U.S. Department of State

OMB Approval Number: 1405-0150
Expiration Date: XX-XX-20XX
Estimated Burden: 20 Minutes

REPATRIATION / EMERGENCY MEDICAL AND DIETARY ASSISTANCE LOAN APPLICATION

PART 1 - APPLICATION TO BE COMPLETED BY EACH ADULT APPLICANT REGARDLESS OF NATIONALITY

1. Last Name *(Print Clearly)*	2. First Name	3. Middle Name

4. Social Security Number	5. Date of Birth *(mm-dd-yyyy)*	6. Place of Birth	7. Identity Document	8. Sex
			Issuing _____ ☐ Passport No. _____ OR ☐ National ID No. _____	☐ Male ☐ Female

9. Current lodging where you may be contacted now .

10. Phone number where you may be contacted now.	11. E-mail address where you may be contacted now.

12. Medical condition, current injuries, or limited mobility relevant to evacuation.

13. Verifiable Billing Address at Final Destination in United States or other Permanent Address *(Not a Post Office Box)*

14. Address Line 1

15. Address Line 2

16. City	17. State/Province	18. Country

19. Postal Code	20. Telephone Number *(Include Country/City Codes)*	21. E-mail Address

22. Emergency Contact *(Do not list someone traveling with you)*

23. Last Name *(Print Clearly)*	24. First Name

25. Address Line 1

26. Address Line 2

27. City	28. State/Province	29. Country

30. Postal Code	31. Telephone Number *(Include Country/City Codes)*	32. E-mail Address

33. Relationship to you

34. If including minor children or incapacitated/incompetent adults, please list below.
☐ **Check here if none.**

35. Last Name *(Print Clearly)*	36. First Name	37. Middle Name

38. Social Security Number	39. Date of Birth *(mm-dd-yyyy)*	40. Place of Birth	41. Identity Document	42. Sex	43. This Person is My
			Issuing Country _____ ☐ Passport No. _____ OR ☐ National ID No. _____	☐ Male ☐ Female	

44. Last Name *(Print Clearly)*	45. First Name	46. Middle Name

47. Social Security Number	48. Date of Birth *(mm-dd-yyyy)*	49. Place of Birth	50. Identity Document	51. Sex	52. This Person is My
			Issuing Country _____ ☐ Passport No. _____ OR ☐ National ID No. _____	☐ Male ☐ Female	

Identity Document Number from Line 7

53. Last Name *(Print Clearly)*	54. First Name	55. Middle Name

56. Social Security Number	57. Date of Birth *(mm-dd-yyyy)*	58. Place of Birth	59. Identity Document Issuing Country _____ ☐ Passport No. _____ OR ☐ National ID No. _____	60. Sex ☐ Male ☐ Female	61. This Person is My

62. Last Name *(Print Clearly)*	63. First Name	64. Middle Name

65. Social Security Number	66. Date of Birth *(mm-dd-yyyy)*	67. Place of Birth	68. Identity Document Issuing Country _____ ☐ Passport No. _____ OR ☐ National ID No. _____	69. Sex ☐ Male ☐ Female	70. This Person is My

71. Last Name *(Print Clearly)*	72. First Name	73. Middle Name

74. Social Security Number	75. Date of Birth *(mm-dd-yyyy)*	76. Place of Birth	77. Identity Document Issuing Country _____ ☐ Passport No. _____ OR ☐ National ID No. _____	78. Sex ☐ Male ☐ Female	79. This Person is My

80. Last Name *(Print Clearly)*	81. First Name	82. Middle Name

83. Social Security Number	84. Date of Birth *(mm-dd-yyyy)*	85. Place of Birth	86. Identity Document Issuing Country _____ ☐ Passport No. _____ OR ☐ National ID No. _____	87. Sex ☐ Male ☐ Female	88. This Person is My:

89. PART 2 - Promissory Note and Repayment Agreement

1. I promise to repay the U.S. Government in U.S. dollars or the foreign currency equivalent, within 30 days of initial billing, and if not repaid within 60 days of initial billing at an interest rate established in accordance with Federal law, for Emergency, Medical and Dietary Assistance or Repatriation loans. This loan is in addition to any other U.S. Government loans received for other purposes. I will keep the Department of State's Accounts Receivable Branch informed of my address(es) until I repay my loan in full. If I am unable to pay this loan in full, the Department of State may, at its discretion and upon my request, forward to me an installment agreement containing an installment plan for repayment of my loan.

2. I understand that:

(a) My obligation to repay my loan will not be considered paid in full until it clears through the account of the Treasurer of the United States.
(b) Until I have paid my loan in full, I and all listed U.S. citizen family members will only be eligible for a limited validity U.S. passport.
(c) If my loan is in default, I and all U.S. citizen listed family members will not be eligible for limited validity U.S. passports.
(d) My loan will be subject to interest, penalties, and other charges for late payment as directed by law and regulation.
(e) I will be liable to pay any costs for collection.

3. I will include my name and account number with all correspondence, payments, and questions. I will make payments using Pay.gov. In Pay.gov, enter REPAT in the Search field. Questions can be sent by mail or courier (DHL, FedEx, UPS, etc.) to the following: Department of State, Accounts Receivable Branch, 2010 Bainbridge Ave., North Charleston, SC 29405. To make inquiries by telephone: From the U.S. or Canada, call 1-800-521-2116 or internationally, call 843-746-0592. To make inquiries by email please contact FMPARD@state.gov. Further information can be found at https://cgfsaccountsreceivablebranch.state.gov.

4. 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. In addition, reception and resettlement assistance provided by HHS is in the form of a loan which has to be paid back to the U.S. Government.

90. Signature Block for Applicant

I hereby accept the foregoing terms and conditions of repayment for myself and persons listed.

91. Full Name Printed _____

92. Signature (Inked, Typed*) _____ 93. Date *(mm-dd-yyyy)* _____

** Retyping your name in this box using a digital device is as acceptable as signing with pen and paper.*

Identity Document Number from Line 7

94. WRITTEN CONSENT TO RELEASE OF INFORMATION UNDER THE PRIVACY ACT

The Privacy written consent is optional and will not affect the Department of State's processing of your loan application.
I voluntarily consent to the Department of State, including U.S. diplomatic and consular missions, providing information about me and persons listed to:

(Please place a check in the following boxes for the people to whom you authorize information to be released.) ☐ family ☐ friends ☐ individual members of congress, ☐ members of the press, ☐ and the general public.

95. Signature (Inked, Typed*) _____ 96. Date *(mm-dd-yyyy)* _____

97. I voluntarily consent to the Department of State providing information to the U.S. Department of Health and Human Services (HHS) (Repatriation Program) and/or its partners and grantees with information to assist in my/our resettlement if needed.

98. Signature (Inked, Typed*) _____ 99. Date *(mm-dd-yyyy)* _____

** Retyping your name in this box using a digital device is as acceptable as signing with pen and paper.*

100. If form is signed before Notary Public in the United States for benefit of unaccompanied minor child or incapacitated or incompetent adult abroad.

State of _____ County of _____ On Date _____ *(mm-dd-yyyy)*, before me _____ *(Notary)*

Personally appeared, _____ *(Signer)* Notary Public for My Commission Expires _____

PART 3 - CONSULAR NOTES - For Official Use Only

☐ No Signature of Loan Recipient - Minor
☐ No Signature of Loan Recipient - Incapacitated/Incompetent Adult
☐ Loan Includes Temporary Subsistence
☐ No Social Security Number
☐ Escort *(No Familial Relationship)*
☐ Other *(Please Explain)*

If applicable, list U.S. citizen associated with Third Country National/Host Country National, accompanying spouse or partner, or escort of primary applicant.

Name of the U.S. Citizen	Date of Birth	Place of Birth	Social Security Number

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 U.S. Dollars currency for subsistence for the followng dates: _____ From *(mm-dd-yyyy)* _____ To *(mm-dd-yyyy)* and U.S. Dollars currency for Repatriation/Emergency Medical and Dietary Assistance.

PART 4 - CONSULAR OFFICER SIGNATURE AND CERTIFICATION

The undersigned consular officer approves the loan specified above.

_____ Signature of Consular Officer (Inked, Typed, Digital Signature*)

_____ Name of Post

_____ Name of Consular Officer

_____ Date *(mm-dd-yyyy)*

_____ Title of Consular Officer

SEAL

* Retyping Consular Officer name in the box using a digital device is acceptable as signing with pen and paper or digitally.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

AUTHORITY: The information on this form is requested under the authority of 22 U.S.C. §§ 2670, 2671, 31 USC 3711 through 31 USC 3720, 22 CFR Part 71 , and E.O. 9397, as amended.

PURPOSE: The principal purpose of the information gathered is to allow U.S. citizens and non-U.S. citizens to apply for repatriation/emergency medical and dietary assistance in foreign countries, to document when such assistance is approved, and to facilitate debt collection.

ROUTINE USES: The information solicited on this form may be shared with other U.S. or foreign government agencies, consistent with the purposes here described and for other purposes. More information on the Routine Uses for the system can be found in System of Records Notice, State-05, Overseas Citizens Services Records and the Prefatory Statement of Routine Uses.

DISCLOSURE: Furnishing the requested information is voluntary, but failure to provide it may result in delays in reviewing the application or in an inability to provide the requested assistance.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 20 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 send them to: CA/OCS/MSU, 10th Floor, SA 17, U.S. Department of State, Washington, DC 20522-1710.