pleased that the Repatriation Program was able to offer you repatriation assistance. AS it was explained to you by your local case manager, the U.S. Repatriation Program's purpose is to assist repatriates for up to 90 days in becoming self-sufficient. It has been reported by your case manager that you have access to assistance and are self-sufficient. Based on this determination we are closing your case.

Please remember that the Repatriation Program assistance is in the form of a loan. If you received resettlement and/or travel assistance you case was referred to the Program Support Center for collection. Their contact information is below.

Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue
Suite 8-8417
Bethesda, MD 20857
Phone: (301) 492-4709 Website: www.psc.gov

If you are not able to repay your loan please contact the Waiver Department in writing at the ISS-USA address below:

Attention Waiver Department
International Social Service-USA
1120 N. Charles Street, Suite 300
Baltimore, MD 21201
Email: waiverinquiry@iss-usa.org

Please keep the program informed of any changes of address, as the program will contact you in order to assist you in making arrangements to repay you loan.

Please contact the Department of State (DOS) for inquiries about your loan for international expenses, the phone number is: 1-800-521-2116

We wish you the best of luck in your future endeavors in the United States.

Sincerely,

**The US Repatriation Program
Case Manager**

U.S. REPATRIATION PROGRAM LOAN WAIVER AND DEFERRAL APPLICATION

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to request a loan waiver or deferral of payment for temporary assistance received under the U.S. Repatriation Program. Public reporting burden for this collection of information is estimated to average 0.5 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to apply for a waiver or deferral (42 U.S.C. Section 13113). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0474 and the expiration date is 06/30/2025. If you have any comments on this collection of information, please contact the U.S. Repatriation Program, 330 C St. SW, Washington, D.C. 20201.

SECTION I: REPATRIATE INFORMATION			
1. I am requesting (select one): <input type="checkbox"/> Waiver <input type="checkbox"/> Deferral			
2. Last Name	3. First Name	4. Middle Name	
5. Date of Birth (MM/DD/YYYY)	6. Social Security Number		
7. Address (Street, City, State, Zip Code)	8. Type of Housing <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	9. Name of Shelter, if Applicable	
10. Phone Number	11. Email Address		
12. Complete the table below for each individual included in the repatriation case.			
Last Name	First Name	Date of Birth	Relationship

SECTION II: PUBLIC ASSISTANCE						
13. Complete the table below for yourself and members of your household if you are receiving and/or are expected to receive public assistance. Use a separate sheet of paper if necessary. <i>Provide supporting documentation of applications.</i>						
Last Name	First Name	Type of Assistance Applied For	Date Application was Submitted	Application Status: Pending, Denied, Other	Date Application was Accepted	Amount Receiving or Expected to Receive
Total Amount of Public Assistance Receiving or Expected to Receive						\$

SECTION III: REPATRIATE OR LEGAL GUARDIAN EMPLOYMENT AND INCOME INFORMATION*Provide supporting documentation of employment and income.*

14. Are you able to work? Yes: Complete information below. No: Provide a written explanation or documentation as applicable.

15. Primary Occupation	16. Duration of time at present employer MM/YYYY to MM/YYYY
17. Current Employer's Name	18. Employer's Contact Information Phone Number Email

19. Address (Street, City, State, Zip Code)

20. Other Employment

Employer's Name	Address	Phone Number	Email Address

21. Monthly Income of All Household Members

Last Name	First Name	Salary or Wages (Total in Dollars)	Type of Income Received (e.g., child support, SSI, etc.)	Other Income

22. Current Monthly Combined Household Income
 Salary or Wages \$ _____ Other (assistance) \$ _____ **Total: \$ _____**

SECTION IV: ASSETS*Provide supporting documentation.*

23. Assets	Total Amount in Dollars	In Your Possession or Expected to Receive
Checking Accounts		
Savings Accounts		
Debts Owed to You		
Judgements Owed to You		
Stocks, Bonds, and other Securities		
Personal Property in Excess of \$1,500		
Other: Please Specify		
Total		

SECTION V: EXPENSES AND LIABILITIES		
<i>Provide supporting documentation.</i>		
24. Fixed Monthly Expenses	Monthly Payment	
Rent		
Utilities		
Food		
Transportation (e.g., public or ride-share)		
Household		
Insurance		
Medical Costs		
Other Expenses		
Total		
25. Loans and Liabilities	Monthly Payment	Total Amount Currently Owed
Mortgage (if different from rent)		
Car		
Lawyer/ Legal Expenses		
Furniture		
Taxes Owed		
Loans Payable (to banks, finance company, etc.)		
Credit Card(s)		
Child Support		
Other Loans and Debt		
Other Loans and Debt		
Total		

SECTION VI: ADDITIONAL QUESTIONS	
26. Answer each question by checking the Yes or No selection.	
a. Are you a part of any pending lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you have any claims from which you expect to receive any income or resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you have any claims against any individual, trust or state, partnership, corporation, or government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you a trustee, executor, or administrator of any estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is anyone holding money on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Will you receive or inherit any financial assets within the next two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you receive or expect to receive benefits from any established trust, claim for compensation or damages, contingent on future interest in property of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Do you receive or expect to receive federal, state, or local cash payment or refund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Provide an explanation below to all YES answers in Part VI. Include supporting documentation with application.	

SECTION VII: SIGNATURE

By signing this document, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil or administrative penalties. (US. Code, Title 18, section 1001)

28. Print Name of Applicant (Last, First, Middle)

29. Signature of Applicant or Representative/ Legal Guardian

30. Date (DD/MM/YYYY)

SECTION VIII: AUTHORIZED REPRESENTATIVE INFORMATION (IF APPLICABLE)

31. Representative Last Name

32. Representative First Name

33. Representative Middle Name

34. Relationship

35. Phone Number

36. Email Address

GENERAL INFORMATION

Purpose: Individuals who received temporary assistance through the U.S. Repatriation Program (hereinafter known as ‘Program’) should use this form to request a loan waiver or deferral of payment.

Who Should Sign this Form: This form can be completed and signed by:

- Repatriate on behalf of themselves and dependents;
- Adult representative of a minor child (parent, guardian, or legal representative); or
- Adult representative of a mentally or physically impaired adult.

What to Include: The application must contain necessary supporting documentation. If the application is missing documentation, your waiver or deferral request may be denied.

When to Submit: Requests should be submitted as soon as the need for a waiver or deferral is identified.

Where to Send: This form, and all supporting documents, should be provided to ISS-USA, 1120 N. Charles St., Suite 300, Baltimore, MD 21201.

Disclaimer: 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.”

The Program may grant a deferral instead of a waiver based on the application and supporting documentation.

All loan waiver and deferral determinations are made by the Office of Human Services Emergency Preparedness and Response (OHSEPR) in accordance with 45 CFR 211.13 and 212.7.

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 at: Accounting Services – Debt RR-03

Collection Center, 7700 Wisconsin Avenue, Suite 8310-A, Bethesda, Maryland 20857. Email: PSCDebtServicing@psc.hhs.gov / Telephone: 301-492-4664.

SPECIFIC INSTRUCTIONS

SECTION I: REPATRIATE INFORMATION

Item 1. I am requesting (select one). Indicate if you are requesting a ‘waiver’ or ‘deferral’ by placing an ‘X’ in the applicable box.

Item 2. Last Name. Provide your last name.

Item 3. First Name. Provide your first name.

Item 4. Middle Name. Provide your middle name. If no middle name, write “NMN.”

Item 5. Date of Birth (MM/DD/YYYY). Provide your date of birth. Format as a two-digit month and date and four-digit year.

Item 6. Social Security Number. Provide your social security number.

Item 7. Address (Street, City, State, Zip Code). Provide your primary U.S. address. Include apartment/unit number if applicable.

Item 8. Type of Housing. Indicate if the address in Item 6 is ‘Temporary’ (you will be there less than six months) or ‘Permanent’ (you will be there longer than six months) by placing an ‘X’ in the applicable box.

Item 9. Name of Shelter, if Applicable. If the residence is a shelter, provide the name. If this does not apply, write “N/A.”

Item 10. Phone Number. Enter the primary phone number to communicate with you regarding your participation (and your family’s) in the Program.

Item 11. Email Address. Enter the primary email address to send communications regarding participation in the Program.

Item 12. Complete the table below for each individual included on the repatriation loan. If more than five, use another sheet of paper. Provide the first and last name, date of birth, and relationship for each individual.

SECTION II: PUBLIC ASSISTANCE

Item 13. Complete the table below for yourself and members of your household. For each member of your household receiving government assistance, fill out a row and place an 'X' in each applicable column. If more space is needed, use another sheet of paper. Populate the total in the bottom row where indicated. Provide supporting documentation including application information and proof of benefit amount.

SECTION III: REPATRIATE OR LEGAL GUARDIAN EMPLOYMENT AND INCOME INFORMATION.

Item 14. Are you able to work? Place an 'X' in one of the two boxes provided. If 'Yes' complete boxes 15-20. If 'No' provide an explanation in the space provided in the box.

Item 15. Primary Occupation. Enter your primary occupation.

Item 16. Duration of Time at Present Employer. Populate the time in months, starting from the start date to end date. If currently employed, write the start date to 'present.'

Item 17. Current Employer's Name. Enter the name of your employer/ company/ business name.

Item 18. Employer's Contact Information. Provide the best contact information for your present employer.

Item 19. Address (Street, City, State, Zip Code). Provide the street, suite number (if applicable), city, state, and zip code of your present employer.

Item 20. Other Employment. If you have more than one primary occupation, list out applicable information in the table provided. Provide supporting documentation such as paystubs.

Item 21. Monthly Household Income. For each member of your household generating an income, fill out a row and provide details for each column.

Item 22. Current Monthly Combined Household Income. Combine your income and members of your household's income in the space provided.

SECTION IV: ASSETS

Item 23. Assets. Complete each row of the table and indicate the amount and whether the amount is in your possession or you expect to receive at a later date.

Include the approximate month and year you expect to receive it. If the row does not apply, write 'N/A' in the 'Total Amount in Dollars' column. Provide supporting documentation such as bank statements.

SECTION V: EXPENSES AND LIABILITIES

Item 24. Fixed Monthly Expenses. Provide the monthly payment in the spaces provided for each row. Provide a total in the last row. Include supporting documentation such as rental agreements, insurance information, etc.

Item 25. Loans and Liabilities. Provide the monthly payment amount and total balance due in the items listed. Provide a total in the last row.

SECTION VI: ADDITIONAL QUESTIONS

Item 26. Answer each question. Answer each question, A- H, by checking the Yes or No selection.

Item 27. Provide an explanation below to all YES answers in Part VI. Use additional pages, if necessary.

SECTION VII: SIGNATURE

Item 28. Print Name of Applicant (Last, First, Middle). Provide the full name of the applicant.

Item 29. Signature of Applicant or Representative/ Legal Guardian. Sign in the space provided.

Item 30. Date (MM/DD/YYYY). Provide the date of signature.

SECTION VIII: AUTHORIZED REPRESENTATIVE INFORMATION (IF APPLICABLE)

Item 31. Representative Last Name. Provide the representative's last name.

Item 32. Representative First Name. Provide the representative's first name.

Item 33. Representative Middle Name. Provide the representative's middle name. If no middle name, write "NMN."

Item 34. Relationship. Indicate the relationship of the representative to the repatriate.

Item 35. Phone Number. Provide the representative's phone number.

Item 36. Email address. Provide the representative's email address.