



DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
OFFICE OF REFUGEE RESETTLEMENT
330 C Street S.W.
Washington, D.C. 20201

U.S. REPATRIATION PROGRAM

ATTACHMENT B

STATE REPATRIATION PROGRAM COORDINATORS CONTACT FORM

Designated by the Governor or State Authorized Staff

STATE OF _____ DATE: _____

State Non-Emergency Repatriation Coordinator:

Main Contact

Name: _____
Position: _____
Agency: _____
Address: _____
Telephone: _____
Emergency Number: _____
FAX: _____
Email: _____
Website: _____

Back-Up Contact

Name: _____
Position: _____
Agency: _____
Address: _____
Telephone: _____
Emergency Number: _____
FAX: _____
Email: _____
Website: _____

State Emergency & Group Repatriation Coordinator

Main Contact

Name: _____
Position: _____
Agency: _____
Address: _____
Telephone: _____
Emergency Number: _____
FAX: _____
Email: _____
Website: _____

Back-Up Contact

Name: _____
Position: _____
Agency: _____
Address: _____
Telephone: _____
Emergency Number: _____
FAX: _____
Email: _____
Website: _____

State Emergency Operation Center Tel.: _____
State Emergency Operation Center Fax: _____
State Emergency Operation Center E-mail: _____

Federal Contact:

Name: Elizabeth B. Russell
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Agency: Office of Refugee Resettlement
Administration for Children and Families
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Email: Elizabeth.Russell@acf.hhs.gov
Website: http://www.acf.hhs.gov/programs/orr/