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 <u>eldest</u> 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

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	**CLASSIFICATION NUMBER**	**AGENCY CODE**

TABLE 1a - U.S. CITIZEN

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

TABLE 1b - FOREIGN NATIONAL

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)*

TABLE 2

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.)*

a. CLASSIFICATION NUMBER	b. AGENCY CODE
c. CLASSIFICATION NUMBER	d. AGENCY CODE
e. CLASSIFICATION NUMBER	f. AGENCY CODE

17. NUMBER OF FAMILY MEMBERS WITH YOU

	ADULTS *(Include yourself)*		CHILDREN *(Include all children)*

18. NUMBER OF ANIMALS WITH YOU *(If applicable)*

	DOGS		CATS
	BIRDS		OTHER

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 NUMBER *(Include Area Code)*

d. WORK TELEPHONE NUMBER *(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 NUMBER *(Include Area Code)*

d. WORK TELEPHONE NUMBER *(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)*

	ARMY		NAVY		AIR FORCE		MARINE CORPS		COAST GUARD		DOD AGENCY

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. 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 NUMBER *(Final Destination of Escort) (Include Area Code)*

d. WORK TELEPHONE NUMBER *(Escort) (Include Area Code)*

23. ACCOMPANYING EVACUEES
(Fill out for each accompanying person.)

a.(1) NAME *(Last, First, Middle Initial)* | **(2) SSN** | **(3) DATE OF BIRTH** *(YYYYMMDD)*

(4) GENDER *(X one)*
| | MALE | | FEMALE |

(5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)*
| | SPOUSE | | SON/DAUGHTER | | PARENT | | OTHER |

(6) PLACE OF BIRTH *(City, State, and Country)*

(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S)
(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).)

(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**

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b.(1) NAME *(Last, First, Middle Initial)* | **(2) SSN** | **(3) DATE OF BIRTH** *(YYYYMMDD)*

(4) GENDER *(X one)*
| | MALE | | FEMALE |

(5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)*
| | SPOUSE | | SON/DAUGHTER | | PARENT | | OTHER |

(6) PLACE OF BIRTH *(City, State, and Country)*

(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S)
(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).)

(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 *(Last, First, Middle Initial)* | **(2) SSN** | **(3) DATE OF BIRTH** *(YYYYMMDD)*

(4) GENDER *(X one)*
| | MALE | | FEMALE |

(5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)*
| | SPOUSE | | SON/DAUGHTER | | PARENT | | OTHER |

(6) PLACE OF BIRTH *(City, State, and Country)*

(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S)
(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).)

(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 *(Last, First, Middle Initial)* | **(2) SSN** | **(3) DATE OF BIRTH** *(YYYYMMDD)*

(4) GENDER *(X one)*
| | MALE | | FEMALE |

(5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)*
| | SPOUSE | | SON/DAUGHTER | | PARENT | | OTHER |

(6) PLACE OF BIRTH *(City, State, and Country)*

(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S)
(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).)

(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**

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 *(Indicate language)*				
	OTHER *(Specify)*				

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
	PERSONS X	**DOLLARS** =	
a. ONWARD TRANSPORTATION	**PERSONS** X	**DOLLARS** =	
b. TEMPORARY LODGING AND PER DIEM	**PERSONS** X **DAYS** X	**DOLLARS** =	
c. MISCELLANEOUS *(Specify)*		=	
		=	
		=	
		=	
	29. TOTAL COSTS =		

30. HAS EMERGENCY MEDICAL ASSISTANCE BEEN PROVIDED OFF-SITE? *(X one)* ⟶   YES   NO

31. ADDITIONAL REMARKS

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

	(X one)	
	YES	**NO**
32. 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?		
33. 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?		
34. HAS THE REPATRIATE SIGNED THE HHS REPAYMENT-LOAN AGREEMENT? *(Agreement must be attached to file.)*		
35. HAS THE REPATRIATE BEEN GIVEN INFORMATION/REFERRAL FOR ASSISTANCE AT THE FINAL DESTINATION?		

36. NAME OF INTERVIEWER *(Last, First, Middle Initial)*

37. TELEPHONE NUMBER *(Include Area Code)*

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SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER

38. IF NO SERVICES WERE PROVIDED, X THIS BLOCK ➜

39. SERVICES PROVIDED *(X as applicable)*	40. COSTS	
a. TRANSPORTATION	a. TRANSPORTATION	
b. FINANCIAL *(Advance per diem)*	b. FINANCIAL *(Amount paid)* VOUCHER NUMBER *(for per diem)*	
c. AMERICAN RED CROSS (ARC)	c. AMERICAN RED CROSS (ARC)	
d. HOUSING	41. TOTAL COST	
e. MEDICAL/OTHER		
f. LEGAL SERVICES		
g. CHAPLAIN ASSISTANCE		
h. FAMILY CENTER ASSISTANCE		

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

42. EXIT FROM PROCESSING CENTER DATE *(YYYYMMDD)*	43. EXIT FROM PROCESSING CENTER TIME *(Military)*	44. DESTINATION *(City, State, Country)*	
45. TRANSPORTATION CARRIER(S)		46.a. ETA AT DESTINATION *(Military Time)*	b. DATE OF ARRIVAL AT DESTINATION *(YYYYMMDD)*

47. ADDITIONAL REMARKS