

## **ACF OHSEPR Repatriate Survey**

### **Survey Approach**

*Purpose:* The purpose of this survey is to enhance OHSEPR’s knowledge about Repatriate experiences and learn more about the types of temporary assistance Repatriates are provided as part of the Repatriation program.

*Outcome:* Information gathered from the survey will be used to inform improvements in Repatriation program efforts to enhance equitable access and referral to temporary assistance services and benefits provided to Repatriates through the Repatriation program.

*Method:* The survey will be administered through an OHSEPR-approved survey tool and consists of 16 questions, 10 of which are open-ended. Information collected using this tool is stored securely. Respondents will be sent a link to the survey and provided information about deadline for completion and contact information for resources to reach out to if they have any questions or issues with the survey.

### **Introduction and Instructions**

We would like to know more about your experiences and any temporary assistance or services you have received through the Repatriation Program. Your responses will help us determine opportunities to enhance future services and benefits provided to Repatriates.

There are no correct or incorrect questions on this survey. Please respond to each statement or question as accurately as you can. All responses will remain private. Thank you for your time!

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: ACF is gathering information to learn more about the repatriate experience and the temporary assistance provided to repatriates through 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 is a voluntary collection of information. 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 0970-0531 and the expiration date is 7/31/2022. 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.

### **Questions**

1. What is your age?
  - a. Under 18
  - b. 18-24
  - c. 25-34
  - d. 35-44
  - e. 45-54
  - f. Over 55
  - g. Prefer not to answer

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2. Check all that apply:
  - a. White
  - b. Hispanic
  - c. Black or African American
  - d. American Indian or Alaskan Native
  - e. Asian
  - f. Native Hawaiian or other Pacific Islander
  - g. Other (please specify)
  - h. Prefer not to answer
3. Gender:
  - a. Female
  - b. Male
  - c. Other
  - d. Prefer not to answer
4. Was your repatriation a result of an emergency evacuation?
  - a. Yes
  - b. No
5. *(Display Logic)* If yes, how were you notified that you needed to evacuate to the US?
6. *(Display Logic)* If yes, what resources were immediately provided to you upon arrival to the US?
7. *(Display Logic)* If yes, how would you describe your arrival experience, including applying for temporary assistance and scheduling onward travel?
8. How did you learn about the benefits available to you as a US citizen seeking repatriation?
9. How would you describe your experience interacting with Department of State (DOS) staff/consular affairs staff while you were seeking repatriation?
10. How would you describe your experience working with the Repatriation Case Manager to obtain immediate temporary assistance upon arrival in the US?
11. What additional services and/or benefits (e.g., TANF, SNAP, etc.) have you been able to access since you have been repatriated?
12. Since repatriating to the US, to what extent has the temporary assistance provided met your needs (including, but not limited to, housing, food, transportation, or medical)?
  - a. Needs have not been met (temporary assistance provided has not helped you address your needs)
  - b. Needs have somewhat been met (temporary assistance provided has helped you address some of your needs, but not all)
  - c. Needs have been met (temporary assistance provided has helped you address all your needs)
13. How helpful did you find your assigned case manager in providing you with information and/or assistance related to your repatriation?
14. At what point did you understand that the assistance provided to you for repatriation was in the form of a loan to be repaid?
  - a. During your interaction with DOS personnel
  - b. Arrival at Point of Entry (POE) through communication with POE coordinator
  - c. Case closure notification from Repatriation Case Manager
  - d. Other (please explain): \_\_\_\_\_

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15. Overall, how would you describe your experience with the repatriation process?
16. Do you have any other comments or additional information you would like to share about your experience, including areas for improvement?