

SECTION I - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)? (*X one*) **YES** **NO**

The designated escort is responsible for completing (to the best of their ability) a separate form for each family group they are escorting. If there is more than one child from the same family group, enter the information in Items 6 through 20 for the eldest child being escorted. Then, complete the family group information for each younger child in Items 23(a) through (d), as applicable.

ADDITIONALLY, ESCORTS WILL FILL OUT A SEPARATE FORM FOR THEIR OWN FAMILY GROUP.

SECTION II - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

1. AIRLINE AND FLIGHT NUMBER

2. DATE OF ARRIVAL (YYYYMMDD)

3. REPATRIATION CENTER

D R A F T

4. PROCESSING DATE (YYYYMMDD)

5. PROCESSING TIME (*Military*)

SECTION III - EVACUEE IDENTIFYING INFORMATION - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

6. NAME OF EVACUEE (*Last, First, Middle Initial*)

7. COUNTRY EVACUATED FROM

8. DATE OF BIRTH (YYYYMMDD)

9. PLACE OF BIRTH (*City, State, and Country*)

10. COUNTRY OF CITIZENSHIP

11. GENDER (*X one*)

12. SOCIAL SECURITY NUMBER

MALE FEMALE

13. MARITAL STATUS (*X one*)

SINGLE MARRIED WIDOWED SEPARATED DIVORCED

14.a. PASSPORT NUMBER

b. COUNTRY OF ISSUE

15.a. ALIEN NUMBER

b. COUNTRY OF ISSUE

SECTION III - EVACUEE IDENTIFYING INFORMATION (Continued) (Read before completing Items 16 and 23)

(Use these tables to complete Item 16 and Item 23 (Page 7.) Choose all that apply.)

TABLE 1a - U.S. CITIZEN	TABLE 1b - FOREIGN NATIONAL	TABLE 2
CLASSIFICATION NUMBER 1a DoD: Service Member b DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent) c DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent) 2a DoD: Civilian Employee WITH Transportation Agreement b DoD: Dependent of Civilian Employee WITH Transportation Agreement c DoD: Civilian Employee WITHOUT Transportation Agreement d DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement 3a Non-DoD U.S. Government (USG): Employee b Non-DoD USG: Employee Dependent and/or Family Member 4 Citizen Residing Abroad (Child, Student, Private Business) 5 Tourist 6 Citizen on Business-Related Travel 7 U.S. Government Contractor	CLASSIFICATION NUMBER 8 Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent; not U.S. citizen) 9 Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date) 10 Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.) 11 Non-U.S. Civilian Employee (Works for U.S. Government) 12 Citizen of Country Other Than U.S. 13 Other, None of the Above (Specify)	AGENCY CODE A Army N Navy F Air Force M Marine Corps G Coast Guard D DoD Agency O Other U.S. Government Agency X Not Applicable

16. CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 that are applicable to the person named in Item 6.)		17. NUMBER OF FAMILY MEMBERS WITH YOU	
a. CLASSIFICATION NUMBER	b. AGENCY CODE	<input type="text"/> ADULTS (Include yourself)	<input type="text"/> CHILDREN (Include all children)
c. CLASSIFICATION NUMBER	d. AGENCY CODE	18. NUMBER OF ANIMALS WITH YOU (If applicable)	
e. CLASSIFICATION NUMBER	f. AGENCY CODE	<input type="text"/> DOGS	<input type="text"/> CATS
		<input type="text"/> BIRDS	<input type="text"/> OTHER

D R A F T

19. EMERGENCY CONTACT IN U.S. (For person named in Item 6 above)				
a. NAME (Last, First, Middle Initial)			b. ADDRESS (Street, City, State/Country, ZIP Code)	
c. HOME TELEPHONE NO. (Include Area Code)	d. WORK TELEPHONE NO. (Include Area Code)	e. CELL TELEPHONE NO. (Include Area Code)		

20. FINAL DESTINATION AND NAME OF POINT OF CONTACT (If applicable) (If same as Item 19, enter "SAME")				
a. NAME (Last, First, Middle Initial)			b. ADDRESS (Street, City, State/Country, ZIP Code)	
c. HOME TELEPHONE NO. (Include Area Code)	d. WORK TELEPHONE NO. (Include Area Code)	e. CELL TELEPHONE NO. (Include Area Code)		

21. IF U.S. DEPARTMENT OF DEFENSE MILITARY AND CIVILIAN EMPLOYEE DEPENDENTS (For escorted unaccompanied minor children enter the sponsor's (parent/guardian) information to the best of your ability.)				
a. BRANCH OF SERVICE/DOD AGENCY (X one)				
<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD
b. NAME OF SPONSOR (Remaining in Country) (Last, First, Middle Initial)			c. SSN	d. RANK/GRADE
e. ORGANIZATION/ADDRESS AND MAJOR COMMAND (Include APO#/FPO#)				

22. FINAL DESTINATION AND NAME OF ESCORT FOR UNACCOMPANIED MINOR CHILD(REN) (Complete if applicable)				
a. NAME OF ESCORT (Last, First, Middle Initial)			b. ADDRESS (Final Destination of Escort) (Street, City, State/Country, ZIP Code)	
c. HOME TELEPHONE NO. (Final Destination of Escort) (Include Area Code)	d. WORK TELEPHONE NO. (Final Destination of Escort) (Include Area Code)	e. CELL TELEPHONE NO. (Final Destination of Escort) (Include Area Code)		

SECTION III - EVACUEE IDENTIFYING INFORMATION *(Continued)*

23. ACCOMPANYING EVACUEES

(Fill out for each accompanying person.)

a.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item a.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
b.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item b.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
c.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item c.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
d.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item d.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE

D R A F T

NOTE: If there are more than 4 accompanying family members, use additional copies of Page 7.

SECTION III - EVACUEE IDENTIFYING INFORMATION (SERVICES) (Continued)

24. IF NO SERVICES ARE NEEDED, X THIS BLOCK 

25. SERVICES NEEDED *(X all that apply)*

	CLOTHING		
	HOUSING	PERMANENT	TEMPORARY
	MEDICAL		
	DOD INFORMATION		
	DOD LEGAL SERVICES		
	CHILD CARE		
	FEDERAL CIVILIAN PERSONNEL ASSISTANCE		
	LOCATOR ASSISTANCE FOR OTHER FAMILY MEMBERS		
	TRANSPORTATION TO ONWARD DESTINATION		
	FINANCIAL ASSISTANCE		
	MENTAL HEALTH		
	GENERAL INFORMATION		
	CHAPLAIN ASSISTANCE		
	FUNERAL ASSISTANCE		
	DOD RELOCATION INFORMATION		
	TRANSLATOR <i>(Indicate language)</i>		
	OTHER <i>(Specify)</i>		

D R A F T

26. ADDITIONAL REMARKS

STOP HERE.

**SECTION IV (ITEMS 27 - 36) - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER
DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF**

27. IF NO SERVICES ARE REQUIRED/WERE PROVIDED, X THIS BLOCK →

28. SERVICES PROVIDED BY DHHS

(1) SERVICES	(2) COSTS		(3) TOTAL
a. CASH ASSISTANCE	PERSONS <input checked="" type="checkbox"/>	DOLLARS =	
b. ONWARD TRANSPORTATION	PERSONS <input checked="" type="checkbox"/>	DOLLARS =	
	PERSONS <input checked="" type="checkbox"/>	DOLLARS =	
c. TEMPORARY LODGING AND PER DIEM	PERSONS <input checked="" type="checkbox"/>	DAYS <input checked="" type="checkbox"/>	DOLLARS =
d. MISCELLANEOUS <i>(Specify)</i>			=
			=
			=
			=
29. TOTAL COSTS			=

30. HAS EMERGENCY MEDICAL ASSISTANCE BEEN PROVIDED OFF-SITE? *(X one)* →

	YES		NO
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31. ADDITIONAL REMARKS


D R A F T

**SECTION V - CLOSING QUESTIONS - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER
DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF**

	<i>(X one)</i>	
	YES	NO
32. HAS REPATRIATE BEEN GIVEN A HEALTH AND HUMAN SERVICES WELCOME BROCHURE?		
33. DOES THIS PERSON/FAMILY NEED A LOAN FOR TEMPORARY ASSISTANCE BECAUSE HE/SHE/THEY ARE WITHOUT RESOURCES IMMEDIATELY ACCESSIBLE TO MEET HIS/HER/THEIR NEEDS?		
34. HAVE YOU EXPLAINED TO THE REPATRIATE THAT THE INFORMATION OBTAINED IS PROTECTED UNDER THE PRIVACY ACT AND WILL BE USED SOLELY FOR THE PURPOSE OF ESTABLISHING ELIGIBILITY FOR AND ADMINISTERING THE U.S. REPATRIATION PROGRAM?		
35. HAS THE REPATRIATE SIGNED THE HHS REPAYMENT-LOAN AGREEMENT? <i>(Agreement must be attached to file.)</i>		
36. HAS THE REPATRIATE BEEN GIVEN INFORMATION/REFERRAL FOR ASSISTANCE AT THE FINAL DESTINATION?		

37. NAME OF INTERVIEWER <i>(Last, First, Middle Initial)</i>	38. TELEPHONE NUMBER <i>(Include Area Code)</i>
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**SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL -
TO BE COMPLETED BY REPATRIATION PROCESSING CENTER**

39. IF NO SERVICES WERE PROVIDED, X THIS BLOCK 			
40. SERVICES PROVIDED (<i>X as applicable</i>)		41. COSTS	
a. TRANSPORTATION		a. TRANSPORTATION	
b. FINANCIAL (<i>Advance per diem</i>)		b. FINANCIAL (<i>Amount paid</i>)	
		VOUCHER NUMBER (<i>for per diem</i>)	
c. AMERICAN RED CROSS (ARC)		c. AMERICAN RED CROSS (ARC)	
d. HOUSING		42. TOTAL COST	
e. MEDICAL/OTHER		D R A F T	
f. LEGAL SERVICES			
g. CHAPLAIN ASSISTANCE			
h. FAMILY CENTER ASSISTANCE			

**SECTION VII - EXIT INFORMATION -
TO BE COMPLETED BY REPATRIATION PROCESSING CENTER**

43. EXIT FROM PROCESSING CENTER DATE (YYYYMMDD)	44. EXIT FROM PROCESSING CENTER TIME (<i>Military</i>)	45. DESTINATION (<i>City, State, Country</i>)	
46. TRANSPORTATION CARRIER(S)		47.a. ETA AT DESTINATION (<i>Military Time</i>)	b. DATE OF ARRIVAL AT DESTINATION (YYYYMMDD)
48. ADDITIONAL REMARKS			