DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
OFFICE OF THE SUPERINTENDENT
ISLES DISTRICT
UNIT 5185, BOX 470
APO AE 09461-5470

DoDDS/CCS 226-7035 (rla) 7 September 2004

MEMORANDUM FOR DISTRICT SUPERTINDENT OFFICE (DSO) EMPLOYEES

SUBJECT: DoDDS - Isles District Noncombatant Evacuation Procedures

PURPOSE: To establish procedures and provide guidance for personnel assigned to the Isles District Office, at RAF Feltwell in the event of a natural disaster, terrorist threat or other event that would require the evacuation / repatriation of the DSO staff from the area. This policy outlines procedures for staff notification, documents required for evacuees, and security requirements for property and documents.

REFERENCES:

DoD Directive 3025.14, *Protection and Evacuation of U.S. Citizens and Designated Aliens in Danger Areas Abroad (Short Title: Noncombatant Evacuation Operations)*

Joint Pub 3-07.5, *Joint Tactics, Techniques, and Procedures for Noncombatant Evacuation Operations*

Air Force Instruction 10-216, *Evacuating And Repatriating Air Force Family Members And Other US Noncombatants*

RESPONSIBILITY: The District Superintendent is directly responsible for ensuring all DSO staff members are aware of their personal responsibilities as outlined in this policy. The Isles District Safety and Security Office will act as the primary Noncombatant Evacuation Officer (NEO), and the Chief of Personnel will serve as the alternate NEO. The District NEO's will ensure the requirements outlined in this policy letter are adhered to by all Isles District assigned personnel.

1. **PROCEDURES:** The District NEO will maintain emergency phone numbers and residence locations for all assigned personnel. Upon notification of a pending evacuation personnel would be notified by phone or personal contact of required actions.

1.1. Each assigned person must maintain a folder with documentation that will be required for an evacuation. The documentation required is as follows:

1.1.1. A copy of each family members' passport and ID card.

1.1.2. The USAFE Form 26, Vehicle Identification Card (pink card), and the V-5 UK vehicle registration.

1.1.3. A copy of DD Form 2461, Authorization for Emergency Pay and Allowances. (Attached)

1.1.4. A copy of your family medical plan.

1.1.5. Current vaccination certificate for each pet owned.

1.1.6. A copy of DD Form 2585, Repatriation Processing Center Processing Sheet with item 2 and 3 filled in. (Attached)

1.1.7. Copy of PCS orders.

1.1.8. Strip map with direction to physical residence.

1.2. Additional documentation that is recommended to be maintained in the evacuation folder is as follows:

1.2.1. Power of Attorney

1.2.2. Shot records

1.2.3. Insurance Policies

1.2.4. Will

1.2.5. Personal property inventory (AF Form 1670 Attached)

1.3. The District RO will maintain an emergency notification roster with a strip map for each employee.

1.4. The District supply custodian will maintain an inventory of all high value items. Building #58, RAF Feltwell supply room will be designated for storage of high value items should an extended DSO closure (over thirty days) be directed. High value includes inventory items over $2500.00 and computer assets. This room will also be used for storage of required hard copy documents. In addition to the normal room locks all doors will have hasp installed and will be padlocked. The hasps need not be installed until evacuation notification has been received. The District Key Control Officer will keep one set of keys to the padlocks and the District Superintendents Office will maintain one set.

1.5. The Superintendent will identify any critical hard copy records that must be maintained and whether they are to be transported or stored. The supply custodian will keep adequate shipping and/or storage containers available.

1.6. Procedures are established for the backup of the "WINSCHOOL Program" and the District networks. Individual computer operators will be responsible for backing up and maintaining data from their hard drive, by routinely downloading the information to a 3 ½ Floppy or a CD. Back up files should be kept at a safe off site location. If the back up file contains critical DSO related information a copy should be provided to the Superintendents Office.

LINDA L. CURTIS
Isles District Superintendent

Attachments:

1. DD Form 2585, Repatriation Processing Center Processing Sheet.
2. DD Form 2461, Authorization for Emergency Evacuation Advance and Allotment Payments for DoD Civilian Employees.
3. AF 1670, Value Property Record.

REPATRIATION PROCESSING CENTER PROCESSING SHEET	REPORT CONTROL SYMBOL DD-P&R(AR)1885	*Form Approved OMB No. 0704-0334 Expires Sep 30, 2004*

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0334). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE REPATRIATION PROCESSING CENTER OR STATE DEPARTMENT EMBASSY PERSONNEL IF SAFEHAVENING IN A FOREIGN COUNTRY.

PRIVACY ACT STATEMENT

AUTHORITY: EO 12656, EO 9397.

PRINCIPAL PURPOSE(S): To document the movement of an evacuee from a foreign country to an announced safehaven. Information will be used, as needed, to assist the evacuee in the process of repatriation.

ROUTINE USE(S): To family members of individuals who have been evacuated and about whom information is requested by a family member and/or spouse, location and final destination will be released; to the Department of State for evacuation management and planning purposes; to the American Red Cross for communication of evacuation information about spouse/family member(s) to service member still in foreign country; to the Immigration and Naturalization Service for tracking of foreign nationals evacuated to the U.S.; to the Department of Health and Human Services, to facilitate delivery of personal and financial services and to recoup costs of financial services and to identify individuals who might arrive with an illness requiring quarantine; to state and local health departments, to further implement the quarantine of an ill individual.

DISCLOSURE: Voluntary; however, failure to furnish the information may limit your receipt of services and impede passage of information about your current whereabouts to family members.

INSTRUCTIONS FOR COMPLETION OF DD FORM 2585, REPATRIATION PROCESSING CENTER PROCESSING SHEET

(Read before completing this form.)

GENERAL INSTRUCTIONS

1. The following instructions are provided for completing the Repatriation Processing Center Processing Sheet. Collection of this information is authorized by 42 U.S.C. 1313, the Department of Defense Directive 3025.14, and Executive Order 9397. Providing the information requested on this form, including Social Security Number, is voluntary; however, failure to complete the form may hinder receipt of needed services and impede passage of information about current whereabouts to family members.

2. Before entering any information on the form, carefully read the detailed instructions provided. Not all questions are applicable for everyone. For those questions that do not apply, enter N/A on the line or check the boxes in Sections III, IV, and VI.

3. You may be asked to have available any or all of the following documentation:

a. For official government personnel and dependents, you should have available as applicable:

(1) Official travel orders for Safehaven Status (DD Form 1610).

(2) Permanent Change of Station (PCS) Orders.

(3) Passport, Visa and International Immigration (shot) record.

(4) Military/DoD Civilian/Dependent Identification Card.

(5) Travel documents (Transportation Request, transportation travel information or tickets, i.e., airline, train, bus, etc.).

b. Private American citizens or foreign nationals should have:

(1) Passport and Visa (as applicable).

(2) Travel documents (travel information, tickets, etc.).

4. The Repatriation Processing Packet is provided to the "responsible person" either upon arrival in an overseas country, upon evacuation from the overseas country for completion enroute, or, upon arrival in the United States at the repatriation center. Processing officials at the repatriation center will be available to assist you in completing the form.

5. The individual completing this form will be the "responsible person" for this particular family group. "Responsible person" may be a Military Member, DoD Civilian, Military or DoD Civilian Dependent, Federal employee or Federal dependent, Family Representative, Designated Escort, Private American Citizen or Third Country National. THE "RESPONSIBLE PERSON" IS ONLY REQUIRED TO COMPLETE THE ITEMS IN SECTIONS I - III, PAGES 5 - 8.

6. ONLY ONE FORM IS TO BE COMPLETED FOR EACH FAMILY GROUPING.

7. FOR PROCESSING CENTER USE ONLY. Pages 9 and 10, Items 28 - 47 are completed by a representative of the Repatriation Center Processing Team Staff. Pages 5 through 8 will be completed by the "responsible person".

SPECIFIC INSTRUCTIONS

SECTION I - ESCORTS OF UNACCOMPANIED MINOR CHILDREN (Page 5)

This section and Section III (Pages 5 through 8) will be completed by the "responsible person".

SECTION II - PROCESSING CENTER

Item 1. Airline and Flight Number. Enter the airline and flight number arrived on.

Item 2. Date of Arrival. Enter the date arrived in the United States at this processing center. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY = 1998, MM = 08 (August), DD = 20 (20th).

Item 3. Repatriation Center. Enter the location of the Repatriation Center by airport, city, and state, or by military base. Example: Raleigh/Durham Airport, Raleigh, NC or Charleston AFB, South Carolina.

Item 4. Processing Date. Enter the date (by year, month and day) that processing through the Repatriation Center began. In most cases it will be the same date as shown in Item 2 above.

Item 5. Processing Time. Enter the time processing began for this person or family. Use military time (24 hour clock). Example: 2:00 a.m. = 0200, 3:00 p.m. = 1500.

SECTION III - EVACUEE IDENTIFYING INFORMATION

Item 6. Name. Enter principal evacuee's last name (family name, such as "Smith"), first name ("Mary"), and middle initial ("C"). If there is no middle initial, enter NMI.

If the evacuee is an unescorted child and there is more than one child in the family, enter information for only the eldest child in Items 6 - 20. Escort information will be provided in Item 22.

Item 7. Country Evacuated From. Enter the original country from which you departed enroute to the United States.

Item 8. Date of Birth. Enter date of birth by year, month and day. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY = 1963, MM = 08 (August), DD = 20 (20th).

Item 9. Place of Birth. Enter the city, state and country in which born. Example: Baltimore, Maryland, USA or Frankfurt, Germany.

Item 10. Country of Citizenship. Enter the country of citizenship. Example: USA, Canada, England, France, Germany, etc.

Item 11. Gender. Place an "X" in the appropriate block to indicate whether male or female.

Item 12. Social Security Number (SSN). Enter the evacuee's SSN, if applicable. If there is no SSN, enter N/A.

Item 13. Marital Status. Place an "X" in the block that indicates marital status, if applicable.

Item 14. Passport Number and Country of Issue. Enter passport number, if applicable. The number can generally be found on the first page of the passport. Also, enter the name of the country that issued the passport.

Item 15. Alien Number and Country of Issue. Enter Alien Number, if applicable. If not applicable, enter N/A. If applicable, enter the name of the country that issued the Alien Number.

Item 16. Classification Number(s) and Agency Code(s). Enter the number that best identifies the evacuee's status from the classification number list (Table 1 on Page 6), and if applicable, the appropriate agency code (Table 2).

NOTE: Any individual can fall into more than one category, i.e., a DoD Dependent can also be a government employee. If that is the case, show all appropriate classification numbers and/or agency codes. This applies to all individuals shown on the processing form.

Item 17. Number of Family Members With You. Enter the appropriate number of family members in the family group.

NOTE: If you are escorting unaccompanied minor children, in addition to your own children, DO NOT include them in your family group.

Item 18. Number of Animals With You. Enter in the appropriate space, next to the type of animal, the number of animals you are bringing with you back to the U.S. You must ensure that you have all the necessary paperwork, and shot records to expedite the processing of your animals through Public Health Inspection.

FOR ITEMS 19 AND 20: If the form is being completed by an escort for (an) unaccompanied minor child(ren), the emergency contact and final destination should be those for the child(ren).

Item 19. Emergency Contact in U.S.

a. Name. Enter the name of an individual who will know how to get in touch with the evacuee should the need arise.

b. Address. Enter the "Emergency Contact's" street, city, state and/or country, and ZIP Code.

c. Home Telephone Number. Enter the "Emergency Contact's" home telephone number (if known or applicable), to include the area code.

d. Work Telephone Number. Enter the "Emergency Contact's" work telephone number (if known or applicable), to include the area code.

Item 20. Final Destination. If the evacuee's final destination will be the same residence as the "Emergency Contact" shown in Item 19 above, write "SAME." If the evacuee's final destination is going to be different than the "Emergency Contact," enter the name of the person with whom the evacuee will be staying, their telephone numbers, and complete address to include "Country," if the Safehaven location is outside the U.S.

NOTE: If the evacuee will be living by him/herself, enter "SELF" in the Name block, and then the address.

SPECIFIC INSTRUCTIONS *(Continued)*

Item 21. If U.S. Department of Defense Military and Civilian Employee Dependent. This item is to be completed when the evacuee is a military or DoD civilian dependent whose sponsor remains behind. If this item is not applicable, enter N/A on the Sponsor Name line and go on to the next block. For escorted unaccompanied minor children, enter the sponsor's (parent or guardian) information to the best of your ability.

a. Branch of Service/DoD Agency. Place an "X" in the block next to the branch of Service/DoD Agency to which the sponsor belongs.

b. Name of Sponsor. Enter the name of the sponsor of the family, remaining in country, by last name, first name, and middle initial. If no middle initial, enter NMI.

c. Social Security Number. Enter the sponsor's SSN.

d. Rank/Grade. Enter the sponsor's rank (i.e., SGT, LT, etc.) and grade (i.e. E4, O3, etc.). For civilians, enter grade (i.e. GS12, WG10, etc.).

e. Organization/Address and Major Command. Enter the sponsor's organization, address, and major command, to include APO or FPO number, if applicable.

Item 22. Escort for Unaccompanied Minor Child(ren). If this form is being completed by the escort for unaccompanied minor child(ren), enter the following information about the escort.

a. Name. Enter the last name, first name, and middle initial of the escort. If no middle initial, enter NMI.

b. Address. Enter the street, city, state and/or country, and ZIP Code where the escort will be living.

c. Home Telephone Number. Enter the home telephone number where the escort can be contacted, if known. Include the area code.

d. Work Telephone Number. Enter the work telephone number where the escort can be contacted, if known. Include the area code.

Item 23.a. through d. Accompanying Evacuees (Page 7). The data on this page pertains to each person accompanying the principal evacuee. This may be a child, spouse, sibling, or parent of the "responsible person" or an escorted unaccompanied minor child of another family. Complete one block of information for each person other than the principal evacuee who is listed on Pages 5 and 6. If there are more than four accompanying persons, use additional copies of Page 7.

(1) Name. Enter accompanying evacuee's last name, first name, and middle initial. If no middle initial, enter NMI.

(2) SSN. Enter the accompanying evacuee's Social Security Number, if known.

(3) Date of Birth. Enter the accompanying evacuee's date of birth by year, month and day.

(4) Gender. Place an "X" in the appropriate block indicating whether the accompanying evacuee is male or female.

(5) Relationship to Person Completing Form. Place an "X" in the appropriate block indicating whether the accompanying evacuee is the "responsible person's" spouse, child, parent, or other.

(6) Place of Birth. Enter the city, state, and country in which the accompanying evacuee was born.

(7) Country of Citizenship. Enter the country of which the accompanying evacuee is a citizen. Example: USA, Canada, England, France, Germany, etc.

(8) Passport Number and Country of Issue. Enter the accompanying evacuee's passport number and the country in which it was issued.

(9) Alien Number and Country of Issue. Enter the accompanying evacuee's alien number, if applicable, and the country which issued the number. If not applicable, enter N/A.

(10) Classification Number(s) and Agency Code(s). Enter all classification numbers (from Table 1) and agency codes (from Table 2) that apply to the accompanying evacuee.

NOTE: Any individual can fall into more than one category, i.e., a DoD dependent as well as a government employee.

SECTION III *(Continued)* **- SERVICES** (Page 8)

This section is provided for the "responsible person" to identify to the processing team any assistance the family group may require upon arrival in the U.S.

Item 24. If No Services are Needed. Upon reviewing the list in this section, if the family does not require any additional help, place an "X" in this block.

Item 25. Services Needed. If assistance is required, place an "X" in the block next to each service required.

Item 26. Additional Remarks. This item is provided if the "responsible person" has any questions, needs additional assistance, or has any comments to make.

NOTE: SECTION III IS THE LAST PART OF THE FORM THAT THE EVACUEE MUST COMPLETE. THE FOLLOWING SECTIONS WILL BE COMPLETED BY THE REPATRIATION TEAM AT THE PROCESSING CENTER.

SPECIFIC INSTRUCTIONS *(Continued)*

SECTION IV - REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

This section is applicable to all evacuees other than Federal personnel and their families, i.e. private American citizens, and their families.

Item 27. If No Services Are Required/Were Provided. If the evacuee required no assistance upon arrival, place an "X" in this block. This block may also be marked by the "responsible person".

Item 28. Services Provided by DHHS.

a. Onward Transportation. If funds were required to obtain airline, bus, train tickets, etc., this item must be completed. Under the cost heading in the first (Persons) block, enter the number of tickets. Enter the cost of each ticket in the next (Dollars) block. Multiply the number of tickets by the cost and enter the total to the right of the equal sign. Example: Onward transportation 4 X $150.00 = $600.00.

NOTE: It is possible for family members to go to different locations; therefore, an additional line was provided to cover those exceptions. If no onward transportation support was provided, enter a zero in the "Total" block.

b. Temporary Lodging and Per Diem. If funds were required to provide lodging accommodations, this item must be completed. Enter the number of persons times the number of days they are staying at the hotel/motel, etc., times the per diem rate per day and enter the total cost to the right of the equal sign. Example: 4 people X 2 days X $50.00 per day per diem = $400.00.

NOTE: If no lodging or per diem was provided, enter a zero in the "Total" block.

c. Miscellaneous. For any other assistance required, itemize the assistance provided in the space shown, and enter their associated costs to the right of the equal sign.

Item 29. Total DHHS Costs. Add up all the costs shown in this column for transportation, lodging, per diem, miscellaneous and enter that figure in the space provided.

Item 30. Has Emergency Medical Assistance Been Provided Off-Site. Place an "X" in either the "Yes" or the "No" block provided. If Yes, enter the name of the hospital or medical facility, if known, in the space provided for Additional Remarks (Item 31.)

Item 31. Additional Remarks. Enter any additional information regarding services provided, if necessary.

SECTION V - CLOSING QUESTIONS (DHHS)

Processing officials should complete and sign this prior to the individual(s) departing the Repatriation Center.

Items 32 through 35. Questions. A processing official/ interviewer will complete these questions by placing an "X" in the appropriate "Yes" or "No" block.

Item 36. Name of Interviewer. The processing official/ interviewer will sign in this space and print his or her name below.

Item 37. Telephone Number. The processing official/ interviewer will enter the telephone number where he or she can be reached should the need arise.

SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL

This section should be completed by Military Support Processing Team.

Item 38. If No Services Were Provided. If the military individual, Federal employee and/or family members do not require any assistance, place an "X" in this block.

Item 39. Services Provided. If the military individual, Federal employee and/or family members require any of the services, place an "X" in the block next to the service provided.

NOTE: For Item b., specify for what purpose financial assistance is required. For Item e., specify what medical care is required.

Item 40. Costs. For each item in which funds were provided, enter the amount on the line next to the service provided. In Item b., enter the voucher number assigned for per diem payments.

Item 41. Total Costs. Add up all financial assistance provided to the military individual, Federal employee and/or family member and enter the total in the space provided.

SECTION VII - PROCESSING INFORMATION

This section should be completed by the Processing Team Officials prior to the evacuee(s) departing the Repatriation Center.

Item 42. Exit From Processing Center Date. Enter the date by year, month and day that the evacuees have completed their processing and are departing the Repatriation Center.

Item 43. Exit From Processing Center Time. Enter the time, using military (24 hour) clock.

Item 44. Destination. Enter the destination by city, state, and/or country that the evacuees are going to.

Item 45. Transportation Carrier(s). Enter the name of the airline, bus or train company that will be taking the evacuees to their final destination.

Item 46. ETA and Date of Arrival at Destination. Enter the estimated time and date the evacuees are expected to arrive at their final destination. Enter this by military time and by year, month and day.

Item 47. Additional Remarks. Enter any additional information regarding exit processing, if necessary.

SECTION I - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)? *(X one)* ☐ YES ☐ NO

The designated escort is responsible for completing (to the best of their ability) a separate form for each family group they are escorting. If there is more than one child from the same family group, enter the information in Items 6 through 20 for the eldest child being escorted. Then, complete the family group information for each younger child in Items 23(a) through (d), as applicable.

ADDITIONALLY, ESCORTS WILL FILL OUT A SEPARATE FORM FOR THEIR OWN FAMILY GROUP.

SECTION II - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

1. AIRLINE AND FLIGHT NUMBER	2. DATE OF ARRIVAL *(YYYYMMDD)*
3. REPATRIATION CENTER	
4. PROCESSING DATE *(YYYYMMDD)*	5. PROCESSING TIME *(Military)*

SECTION III - EVACUEE IDENTIFYING INFORMATION - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

6. NAME OF EVACUEE *(Last, First, Middle Initial)*	
7. COUNTRY EVACUATED FROM	
8. DATE OF BIRTH *(YYYYMMDD)*	9. PLACE OF BIRTH *(City, State, and Country)*
10. COUNTRY OF CITIZENSHIP	
11. GENDER *(X one)* ☐ MALE ☐ FEMALE	12. SOCIAL SECURITY NUMBER
13. MARITAL STATUS *(X one)* ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ SEPARATED ☐ DIVORCED	
14.a. PASSPORT NUMBER	b. COUNTRY OF ISSUE
15.a. ALIEN NUMBER	b. COUNTRY OF ISSUE

SECTION III - EVACUEE IDENTIFYING INFORMATION *(Continued) (Read before completing Items 16 and 23)*

(Use these tables to complete Item 16 and Item 23 (Page 7.) Choose all that apply.)

TABLE 1a - U.S. CITIZEN	TABLE 1b - FOREIGN NATIONAL	TABLE 2
CLASSIFICATION NUMBER	**CLASSIFICATION NUMBER**	**AGENCY CODE**
1a DoD: Service Member	8 Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent; not U.S. citizen)	A Army
b DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent)	9 Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date)	N Navy
c DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent)	10 Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.)	F Air Force
2a DoD: Civilian Employee WITH Transportation Agreement	11 Non-U.S. Civilian Employee (Works for U.S. Government)	M Marine Corps
b DoD: Dependent of Civilian Employee WITH Transportation Agreement	12 Citizen of Country Other Than U.S.	G Coast Guard
c DoD: Civilian Employee WITHOUT Transportation Agreement	13 Other, None of the Above *(Specify)*	D DoD Agency
d DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement		O Other U.S. Government Agency
3a Non-DoD U.S. Government (USG): Employee		X Not Applicable
b Non-DoD USG: Employee Dependent and/or Family Member		
4 Citizen Residing Abroad (Child, Student, Private Business)		
5 Tourist		
6 Citizen on Business-Related Travel		
7 U.S. Government Contractor		

16. CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 that are applicable to the person named in Item 6.)*

a. CLASSIFICATION NUMBER	b. AGENCY CODE
c. CLASSIFICATION NUMBER	d. AGENCY CODE
e. CLASSIFICATION NUMBER	f. AGENCY CODE

17. NUMBER OF FAMILY MEMBERS WITH YOU

	ADULTS *(Include yourself)*		CHILDREN *(Include all children)*

18. NUMBER OF ANIMALS WITH YOU *(If applicable)*

	DOGS		CATS
	BIRDS		OTHER

19. EMERGENCY CONTACT IN U.S.
(For person named in Item 6 above)

a. NAME *(Last, First, Middle Initial)*	b. ADDRESS *(Street, City, State/Country, ZIP Code)*
c. HOME TELEPHONE NUMBER *(Include Area Code)*	d. WORK TELEPHONE NUMBER *(Include Area Code)*

20. FINAL DESTINATION AND NAME OF POINT OF CONTACT *(If applicable)*
(If same as Item 19, enter "SAME")

a. NAME *(Last, First, Middle Initial)*	b. ADDRESS *(Street, City, State/Country, ZIP Code)*
c. HOME TELEPHONE NUMBER *(Include Area Code)*	d. WORK TELEPHONE NUMBER *(Include Area Code)*

21. IF U.S. DEPARTMENT OF DEFENSE MILITARY AND CIVILIAN EMPLOYEE DEPENDENTS
(For escorted unaccompanied minor children enter the sponsor's (parent/guardian) information to the best of your ability.)

a. BRANCH OF SERVICE/DOD AGENCY *(X one)*

	ARMY		NAVY		AIR FORCE		MARINE CORPS		COAST GUARD		DOD AGENCY

b. NAME OF SPONSOR *(Remaining in Country) (Last, First, Middle Initial)*	c. SSN	d. RANK/GRADE

e. ORGANIZATION/ADDRESS AND MAJOR COMMAND *(Include APO#/FPO#)*

22. ESCORT FOR UNACCOMPANIED MINOR CHILD(REN)
(Complete if applicable)

a. NAME OF ESCORT *(Last, First, Middle Initial)*	b. ADDRESS *(Final Destination of Escort) (Street, City, State/Country, ZIP Code)*
c. HOME TELEPHONE NUMBER *(Final Destination of Escort) (Include Area Code)*	d. WORK TELEPHONE NUMBER *(Escort) (Include Area Code)*

SECTION III - EVACUEE IDENTIFYING INFORMATION *(Continued)*

23. ACCOMPANYING EVACUEES

(Fill out for each accompanying person.)

a.(1) NAME *(Last, First, Middle Initial)*		(2) SSN	(3) DATE OF BIRTH *(YYYYMMDD)*
(4) GENDER *(X one)* ☐ MALE ☐ FEMALE	(5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)* ☐ SPOUSE ☐ SON/DAUGHTER ☐ PARENT ☐ OTHER		
(6) PLACE OF BIRTH *(City, State, and Country)*		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item a.(1).)*	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE

b.(1) NAME *(Last, First, Middle Initial)*		(2) SSN	(3) DATE OF BIRTH *(YYYYMMDD)*
(4) GENDER *(X one)* ☐ MALE ☐ FEMALE	(5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)* ☐ SPOUSE ☐ SON/DAUGHTER ☐ PARENT ☐ OTHER		
(6) PLACE OF BIRTH *(City, State, and Country)*		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item b.(1).)*	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE

c.(1) NAME *(Last, First, Middle Initial)*		(2) SSN	(3) DATE OF BIRTH *(YYYYMMDD)*
(4) GENDER *(X one)* ☐ MALE ☐ FEMALE	(5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)* ☐ SPOUSE ☐ SON/DAUGHTER ☐ PARENT ☐ OTHER		
(6) PLACE OF BIRTH *(City, State, and Country)*		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item c.(1).)*	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE

d.(1) NAME *(Last, First, Middle Initial)*		(2) SSN	(3) DATE OF BIRTH *(YYYYMMDD)*
(4) GENDER *(X one)* ☐ MALE ☐ FEMALE	(5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)* ☐ SPOUSE ☐ SON/DAUGHTER ☐ PARENT ☐ OTHER		
(6) PLACE OF BIRTH *(City, State, and Country)*		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item d.(1).)*	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE

NOTE: If there are more than 4 accompanying family members, use additional copies of Page 7.

SECTION III - EVACUEE IDENTIFYING INFORMATION (SERVICES) *(Continued)*

24. IF NO SERVICES ARE NEEDED, X THIS BLOCK →		

25. SERVICES NEEDED *(X all that apply)*

	CLOTHING				
	HOUSING		PERMANENT		TEMPORARY
	MEDICAL				
	DOD INFORMATION				
	DOD LEGAL SERVICES				
	CHILD CARE				
	FEDERAL CIVILIAN PERSONNEL ASSISTANCE				
	LOCATOR ASSISTANCE FOR OTHER FAMILY MEMBERS				
	TRANSPORTATION TO ONWARD DESTINATION				
	FINANCIAL ASSISTANCE				
	MENTAL HEALTH				
	GENERAL INFORMATION				
	CHAPLAIN ASSISTANCE				
	FUNERAL ASSISTANCE				
	DOD RELOCATION INFORMATION				
	TRANSLATOR *(Indicate language)*				
	OTHER *(Specify)*				

26. ADDITIONAL REMARKS

STOP HERE.

SECTION IV (ITEMS 27 - 36) - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF

27. IF NO SERVICES ARE REQUIRED/WERE PROVIDED, X THIS BLOCK →

28. SERVICES PROVIDED BY DHHS

(1) SERVICES	(2) COSTS			(3) TOTAL
a. ONWARD TRANSPORTATION	PERSONS X		DOLLARS =	0.00
	PERSONS X		DOLLARS =	0.00
b. TEMPORARY LODGING AND PER DIEM	PERSONS X	DAYS X	DOLLARS =	0.00
c. MISCELLANEOUS *(Specify)*			=	
			=	
			=	
			=	
		29. TOTAL COSTS	=	0.00

30. HAS EMERGENCY MEDICAL ASSISTANCE BEEN PROVIDED OFF-SITE? *(X one)* → YES ☐ NO ☐

31. ADDITIONAL REMARKS

SECTION V - CLOSING QUESTIONS - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF

	(X one) YES	NO
32. DOES THIS PERSON/FAMILY NEED A LOAN FOR TEMPORARY ASSISTANCE BECAUSE HE/SHE/THEY ARE WITHOUT RESOURCES IMMEDIATELY ACCESSIBLE TO MEET HIS/HER/THEIR NEEDS?		
33. HAVE YOU EXPLAINED TO THE REPATRIATE THAT THE INFORMATION OBTAINED IS PROTECTED UNDER THE PRIVACY ACT AND WILL BE USED SOLELY FOR THE PURPOSE OF ESTABLISHING ELIGIBILITY FOR AND ADMINISTERING THE U.S. REPATRIATION PROGRAM?		
34. HAS THE REPATRIATE SIGNED THE HHS REPAYMENT-LOAN AGREEMENT? *(Agreement must be attached to file.)*		
35. HAS THE REPATRIATE BEEN GIVEN INFORMATION/REFERRAL FOR ASSISTANCE AT THE FINAL DESTINATION?		

36. NAME OF INTERVIEWER *(Last, First, Middle Initial)*	37. TELEPHONE NUMBER *(Include Area Code)*

SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER

38. IF NO SERVICES WERE PROVIDED, X THIS BLOCK →			
39. SERVICES PROVIDED *(X as applicable)*		40. COSTS	
	a. TRANSPORTATION	a. TRANSPORTATION	
	b. FINANCIAL *(Advance per diem)*	b. FINANCIAL *(Amount paid)* VOUCHER NUMBER *(for per diem)*	
	c. AMERICAN RED CROSS (ARC)	c. AMERICAN RED CROSS (ARC)	
	d. HOUSING	41. TOTAL COST	0.00
	e. MEDICAL/OTHER		
	f. LEGAL SERVICES		
	g. CHAPLAIN ASSISTANCE		
	h. FAMILY CENTER ASSISTANCE		

SECTION VII - EXIT INFORMATION - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER

42. EXIT FROM PROCESSING CENTER DATE *(YYYYMMDD)*	43. EXIT FROM PROCESSING CENTER TIME *(Military)*	44. DESTINATION *(City, State, Country)*	
45. TRANSPORTATION CARRIER(S)		46.a. ETA AT DESTINATION *(Military Time)*	b. DATE OF ARRIVAL AT DESTINATION *(YYYYMMDD)*

47. ADDITIONAL REMARKS

AUTHORIZATION FOR EMERGENCY EVACUATION ADVANCE AND ALLOTMENT PAYMENTS FOR DOD CIVILIAN EMPLOYEES

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 5521-5527; E.O. 9397; E.O. 10982; E.O. 12107; and E.O. 12748.

PRINCIPAL PURPOSE(S): Information is collected to facilitate the issuance of emergency evacuation advance and allotment payments to a DoD civilian employee.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in delay in approval of the authorization.

1. SPONSORING CIVILIAN EMPLOYEE	2. SOCIAL SECURITY NO.	3. GRADE OR LEVEL	4. STEP OR RATE
a. NAME *(First, Middle Initial, Last)*	5. POSITION TITLE		
b. ADDRESS *(Street, City, State and Zip Code)*	6. EMPLOYING DEPARTMENT		7. APPROPRIATION
8. EVACUATED INSTALLATION	9. EVACUATION ORDER NO.	10. DATE OF ORDER *(YYYYMMDD)*	11. DATE EVACUATED *(YYYYMMDD)*
12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE *(First, Middle Initial, Last)*		13. RELATIONSHIP	

14. OTHER DEPENDENTS *(If additional space is needed, use back.)*

a. NAME	b. DATE OF BIRTH *(YYYYMMDD)*	a. NAME	b. DATE OF BIRTH *(YYYYMMDD)*

15. I hereby authorize payment of $ _____ per pay period and/or advance of pay of $ _____ to dependent named above or designated representative. I understand that funds paid will be charged against any items of pay or allowances due or to become due me after date of payment.

16. I hereby authorize dependent named above or designated representative to receive payments indicated:

a. EVACUATION SUBSISTENCE ALLOWANCE: $	b. EVACUATION TRAVEL AND TRANSPORTATION: $

17. EMPLOYEE

a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

18. DEPENDENT OR DESIGNATED REPRESENTATIVE

a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

19. AUTHORIZED OFFICIAL

a. TYPED NAME	b. TITLE
c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*

20. I request the amount of $ _____ per pay period as an allotment or assignment of monies due dependent named above *(to be completed only when, because of emergency conditions, certification by employee is not available).* I *(dependent or designated representative named above)* certify that the above information is complete and accurate to the best of my knowledge and belief.

a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

21. PAYMENT RECORD *(If additional space is needed, use back.)*

a. DATE *(YYYYMMDD)*	b. PAID BY (ADSN)	c. VOUCHER NO.	d. TYPE OF PAYMENT	e. AMOUNT

VALUE PROPERTY RECORD

(Please type or print plainly)

UNIT

DATE

LAST NAME - FIRST NAME - MIDDLE INITIAL

ADDRESS *(Include Zip Code)*

SSN

TELEPHONE NO.

I. BICYCLE, SCOOTER, MINI-BIKE, ETC

MAKE	COLOR	FRAME NUMBER	SERIAL NUMBER

II. TELEVISION, TAPE RECORDED, RADIO, STERO, ETC.

MAKE	MODEL	SERIAL NUMBER

III. GUNS

MANUFACTURER	CALIBER	TYPE/MODEL	SERIAL NUMBER

IV. DISHWASHER, STOVE, MIXER, FREEZER, TOASTER, REFRIGERATOR, ETC.

ITEM	MAKE	SERIAL NUMBER

V. CAMERAS, BINOCULARS, WATCHES, SPORTING GOODS, SEWING MACHINES, ETC.

ITEM	MAKE	SERIAL NUMBER

VI. POWER TOOLS AND SPECIAL EQUIPMENT

ITEM	MAKE	SERIAL NUMBER

VII. OTHER MARKED PROPERTY

ITEM	MAKE	SERIAL NUMBER

AF FORM 1670, 19761201 *(EF-V2)*