



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
 ADMINISTRATION FOR CHILDREN AND FAMILIES**  
 330 C Street S.W., Washington D.C. 20201

**U.S. REPATRIATION PROGRAM  
 Emergency and Group Repatriation  
 State Request for Federal Support Form**

*(NOTE: Use additional pages where space on this form is insufficient or continue on reverse side)*

**INSTRUCTION: This form is to be completed by an official authorized by the State to request support from a Federal agency**

(1) Requestor Name and Title	(2) State	(3) Date and Time Submitted	
		Date	Time

Type of Assistance Requested and Description: Attach supporting document or justification as needed.

Requestor E-mail:	Location Where Service/Support is Needed
Requestor Telephone:	

Requestor Signature \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY AUTHORIZED FEDERAL STAFF  
 Authorized ACF Financial Official and/or authorized National Emergency Repatriation Unified Command (NER UCG) staff**

Financial Officer Name (print): \_\_\_\_\_ Sign: \_\_\_\_\_  
 Date/Time request was received from the State \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ Time \_\_\_\_\_

**FEDERAL AGENCY/INDIVIDUAL ASSIGNED TO EXECUTE THIS REQUEST**

DATE ASSIGNED	
NAME OF FEDERAL POINT OF CONTACT (POC)	
POC TITLE	
POC TELEPHONE	
POC E-MAIL	

**AUTHORIZED ACF OFFICIAL**

ACF Official Signature _____	Date _____
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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.