

**DEPARTMENT OF HEALTH & HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES**

330 C Street S.W., Washington D.C. 20201, Telephone: 202-401-9200



**U.S. REPATRIATION PROGRAM
Emergency and Group Repatriation
State Request for Federal Support Form**

(NOTE: Use additional pages where space on this form is insufficient or continue on reverse side)

INSTRUCTION: This form is to be completed by an official authorized by the State to request support from a Federal agency

(1) Requestor Name and Title	(2) State	(3) Date and Time Submitted	
		Date	Time

Type of Assistance Requested and Description: Attach supportive document or justification as needed

Requestor E-mail:	Location Where Service/Support is Needed
Requestor Telephone:	

Requestor Signature _____ Date: _____

TO BE COMPLETED BY AUTHORIZED FEDERAL STAFF
Authorized ACF Financial Official and/or authorized National Emergency Repatriation Unified Command (NER UCG) staff

Financial Officer Name (print): _____ Sign: _____
Date/Time request was received from the State _____________ Time _____

FEDERAL AGENCY/INDIVIDUAL ASSIGNED TO EXECUTE THIS REQUEST

DATE ASSIGNED	
NAME OF FEDERAL POINT OF CONTACT (POC)	
POC TITLE	
POC TELEPHONE	
POC E-MAIL	

AUTHORIZED ACF OFFICIAL

ACF Official Signature _____	Date _____
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Personal information provided on this form may only be disclosed for program purposes or under the conditions prescribe in 45 CFR 211.14 or 212.9.