

<u>REPATRIAT</u>	<u>ION / EM</u>	<u>ERGENC</u>	Y MEDICAL A	ND DIET	<u>ARY ASS</u>	<u>ISTANCE</u>	<u>LOAN</u>	<u>APPLICATION</u>	
PART 1 - APPLICATION	TO BE COM	PLETED BY B	EACH ADULT APPLI	CANT REGAR	DLESS OF NA	TIONALITY			
1. Last Name (Print Clearly)			2. First Name			3. Middle Name			
4. Social Security Numb		ate of Birth	6. Place of Birth		7. Identity Do			8. Sex	
	(m	m-dd-yyyy)			Issuing Co				
					_			—— Male	
					Passport No.			Female	
9 Current lodging where		contacted series		National IE					
9. Current lodging where	e you may be (ν.						
10. Phone number wher	e vou mav be	contacted nov	N	11 E-mail a	ddress where y	rou may be co	ntacted now		
	e you may be		•.		adress where y	ou may be oo	naoled now.		
12. Medical condition, c	urrent injuries,	or limited mol	bility relevant to evacu	uation.					
13. Verifiable Billing A	ddress at Fina	al Destinatio	n in United States or	other Perman	ent Address (Not a Post O	fice Box)		
14. Address Line 1									
15. Address Line 2									
		17 (State/Province		18. Coun	try			
TO. City		17. 3	State/FIOVINCE			ici y			
19. Postal Code	20	Telephone Ni	Imber (Include Countr	v/City Codes)	21. E-mail Ac	Idress			
	20.			<i>, ony 00003)</i>	21. E mai At	201000			
22. Emergency Conta	ct (Do not list	someone tr	aveling with you)						
23. Last Name (Print Cl	-		aroning with you)	24. First Nar	ne				
25. Address Line 1				1					
26. Address Line 2									
20. AUUIESS LIIIE 2									
27. City 28. Sta			State/Province	tate/Province 29. Coun					
30. Postal Code 31. Telephone Num		ber (Include Country/City Codes) 32. E-m			il Address				
33. Relationship to you	•								
34. Minor Children or I	ncapacitated/	Incompetent	Adults to be Repatr	iated or to Re	ceive Emerger	ncy Medical a	nd Dietary As	ssistance, list below.	
Check here if r									
35. Last Name (Print Cl	early)		36. First Name			37. Middle N	Name		
38. Social Security	39. Date of E	Sirth 40 PI	ace of Birth	41. Identity D	ocument		42. Sex	43. This Person is My	
Number	(mm-dd-y				ountry				
				Passpo	rt No.		Male		
				OR National	ID No.		Female	e	
44. Last Name (Print Cle	l arly)		45. First Name			46. Middle N	lamo	1	
	Jany)						alle		
47. Social Security	48. Date of E		lace of Birth	50. Identity D	ocument	+	51. Sex	52. This Person is My	
Number	(mm-dd-y	'YYY)		Issuing Co	ountry		Male		
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	56.			58. Plac	e of Birth	Issuing Country_ Passport No OR		60. 	Male	
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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, tand all listed U.S. citizen family members will only be eligible for a limited validity U.S. passport. (c) I my loan is in default, 1 and all U.S. citizen family members will only be eligible for a limited validity U.S. passport. (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, date of birth, place of birth, and Social Security number with all correspondence, payments, and questions. I will make payment to the Department of State, Accounts Receivable by credit/debit card, check or money order payable to Accounts Receivable Branch, Comptroller and Global Financial Services, Department of State, PO Box 150008, Charleston, SC 29415-5008. Send questions by courier (DHL, Fedex, UPS, etc.) (c). Comptroller and Global Financial Services, Department of State, PO Box 150008, Charleston, SC 29415-5008. Send questions by courier (DHL, Fedex, UPS, etc.) (c). Comptroller and Global Financial Services, Department of State, PO Box 150008, Charleston, SC 29415-5008. Send questions by courier (DHL, Fedex, UPS, etc.) (c). Comptroller and Global Financial Services, Department of State, PO Box 150008, Charleston, SC 29415-5008.	89.	PART 2 - Promisso	ry Note and Repayr	ment Agre	ement					
Department of State, Accounts Receivable by credit/debit card, check or money order payable to Accounts Receivable Branch, PO Box 979005, St. Louis, MO 63197-9000. (Send questions by mail to: Accounts Receivable Branch, Comptroller and Global Financial Services, Department of State, PO Box 150008, Charleston, SC 29415-5008. Send questions by courier (DHL, Fedex, UPS, etc.) to: Accounts Receivable Branch, Comptroller and Global Financial Services 1969 Dyess Ave., Building 646-B, 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, contact: FMPARD@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		 an interest rate esta U.S. Government lo full. If I am unable installment plan for 2. I understand that: (a) My obligation to (b) Until I have paid (c) If my loan is in (d) My loan will be (e) I will be liable to 	ablished in accordance bans received for other to pay this loan in full, the repayment of my loan. The pay my loan will not d my loan in full, l and a default, I and all U.S. ci subject to interest, pena o pay any costs for colle	with Federal purposes. I the Department be consider all listed U.S. itizen listed the alties, and or ection.	I law, for Emergency will keep the Departr ent of State may, at i ed paid in full until it citizen family memb family members will ther charges for late	Medical and Dietary Assis nent of State's Accounts Re is discretion and upon my r clears through the account ers will only be eligible for not be eligible for limited va payment as directed by law	tance or Repatriation eceivable Branch infor equest, forward to me of the Treasurer of th a limited validity U.S. J lidity U.S. passports. v and regulation.	loans. med of an ins e Unite basspo	This loan i my addres tallment ag d States. rt.	s in addition to any other ss(es) until I repay my loan in reement containing an
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	Department of State, Accounts Receivable by credit/debit card, check or money order payable to Accounts Receivable Branch, PO Box 979005, St. Louis, MO 63197-9000. (Send questions by mail to: Accounts Receivable Branch, Comptroller and Global Financial Services, Department of State, PO Box 150008, Charleston, SC 29415-5008. Send questions by courier (DHL, Fedex, UPS, etc.) to: Accounts Receivable Branch, Comptroller and Global Financial Services, Department of State, PO Box 150008, Charleston, SC 29415-5008. Send questions by courier (DHL, Fedex, UPS, etc.) to: Accounts Receivable Branch, Comptroller and Global Financial Services 1969 Dyess Ave., Building 646-B, 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.									
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91. Full Name Printed		<u> </u>								
	l he	I hereby accept the foregoing terms and conditions of repayment for myself and persons listed.								
92. Signature 93. Date (<i>DD-MMM-YYYY</i>)	91.	Full Name Printed								
	92.	Signature					93. Date (D	D-MM	ІМ-ҮҮҮҮ)	

Identity Document Number from Line 7

94. AUTHORIZATION FOR RELEASE OF INFORMATION UNDER THE PRIVACY ACT						
The Privacy Act authorization is optional and will not affect the Department of State's processing of your loan application.						
I authorize the Department of State, including U.S. diplomatic and consular missions, to release 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 96. Date (mm-dd-yyyy)						
97. I authorize the Department of State to provide 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 99. Date (mm-dd-yyyy)						
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, before me Date (Motary)						
Date (mm-dd-yyyy) (Notary)						
Personally appeared, Notary Public for My Commission Expires						
PART 3 - CONSULAR NOTES - For Official Use Only						
No Signature of Loan Recipient - Minor No Social Security Number						
No Signature of Loan Recipient - Incapacitated/Incompetent Adult Escort (No Familial Relationship)						
Loan Includes Temporary Subsistence 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: and U.S. Dollars currency for Repatriation/Emergency Medical and Dietary Assistance. From (mm-dd-yyyy) To (mm-dd-yyyy)						
PART 4 - CONSULAR OFFICER SIGNATURE AND CERTIFICATION						
The undersigned consular officer approves the loan specified above.						
Signature of Consular Officer Name of Post						
Typed or Printed Name of Consular Officer Date (mm-dd-yyyy)						
SEAL						
Title of Consular Officer						
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 and E.O. 9397, as amended.						
PURPOSE: The principal purpose of the information gathered is to provide an accurate list of U.S. citizens and non-U.S. citizens receiving repatriation/emergency medical and dietary assistance in foreign countries.						
ROUTINE USES: The information solicited on this form may be made available to other government agencies to assist the U.S. Department of State in processing repatriation/emergency medical and dietary assistance documentation and related services, law enforcement and administrative 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 published in the Federal Register.						
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 searchin 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/L, U.S. DEPARTMENT OF STATE, CA/OCS/L, SA-17, 10th Floor, WASHINGTON, DC 20522-1707.						