



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
Federal Interagency Emergency Repatriation Workgroup (FIER)
CONTACT FORM

FEDERAL AGENCY/OFFICE: _____ DATE: _____

Federal Interagency Emergency Repatriation (Main POC)

Suffix: _____
Name: _____
Position: _____
Agency/Division/Program: _____
Address: _____
Telephone: _____
Emergency Number: _____
FAX: _____
Email: _____
Agency Website: _____

Federal Interagency Emergency Repatriation (Back-up POC)

Suffix: _____
Name: _____
Position: _____
Agency/Division/Program: _____
Address: _____
Telephone: _____
Emergency Number: _____
FAX: _____
Email: _____

If applicable

Operation Center 24/7 Telephone Number: _____
Operation Center 24/7 Fax Number: _____
State Emergency Operation Center E-mail: _____

HHS Repatriation Program Contact

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