



DEPARTMENT OF HEALTH & HUMAN SERVICES

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. *Repatriates' rights and responsibilities*
3. *Loan Waiver and Deferral Application*

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



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/orr/repatriation_guide_section_2_mentally_ill_repatriates_financial.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/resource/repatriation-q-as>
- 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

OHSEPR revised on 05/07/2020 ISS revised on 5/07/2020

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 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. 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. *Provide supporting documentation of applications.*

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
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17. Current Employer's Name	18. Employer's Contact Information Phone Number Email
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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
Provide supporting documentation.

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)
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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

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 Present 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.