OMB Control No:	0970-0474
Expiration Date:	01/31/2027
Estimated Burden:	10 minutes

## U.S. Repatriation Program – Training and Technical Assistance Request Form

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to determine eligibility for temporary assistance under the U.S. Repatriation Program during an emergency repatriation. Public reporting burden for this collection of information is estimated to average 0.2 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to obtain a benefit (42 U.S.C. Section 1313). 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 0970-0474 and the expiration date is 01/31/2027. 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.

## Background

The <u>U.S. Repatriation Program</u> was established in 1935 under Section 1113 of the Social Security Act (42 U.S.C. § 1313) to provide temporary assistance to U.S. citizens and their dependents who have been identified by the U.S. Department of State as having returned, or been brought from a foreign country, to the United States because of destitution, illness, war, threat of war, or a similar crisis, and because they are without resources immediately accessible to meet their needs.

The Office of Human Services Emergency Preparedness and Response (OHSEPR), within the U.S. Department of Health and Human Services' Administration for Children and Families', manages the U.S. Repatriation Program. OHSEPR leads all federal non-emergency and emergency repatriation training, technical assistance, planning, and operations conducted as part of the U.S. Repatriation Program.

States, territories, counties, and local service providers may use this form to request training and technical assistance on the U.S. Repatriation Program via a web portal account.

## Section I. Training and Technical Assistance Web Portal Account Request

Name:	_Title/Position:			
Department:	Agency/Office:			
Mailing Address:	City:	State:	Zip Code:	
Email:	Phone:			
Employee Type (Select):				

- State
- Territory
- County
- Nongovernmental or Local Service Provider

Role (Select):

- State Emergency Repatriation Coordinator
- State Non-Emergency Repatriation Coordinator
- Case Manager
- State Lead for Planning, Training, Exercises
- Finance
- Other (Describe): \_\_\_\_\_\_

## Section II. Training Request

Requestor Contact Information

Name:	Title/Position:						
Department:	Agency/Office:		State/Territory:				
Email:	Phone:						
Training Assistance Request Categories (Select)							
<ul> <li>Emergency Repatriation – Case Manager</li> <li>Emergency Repatriation – Emergency Repatriation – Exercises</li> <li>Emergency Repatriation – State Emerger</li> <li>Emergency Repatriation – Financial Rein</li> <li>Emergency Repatriation – Unaccompani</li> <li>Routine Repatriation – Case Managemer</li> <li>Routine Repatriation – Escort Services</li> <li>Routine Repatriation – Financial Reimbur</li> <li>Routine Repatriation – Financial Reimbur</li> <li>Routine Repatriation – Forms</li> <li>Routine Repatriation – Unaccompanied</li> <li>U.S. Repatriation Program Eligibility</li> <li>State Emergency Repatriation Plan Dever</li> <li>Other (Describe):</li> </ul>	epatriation Cente ncy Repatriation nbursement ed Minors nt rsement Minors elopment	Plan Development and	Review				
Desired Training Date(s)							
1 <sup>st</sup> Preference:2 <sup>nd</sup> Preference:		3 <sup>rd</sup> Preference:					
Number of Participants: Accessibility Ac	commodations:						
Section III. Technical Assistance Request Requestor Contact Information							
Name:	Title/Position:						
Department:	Agency/Office:		_State/Territory:				
Email:	Phone:						

Technical Assistance Request Categories (Select)

- Emergency Repatriation Case Management
- Emergency Repatriation Emergency Repatriation Centers
- Emergency Repatriation Exercises
- Emergency Repatriation State Emergency Repatriation Plan Development and Review
- Emergency Repatriation Financial Reimbursement
- Emergency Repatriation Unaccompanied Minors
- Routine Repatriation Case Management
- Routine Repatriation Escort Services
- Routine Repatriation Financial Reimbursement
- Routine Repatriation Forms
- Routine Repatriation Unaccompanied Minors
- U.S. Repatriation Program Eligibility
- State Emergency Repatriation Plan Development or Review
- Other (Describe): \_\_\_\_\_\_

Describe Technical Assistance Request: \_\_\_\_\_