

**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 eldest 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
<b>CLASSIFICATION NUMBER</b> <b>1a</b> DoD: Service Member <b>b</b> DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent) <b>c</b> DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent) <b>2a</b> DoD: Civilian Employee WITH Transportation Agreement <b>b</b> DoD: Dependent of Civilian Employee WITH Transportation Agreement <b>c</b> DoD: Civilian Employee WITHOUT Transportation Agreement <b>d</b> DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement <b>3a</b> Non-DoD U.S. Government (USG): Employee <b>b</b> Non-DoD USG: Employee Dependent and/or Family Member <b>4</b> Citizen Residing Abroad (Child, Student, Private Business) <b>5</b> Tourist <b>6</b> Citizen on Business-Related Travel <b>7</b> U.S. Government Contractor	<b>CLASSIFICATION NUMBER</b> <b>8</b> Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent; not U.S. citizen) <b>9</b> Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date) <b>10</b> Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.) <b>11</b> Non-U.S. Civilian Employee (Works for U.S. Government) <b>12</b> Citizen of Country Other Than U.S. <b>13</b> Other, None of the Above <i>(Specify)</i>	<b>AGENCY CODE</b> <b>A</b> Army <b>N</b> Navy <b>F</b> Air Force <b>M</b> Marine Corps <b>G</b> Coast Guard <b>D</b> DoD Agency <b>O</b> Other U.S. Government Agency <b>X</b> Not Applicable

<b>16. CLASSIFICATION NUMBER(S) AND AGENCY CODE(S)</b> <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 that are applicable to the person named in Item 6.)</i>		<b>17. NUMBER OF FAMILY MEMBERS WITH YOU</b>	
a. CLASSIFICATION NUMBER	b. AGENCY CODE	<input type="text"/>	<b>ADULTS</b> <i>(Include yourself)</i>
c. CLASSIFICATION NUMBER	d. AGENCY CODE	<input type="text"/>	<b>CHILDREN</b> <i>(Include all children)</i>
e. CLASSIFICATION NUMBER	f. AGENCY CODE	<input type="text"/>	<b>18. NUMBER OF ANIMALS WITH YOU</b> <i>(If applicable)</i>
		<input type="text"/>	<b>DOGS</b>
		<input type="text"/>	<b>CATS</b>
		<input type="text"/>	<b>OTHER</b>

**19. EMERGENCY CONTACT IN U.S.**  
*(For person named in Item 6 above)*

a. NAME <i>(Last, First, Middle Initial)</i>		b. ADDRESS <i>(Street, City, State/Country, ZIP Code)</i>	
c. HOME TELEPHONE NUMBER <i>(Include Area Code)</i>	d. WORK TELEPHONE NUMBER <i>(Include Area Code)</i>		

**20. FINAL DESTINATION AND NAME OF POINT OF CONTACT** *(If applicable)*  
*(If same as Item 19, enter "SAME")*

a. NAME <i>(Last, First, Middle Initial)</i>		b. ADDRESS <i>(Street, City, State/Country, ZIP Code)</i>	
c. HOME TELEPHONE NUMBER <i>(Include Area Code)</i>	d. WORK TELEPHONE NUMBER <i>(Include Area Code)</i>		

**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 <i>(X one)</i>											
<input type="checkbox"/>	ARMY	<input type="checkbox"/>	NAVY	<input type="checkbox"/>	AIR FORCE	<input type="checkbox"/>	MARINE CORPS	<input type="checkbox"/>	COAST GUARD	<input type="checkbox"/>	DOD AGENCY
b. NAME OF SPONSOR <i>(Remaining in Country)</i> <i>(Last, First, Middle Initial)</i>						c. SSN		d. RANK/GRADE			
e. ORGANIZATION/ADDRESS AND MAJOR COMMAND <i>(Include APO#/FPO#)</i>											

**22. ESCORT FOR UNACCOMPANIED MINOR CHILD(REN)**  
*(Complete if applicable)*

a. NAME OF ESCORT <i>(Last, First, Middle Initial)</i>		b. ADDRESS <i>(Final Destination of Escort)</i> <i>(Street, City, State/Country, ZIP Code)</i>	
c. HOME TELEPHONE NUMBER <i>(Final Destination of Escort)</i> <i>(Include Area Code)</i>	d. WORK TELEPHONE NUMBER <i>(Escort)</i> <i>(Include Area Code)</i>		

**SECTION III - EVACUEE IDENTIFYING INFORMATION** *(Continued)*

**23. ACCOMPANYING EVACUEES**

*(Fill out for each accompanying person.)*

a.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(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).)</i>	
(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
b.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(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).)</i>	
(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 <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(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).)</i>	
(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 <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(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).)</i>	
(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		TEMPORARY
		PERMANENT	
	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 <i>(Indicate language)</i>		
	OTHER <i>(Specify)</i>		

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
a. ONWARD TRANSPORTATION	PERSONS	DOLLARS	
	X	=	
b. TEMPORARY LODGING AND PER DIEM	PERSONS	DOLLARS	
	X	=	
c. MISCELLANEOUS <i>(Specify)</i>	PERSONS	DOLLARS	
	X	=	
		<b>29. TOTAL COSTS</b>	=

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**

	<i>(X one)</i>	
	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? <i>(Agreement must be attached to file.)</i>		
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)*

