



EMERGENCY LOAN APPLICATION and EVACUATION DOCUMENTATION

OMB APPROVAL NO. 1405-0150 EXPIRATION DATE: 03/31/2010 ESTIMATED BURDEN: 10 MINUTES

Personal Principal Adult Family Member Information or Unaccompanied U.S. Citizen Minor

1. Name (Last, First, Middle) 2. Social Security Number 3. Nationality

4. Date of Birth (mm-dd-yyyy) 5. Place of Birth 6. Sex [] Male [] Female

7. Accompanying Family Members (Immediate family: spouse, children, etc. not household staff) Other eligible persons must apply individually.

Table with 7 columns: Name, Sex, Date (mm-dd-yyyy) and Place of Birth, Relationship to Principal, Nationality (Specify), Minor (Yes/No), Medical (Specify)

8. Verifiable Address at Final Destination in United States or other Home of Record (Not a Post Office Box)

Street Address City Country ZIP/Postal Code Telephone Number (Include Country Code, City Code, Phone Number)

9. Identify Whose Address is Listed in Item 8

[] Applicant's Permanent Address [] Parent's Residence (Insert Name of Owner/Resident) [] Sibling's Residence (Insert Name of Owner/Resident) [] Friend's Residence (Insert Name of Friend) [] Hospital (Insert Name) [] Other (Insert Name of Owner/Resident)

PART 1 - EMERGENCY LOAN APPLICATION APPLICANTS SHOULD COMPLETE PAGES ONE, TWO AND THREE

I HEREBY APPLY FOR A U.S. GOVERNMENT ASSISTANCE LOAN (Check All That Are Applicable)

10. [] Evacuation: (International Crisis) [] Emergency Medical and Dietary Assistance [] U.S. Citizen Prisoner [] Repatriation [] Medical Repatriation of U.S. Citizen (and/or accompanying immediate family members) [] Escort Required

11. Promissory Note: (Check Appropriate Box(es))

[] I am a citizen of the United States and I hereby promise to repay to the United States Government within 90 days after the signing of this note... [] I further understand that as the principal adult U.S. citizen applicant(s) for repatriation or emergency medical and dietary assistance my U.S. passport will be canceled... [] I am a citizen of (Country - not U.S.)... [] I clearly understand that I am accepting evacuation/repatriation of my own free will and at my own risk... [] I understand that assistance requested from the Department of Health and Human Services (HHS) will be provided based on availability upon arrival in the United States.

TO BE COMPLETED BY U.S. CONSULAR OFFICER**12. Repatriation to United States or Emergency Medical or Dietary Assistance Abroad (EMDA) Loan Amount**

Amount in Foreign Currency

Amount in U. S. Currency

The Above Total Includes DOL (U.S. Dollars) for Subsistence

Date From (mm-dd-yyyy)

Date To (mm-dd-yyyy)

And DOLS (U.S. Dollars) For Repatriation/Emergency Medical and Dietary Assistance

TO BE COMPLETED BY U.S. CONSULAR OFFICER**13. Evacuation from Crisis to Safe Haven Loan Amount (Equivalent to most recent full coach fare to flight destination.)**

Amount in Foreign Currency

Amount in U. S. Currency

Evacuation From _____ to _____ on Date (mm-dd-yyyy) _____

14. Loan Repayment Agreement TO BE COMPLETED BY LOAN APPLICANTS

1. I understand that:

- (a) my obligation to repay the funds provided will not be discharged until payment in full has cleared through the account of the Treasurer of the United States;
- (b) the loan will be subject to the interest, penalties, and other such charges for late payment as directed by law and regulation;
- (c) I will not be eligible for a full validity U.S. passport for travel abroad if the loan is in default until the funds provided have been repaid in full; and
- (d) I may not be eligible for a full validity U.S. passport for travel abroad if the loan has not been paid in full.

2. I promise to repay (Insert Amount) _____ representing the U.S. dollar equivalent of the funds advanced within 90 days after the signing of this note (or upon release, if imprisoned), and to keep the Department of State, Resource Management, Accounts Receivable, informed of my address(es), until such time as the funds are repaid in full.

3. I agree that if I fail to make full payment within 90 days, the Department of State may declare this promissory note in default, and turn the account over to the U.S. Department of Treasury, the Department of Justice or a private collection agency.

4. I further understand that in the event I am unable to pay this loan in full within 90 days, Resource Management, Accounts Receivable of the Department of State may, at its discretion and upon my request, determine and forward to me a new promissory note containing an installment plan for repayment of the loan.

5. I understand that I will be liable to pay any costs for collection.

6. I will make payment by check or money order payable to the Department of State, Accounts Receivable and mail to Accounts Receivable Division, PO Box 979005, St. Louis, MO 63197-9000.

7. Inquiries should be sent to: Accounts Receivable Division, Global Financial Services, PO Box 150008, Charleston, SC 29415-5008.

Inquiries via DHL, FEDEX, UPS, etc., should be sent to: Accounts Receivable Division, Global Financial Services 1969 Dyess Ave., Building 646-B, Charleston, SC 29405 Telephone Number 1-800-521-2116.

15. Signature Block for Applicant(s)

The undersigned hereby accepts responsibility for repayment of the funds provided under the conditions outlined in the foregoing. For joint applications by spouses each party is individually responsible for the loan.

Full Typed or Printed Name _____ Signature _____

Full Typed or Printed Name of Spouse _____

Spouse's signature (if a joint application, both must sign.) _____

Date (mm-dd-yyyy) _____

16. If Applying Jointly

Spouse's Date of Birth (mm-dd-yyyy)

Spouse's Social Security Number

Spouse's Place of Birth (City, State/Province, Country)

17. Verifiable Addresses of Applicant(s)

Complete Address Abroad	Complete Address in the United States of America
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18. Emergency Contacts (Name, Address, Phone Number, Fax, E-Mail, Relationship)

19. Authorizations for Release of Information Under the Privacy Act
(Your decision whether or not to sign these authorizations is optional and will not affect the Department of State's processing of your application for assistance.)

1. I do hereby authorize the U.S. Department of State, as well as U.S. Diplomatic and Consular Missions, to release information concerning my welfare and emergency evacuation/repatriation/emergency medical and dietary assistance to family, friends, individual members of Congress, members of the press, and the general public *(Strike Out Inapplicable Items)*.

Signature(s) _____ Date (mm-dd-yyyy) _____

2. By signing here you authorize the Department of State to provide HHS (Repatriation Program) and/or its partners and grantees information regarding your medical and other pertinent personal information. Information received by HHS and/or its partners and grantees will be used in accordance with the U.S. HIPAA (Health Insurance Portability and Accountability Act) law. This statute protects the privacy of individuals receiving health services in the United States by limiting the ways providers can use patients' personal medical information. HIPAA also protects medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally.

Signature(s) _____ Date (mm-dd-yyyy) _____

PART 2 EVACUATION DOCUMENTATION FOR OFFICIAL USE ONLY NOT TO BE COMPLETED BY APPLICANT

Check Block(s)	Total Number	
<input type="checkbox"/>	_____	Documented U.S. Citizen(s) (Check Evidence Presented):
<input type="checkbox"/>	_____	<input type="checkbox"/> U.S. Passport
<input type="checkbox"/>	_____	<input type="checkbox"/> Naturalization Certificate
<input type="checkbox"/>	_____	<input type="checkbox"/> U.S. Birth Certificate
<input type="checkbox"/>	_____	<input type="checkbox"/> Certificate of Citizenship
<input type="checkbox"/>	_____	<input type="checkbox"/> Consular Report of Birth Abroad of a U.S. Citizen
<input type="checkbox"/>	_____	Probable U.S. Citizen(s). (Consular officer satisfied as to U.S. citizenship claim, but post unable to issue passport due to crisis). (The case should be reviewed and name cleared before passport issued or subject admitted to U.S. Explain: Cite Evidence Examined or Basis for Conclusion.)
<input type="checkbox"/>	_____	Lawful/Probable U.S. Permanent Resident. Evidence for Conclusion _____
<input type="checkbox"/>	_____	Host Country National with a U. S. Visa (Type) _____
<input type="checkbox"/>	_____	Third Country National (List Country of Nationality) with a U.S. Visa (Type) _____
<input type="checkbox"/>	_____	Orphan Approved for Visa. Issuance Not Possible Due to Crisis
<input type="checkbox"/>	_____	Other. (Example: Refugee, Humanitarian Parole, etc.) (Specify) _____
<input type="checkbox"/>	_____	Immediate Relative Alien (non-parent) accompanying a Minor U.S. citizen (with a U.S. Visa (Type) or Eligible for a U.S. Visa) (No U.S. Visa) (Only one escort permitted per child).
<input type="checkbox"/>	_____	Medical Need (Specify) _____
<input type="checkbox"/>	_____	U.S. Citizen Minor(s), Alien Minor(s) and escort (with U.S. visa (Type) or eligible for a U.S. visa)
<input type="checkbox"/>	_____	Group Affiliation _____

PART 3 - CONSULAR CERTIFICATION - FOR OFFICIAL USE

Consular officer should use this space to explain:

- lack of signature by beneficiary of loan;
- lack of signature by other person incurring the indebtedness on behalf of citizens adjudged to be mentally incompetent by a court of competent jurisdiction;
- lack of signature by unaccompanied minors under the age of 14;
- lack of Social Security Number(s);
- lack of verifiable U.S. address;
- Consular officers should insert dollar/foreign currency amounts of loans in items 12, 13 and 14/2.

20. *Consular Adjudication Notes: (e.g., Minor Child Found Alone Abroad, No Next-of-Kin Located; U.S. Citizen Found Mentally Incompetent by Court; Medical Patient Gravely Ill, Insufficient Time to Apply for and Obtain Social Security Number from SSA); Impossible to Obtain Signature of Loan Recipient (Why).*

21. CONSULAR OFFICER SIGNATURE AND CERTIFICATION

The undersigned consular officer approves the loan specified above.

Signature of Consular Officer

Name of Post

Typed or Printed Name of Consular Officer

Date (mm-dd-yyyy)

Title of Consular Officer

SEAL

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

The information on this form is requested under the authority of 22 U.S.C. 2670, 2671 and 4802(b). Although furnishing the information, including Social Security number, is voluntary, applicants may not be eligible for the requested assistance if they do not provide the required information. The principal purpose of the information gathered is to provide an accurate list of U.S. citizens and non-U.S. citizens being evacuated from foreign countries in times of crisis. The information will also assist in collection of expenses incurred by the U.S. Government for evacuation, repatriation of citizens to the U.S. (destitute or medical emergency cases), and provision of emergency medical and dietary assistance abroad. All copies of the form are destroyed after payment of the Promissory Note.

ROUTINE USES The information solicited on this form may be made available as a routine use to other government agencies to assist the U.S. Department of State in processing emergency loan and evacuation documentation, and requests for related services, and for law enforcement and administrative purposes, such as debt collection by the U.S. Government. It may also be disclosed pursuant to court order. Information may be made available to other U.S. agencies and their contractors, and to commercial air carriers to assist in aviation security and resettlement of the family/individual and to foreign emergency medical personnel if critical medical care is needed. The information may be made available to foreign government agencies to fulfill passport control and immigration duties, to investigate or prosecute violations of law, or when a request for information is made pursuant to customary international practice. The information may also be made available to private U.S. citizen "wardens" designated by U.S. embassies and consulates to assist in emergency and evacuation situations and to the Red Cross. For further information on routine uses, please visit <http://foia.state.gov/issuances/priviss.asp>.

Paperwork Reduction Act (PRA) Statement Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please sent them to: A/ISS/DIR, Room 2400, SA-22, U.S. Department of State, Washington, DC 20522-2202