



**ADMINISTRATION FOR CHILDREN AND FAMILIES**

370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447

**US Repatriation Program Decline of Service Form**

The U.S. Repatriation Program provides funds for temporary assistance such as financial, medical and transportation services to individuals who are certified by the Department of State as repatriates in need. This assistance is given in the form of a loan and must be repaid to the U.S. Government. Section 1113 of the Social Security Act and 45 CFR 212 and 211, authorize the collection of the information solicited on these repatriation forms for the purpose of determining your eligibility for such assistance. Please be advised that the current interest rate for all repatriation loans is 11-percent.

The Department may disclose this information to other Federal, State or private organizations, if necessary, to enable the Department of Health and Human Services to carry out its responsibilities under Section 1113 of the Act or to enable other partner agencies to carry out any function related to your return from a foreign country and entry into the United States.

Furnishing the information on this form is voluntary; however, if you fail to provide the requested information, such failure may result in ineligibility of repatriation assistance.

You have been provided with information regarding this Program and have chosen not to receive assistance from the Repatriation Program. Please complete the below information.

***By signing this form I willingly decline all services offered by U.S. Repatriation Program.***

Signed \_\_\_\_\_  
(Repatriate signature) \_\_\_\_\_  
Date

Signed \_\_\_\_\_  
Case worker/ Coordinator signature \_\_\_\_\_  
Date

<p><b><u>Case Manager / State Coordinator Comments:</u></b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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