





U.S. Department of State  
**EMERGENCY LOAN APPLICATION**  
**and**  
**EVACUATION DOCUMENTATION**

OMB APPROVAL NO. 1405-0150  
 EXPIRATION DATE 12/31/2006  
 ESTIMATED BURDEN: 10 MINUTES

**Personal Principal Adult Family Member Information or Unaccompanied U.S. Citizen Minor**

1. Name <i>(Last, First, MI)</i>	2. Social Security Number	3. Nationality
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4. Date of Birth <i>(mm-dd-yyyy)</i>	5. Place of Birth	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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**7. Accompanying Family Members (Immediate family: spouse, children, etc. not household staff) Other eligible persons must apply individually.**

Name	Sex	Date <i>(mm-dd-yyyy)</i> and Place of Birth	Relationship to Principal	Nationality (Specify)	Minor	Medical

8. Final Destination in U.S. Or Other Home of Record	State/ Country	Zip/Postal Code	Telephone Number(s)	Relationship to <i>(name/relationship) (self, etc.)</i>

**PART 1 - EMERGENCY LOAN APPLICATION** **APPLICANTS SHOULD COMPLETE BOTH PAGE ONE AND TWO**

I HEREBY APPLY FOR A U.S. GOVERNMENT ASSISTANCE LOAN *(Check All That Are Applicable)*

<input type="checkbox"/> Evacuation: (International Crisis)	<input type="checkbox"/> Emergency Medical and Dietary Assistance	<input type="checkbox"/> Repatriation	<input type="checkbox"/> Escort Required
	<input type="checkbox"/> U.S. Citizen Prisoner	<input type="checkbox"/> Medical Repatriation of U.S. Citizen (and/or accompanying immediate family members)	

**9. PROMISSORY NOTE: (Check Appropriate Box(s))**

- I am a citizen of the United States and I hereby promise to repay to the United States Government within 90 days after the signing of this note, and at an interest rate established in accordance with Federal Law, all applicable expenses (including, but not limited to, transportation, subsistence, medical attention) incurred by the U.S. Government incident to my evacuation/repatriation/emergency medical and dietary assistance.
- I further understand that as the principal adult U.S. citizen applicant **for repatriation**, my U.S. passport will be amended to limit its validity for direct return to the U.S.. As the principal adult U.S. citizen applicant, my name will be included in the passport lookout system until the debt has been repaid. So long as the debt is not in default, I will be eligible for passport service.
- I am a citizen of (country - not U.S.) \_\_\_\_\_, and I understand that my government and the U.S. will determine the amount and means of repayment. I also understand that my government may seek reimbursement from me for funds expended.
- I clearly understand that I am accepting evacuation/repatriation of my own free will and at my own risk. In a crisis evacuation, the cost of transportation charged to me will be based on the most recent full coach fare to the flight destination. I further understand that the evacuation flight may not comply with normal international and safety regulations, and in the case of military aircraft travel, the U.S. Government acts only as agent and not as contracting carrier.

**10. REPATRIATION TO U.S. OR EMERGENCY MEDICAL OR DIETARY ASSISTANCE ABROAD (EMDA) LOAN AMOUNT**

Amount in Foreign Currency (If known)	Amount in U.S. Currency (If known)
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The Above Total Includes DOL <i>(U.S. Dollars)</i> for Subsistence	Date From <i>(mm-dd-yyyy)</i>	Date To <i>(mm-dd-yyyy)</i>
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And DOLS *(U.S. Dollars)* For Repatriation/Emergency Medical and Dietary Assistance

11. Signature of Applicant \_\_\_\_\_ Date *(mm-dd-yyyy)* \_\_\_\_\_

**12. EVACUATION FROM CRISIS TO SAFE HAVEN LOAN AMOUNT (Equivalent to most recent full coach fare to flight destination)**

Amount in Foreign Currency <i>(If known)</i>	Amount in U. S. Currency <i>(If known)</i>
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Evacuation From \_\_\_\_\_ to \_\_\_\_\_ on Date *(mm-dd-yyyy)* \_\_\_\_\_

13. Signature of Applicant \_\_\_\_\_ Date *(mm-dd-yyyy)* \_\_\_\_\_

U.S. Department of State

Principal Adult Family Member or Unaccompanied U.S. Citizen Minor	14. Name (Last, First, MI)
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15. EMERGENCY CONTACT *(Name, Address, Phone Number, Fax, E-Mail, Relationship)*

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**16. AUTHORIZATION FOR RELEASE OF INFORMATION UNDER THE PRIVACY ACT (Not Mandatory) (See Below):**

I do hereby authorize the U.S. Department of State as well as U.S. Diplomatic and Consular Missions to release information concerning my welfare and emergency evacuation/repatriation/emergency medical and dietary assistance to family, friends, individual members of Congress, members of the press, and the general public *(strike out inapplicable items)*.

Signature \_\_\_\_\_ Date *(mm-dd-yyyy)* \_\_\_\_\_

**PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT**

The information is requested under the authority of 22 U.S.C. 2670, 2671 and 4802(b) and furnishing it is voluntary. Principal purpose of the information is to provide an accurate list of U.S. citizens (and non-U.S. citizens) being evacuated from foreign countries in times of crises. Information will also assist in collection of expenses incurred by the U.S. Government for evacuation, repatriation of citizens to the U.S. (destitute or medical emergency cases), and provision of emergency medical and dietary assistance abroad. All copies of the form are destroyed after payment of the Promissory Note. If the requested information is not provided, a U.S. citizen would still be provided assistance. Questions regarding repayment should be directed to U.S. Department of State, RM/GFS/F/AR, P.O. Box 150008, Charleston, SC 29415-5008. Or call 1-800-521-2116 or 843-308-5417.

**ROUTINE USES:** The information solicited on this form may be made available as a routine use to other government agencies, to assist the U.S. Department of State in processing emergency loan and evacuation documentation, and requests for related services, and for law enforcement and administrative purposes, such as debt collection by the U.S. Government. It may also be disclosed pursuant to court order. Information may be made available to other U.S. agencies and their contractors, and to commercial air carriers to assist in aviation security and resettlement of the family/individual and to foreign emergency medical personnel if critical medical care is needed. The information may be made available to foreign government agencies to fulfill passport control and immigration duties, to investigate or prosecute violations of law, or when a request for information is made pursuant to customary international practice. The information may also be made available to private U.S. citizen "wardens" designated by U.S. embassies and consulates to assist in emergency and evacuation situations and to the Red Cross.

**PART 2. EVACUATION DOCUMENTATION FOR OFFICIAL USE ONLY. NOT TO BE COMPLETED BY APPLICANT**

Check Block(s)	Total Number	
<input type="checkbox"/>	_____	Documented U.S. Citizen(s) (Check evidence presented):
	_____	<input type="checkbox"/> U.S. Passport
	_____	<input type="checkbox"/> Naturalization Certificate
	_____	<input type="checkbox"/> U.S. Birth Certificate
	_____	<input type="checkbox"/> Certificate of Citizenship
	_____	<input type="checkbox"/> Foreign Service Report of Birth
<input type="checkbox"/>	_____	Probable U.S. Citizen(s) (Consular officer satisfied as to U.S. citizenship claim, but post unable to issue passport due to crisis), (case should be reviewed and name cleared before passport issued or subject admitted to U.S.). Explain: Cite Evidence Examined or Basis for Conclusion.) _____
<input type="checkbox"/>	_____	Lawful/Probable U.S. Permanent Resident. Evidence for Conclusion _____
<input type="checkbox"/>	_____	Foreign National with U. S. Visa (type) _____
<input type="checkbox"/>	_____	Third Country National (List Country of Nationality) _____
<input type="checkbox"/>	_____	Orphan Approved for Visa. Issuance Not Possible Due to Crisis
<input type="checkbox"/>	_____	Other, <b>Example:</b> Refugee, Humanitarian Parole, etc. (Specify) _____
<input type="checkbox"/>	_____	Immediate Relative Alien accompanying a Minor U.S. citizen (No U.S. Visa) (Only one escort permitted per child).
<input type="checkbox"/>	_____	Medical Need (specify) _____
<input type="checkbox"/>	_____	Minor(s)
<input type="checkbox"/>	_____	Group Affiliation _____

17. U.S. EMBASSY OR OTHER AUTHORIZING OFFICIAL *(Name, Title, Signature and Post)*

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18. <input type="checkbox"/> Consular officer executing application without recourse for citizen lacking full capacity with no family members abroad or in U.S. able to execute application. Describe circumstances and note status of subject. (To be completed by consular officer)	(SEAL)
19. Notes/Comments:	