

7 FAM 300 EMERGENCY FINANCIAL AND MEDICAL ASSISTANCE FOR U.S. CITIZENS ABROAD

7 FAM 310 EMERGENCY ASSISTANCE

(TL:CON-45 10-16-87)

7 FAM 311 INTRODUCTION

a. U.S. citizens traveling or residing abroad sometimes need emergency financial or medical aid. Some of these U.S. citizens will be unable to resolve their distress on their own initiative. They may contact a Foreign Service post for assistance, or their need may be reported to a post by local authorities. The Department has three programs which may be used by consular officers to assist U.S. citizens in financial or medical distress: OCS/TRUST; Emergency Medical and Dietary Assistance (EMDA) loans; and repatriation loans.

b. As almost all forms of distress which U.S. citizens encounter overseas have a financial component, the primary and most often used system is the OCS/TRUST. This system requires the consular officer to contact private sources of funds in the United States or overseas and to facilitate the transfer of the needed funds to post (see subchapter 7 FAM 340).

c. EMDA, the second program makes possible official assistance, in certain situations, to U.S. citizens who cannot or do not intend to return directly to the United States. Under this program, often referred to as "EMDA II" loans (see subchapter 7 FAM 380), as differentiated from EMDA-I loans (see subchapter 450), which are made to incarcerated Americans abroad, limited financial assistance may be extended for medical emergencies, or to secure food and shelter in some emergencies, or to "tide over" the U.S. citizen until needed funds arrive at post from private sources or an overdue Federal benefits check arrives.

d. The repatriation loan program, also known as "OCS/HAVEN" loans, provides financial assistance to make possible direct repatriation to the United States (see subchapter 7 FAM 350).

7 FAM 312 AUTHORITY

a. Until late 1983 there was no legislative authority for granting repatriation loans. Funds used to repatriate indigent or ill U.S. citizens abroad were authorized through an informal understanding with Congress reached shortly after World War II. The Department of State Authorization Act, Fiscal Years 1984 and 1985 (Public Law 98-164; 22 U.S.C. 2671; 97 Stat. 1017), of November 22, 1983, amended the State Department Basic Authorities Act of 1956 (70 Stat. 890; 22 U.S.C. 2671) to permit expenditures for certain specified activities, including "loans made to destitute citizens of the United States and made to provide for the return of its citizens," with certain conditions (see subchapter 7 FAM 350).

b. Public Law 95-45 June 15, 1977 (22 U.S.C. 2670(j)), authorized emergency medical and dietary (EMDA) assistance to U.S. citizens abroad incarcerated or under legal restraint. Public Law 95-426 of October 7, 1978, effective October 1, 1978, was amended by Public Law 95-45 to authorize emergency medical and dietary assistance to U.S. citizens abroad who are not incarcerated or under legal restraint.

7 FAM 313 DEFINITIONS

The following acronyms and terms are useful in financial and medical assistance work:

(1) "EMDA" means the Emergency Medical and Dietary Assistance program established under Public Law 95-45 of June 15, 1977, as amended by Public Law 95-426 of October 7, 1978.

(2) "ETA" means estimated time of arrival.

(3) "GTR" means a Government transportation request.

(4) "HHS" means the U.S. Department of Health and Human Services.

(5) "MED CHANNEL" means the communications channel used only by the Administrative Section or medical officer at a Foreign Service post for medical problems of Government employees only.

(6) "MEDEVAC" means commercial or U.S. Air Force aeromedical evacuation by stretcher.

(7) "NOK" means next of kin.

(8) "OCS/HAVEN" means an authorization by the Department of State given to a Foreign Service post for consular disbursement of Federal Government funds for repatriation of an indigent U.S. citizen to the United States. See also "Repatriation loan."

(9) "OCS/OBIT" means the funds transmitted by a relative or friend in the United States to pay the expenses of the disposition of the remains or estate of a deceased U.S. citizen.

(10) "OCS/TRUST" means the funds transmitted by a relative or friend in the United States to a U.S. citizen abroad for the citizen's use through a designated Department of State trust account.

(11) "POE" means port of entry.

(12) "PTA" means the marking on transportation tickets to indicate that they are prepaid, nonreturnable, and nonrefundable.

(13) "Repatriation loan" means a U.S. Federal Government loan granted to enable a destitute U.S. citizen to return to the United States. See also "OCS/HAVEN."

(14) "RMO" means a Department of State regional medical officer.

(15) "Subsistence" means Federal Government funding authorized to provide essential food and shelter to destitute persons.

(16) "USC" means a U.S. citizen.

(17) "USDO" means a U.S. Disbursing Office.

(18) "USPHS" means the U.S. Public Health Service.

7 FAM 314 ENTITLEMENT TO ASSISTANCE

Persons seeking emergency financial or medical assistance from the U.S. Government must establish that they are U.S. citizens and are entitled to these services. See subchapter 7 FAM 110 .

7 FAM 315 REPORTING TO THE DEPARTMENT

7 FAM 315.1 Documentary Basis for Assistance

a. Each financial and/or medical assistance request must be reported to the Department by telegram, using the format described in section 7 FAM 315.2 . This format must be followed when submitting the initial or interim report to the Department, when alerting another Foreign Service post to the travel of an individual who may need financial or medical assistance (with information copy to the Department), or when requesting the Department to contact a person in the United States as a possible source of financial assistance.

b. Use the uniform sequence format in all financial or medical cases to alert CA/OCS to the potential need for repatriation funds, so that CA/OCS/EMR can respond quickly if such a need becomes apparent. This report is the working document that enables the Department to take appropriate action in handling financial and medical assistance cases and serves as the basis for the Department's approval or denial of a request for a repatriation loan. Following the required format generally eliminates the need for followup telegrams. In the remarks section (item 23), provide additional information that would be useful to the Department or that should be part of the record.

c. If a case is so urgent that a telephone call is appropriate, the post action officer should telephone the information in format order for immediate action by CA/OCS/EMR. The action officer should then immediately submit the telegraphic request for the record.

d. This format is not required when making followup or interim reports on an ongoing case. The format is not appropriate when sending a direct relay telegram to contacts in the United States (see section 7 FAM 344.2).

7 FAM 315.2 Financial/Medical Assistance Worksheet

The 7 FAM 315 Exhibit 315.2 represents a worksheet to record initial information on individual financial or medical assistance cases. Consular officers should use this worksheet, or one adapted for local conditions, to provide a systematic approach to such cases, and to obtain as much essential information as possible in the first contact with an inquirer. The information is needed for preparing reports to the Department and in completing necessary applications and promissory notes. In repatriation cases, the worksheet must be sent to the Department (M/COMP/FO/GAD/SAC), along with other repatriation documents (see section 7 FAM 356.5).

7 FAM 315.3 Reporting Telegram Format

a. The items enumerated in sections 7 FAM 315.3-1 and 7 FAM 315.3-2 list and describe the various elements of the message section of the basic format for reporting financial and medical assistance cases to the Department captioned for CA/OCS/EMR, M/COMP/FO/GAD/SAC, CA/EX/RES, and CA/PPT/PS/PT. In the message section of the telegram complete all items as fully as possible. Follow the numbering exactly as indicated without skipping numbers. If the information is unknown or does not apply, indicate by using "Unknown" or "N/A." If all the information is not readily available, send in what is known and submit the rest as soon as possible. Do not delay the report for additional information.

b. See 7 FAM 315 Exhibit 315.3 for a sample of the telegram format to be used in reporting financial or medical assistance cases. Items 1 through 13 must be completed for all financial assistance cases. Items 14 through 23 also must be completed whenever a medical problem is involved, and should be completed in most cases of mental instability.

7 FAM 315.3-1 Financial Assistance Cases (Items 1-13)

The telegram regarding financial assistance must contain the following information:

(1) **Personal Data.** The applicant's complete name, and the applicant's date and place of birth.

(2) **Passport Data.** The applicant's passport number, and its date and place of issuance.

(3) **Persons to Contact.** The names, addresses, and telephone numbers of next of kin, relatives, or others who might be a possible source of financial assistance.

(4) **Post Action to Date.** The details of any action the post has already taken to secure financial aid and the results of such action. If subsistence has been authorized, state the daily level of assistance and the date the assistance began (see section 7 FAM 358.1).

(5) **Privacy Act Authorization.** Never use "Unknown" or "N/A" for this item. Indicate whether the applicant has given permission under the Privacy Act to release information concerning the case. Failure to authorize contact with potential sources of funds renders the applicant automatically ineligible for repatriation. Notification of next of kin may be made without the applicant's permission when a person is too ill, physically or mentally, to make such a decision. The state of incompetence must be determined and certified by by qualified nor authorized to make such a determination.

(6) **Assistance Required.** Indicate in U.S. dollars the total amount of funds required as well as any special instructions, such as the issuance of a prepaid ticket or escort fees. In cases where private assistance appears likely, indicate the cost of transportation to the final destination as well as to the nearest port of entry. Break down all costs.

(7) **Return Plans.** State whether the individual wishes to return to the United States. Note that repatriation cannot be used to force an individual to return to the United States. Even a determination of incompetency by qualified medical personnel does not permit the forced repatriation of a U.S. national. This can only be accomplished by a legal (not medical) determination of incompetence, appointment of a legal guardian by the host government, and that guardian's expressed desire that the individual be returned to the United States (see section 7 FAM 362.1). Although deportation should be at the expense of the host government, if the host government refuses to bear that expense, a repatriation loan may be authorized, if otherwise appropriate.

(8) **HHS Assistance.** Indicate whether HHS assistance will be needed for onward travel to the nearest port of entry to the final destination, and/or reception/resettlement at the final destination. See section 7 FAM 371 for guidance. If HHS assistance is necessary, include on the caption line: "DEPT PASS HHS".

(9) **Date Departed From U.S.** The date the applicant last departed the United States.

(10) **U.S. Legal Residence.** The applicant's last place of legal residence in the United States.

(11) **U.S. Destination.** Provide the applicant's final destination in the United States. This should be a full address, not a post office box number. Section 122(d) of P.L. 98-164 of November 22, 1983 (22 U.S.C. 2671) requires the applicant to supply a verifiable address for billing purposes when applying for a repatriation loan. If the applicant refuses to supply an address, no loan will be granted. The applicant should state on the application whether someone else (a relative/friend) is the principal resident at the address given. If HHS resettlement is required, the post should include as a separate line in this paragraph of the telegraphic request:

FOR HHS/OFA ACTION: PLEASE PROVIDE FINAL RESETTLEMENT ADDRESS AS SOON AS AVAILABLE TO THE DEPARTMENT OF STATE, OFFICE OF THE COMPTROLLER (M/COMP/FO), P.O. BOX 9487, ROSSLYN STATION, ARLINGTON, VA. 22209

(see also section 7 FAM 355.2).

(12) **Account Numbers.** Provide the account or file numbers of any VA, social security, or other Federal benefit payments or accounts. The account numbers are necessary to arrange for any HHS, VA, or other Federal agency assistance upon arrival in the United States. The Debt Collection Act of 1982 (26 U.S.C. 6103) and Section 122(d) of P.L. 98-164 of November 22, 1983, require persons applying for a U.S. Government repatriation loan to provide their social security numbers. Failure to provide one's SSN automatically renders an applicant ineligible for a repatriation loan. (See section 7 FAM 357 for instructions concerning a lost SSN or applying for an SSN.)

(13) **Other Financial Information.** The reason for destitution and other remarks appropriate to the case.

7 FAM 315.3-2 Medical Assistance Cases (Items 14-23)

In addition to the information outlined in section 7 FAM 315.3-1 , if the individual also requires medical assistance or is suffering from a mental or physical disability, also include in the telegram the following information, numbered consecutively and sequentially following the items enumerated in section 7 FAM 315.3-1 . Coordinate the information with the attendance physician:

(14) **Medical Evaluation.** Detailed diagnosis and prognosis.

(15) **Applicant's Present Location.** Provide full address and telephone number. If hospitalized, include the hospital name, address, and telephone number and the projected length of hospitalization.

(16) **Physician.** Name of attending physician, and telephone number if available. Indicate the physician's English language capability, if any.

(17) **Travel Date.** Approximate date applicant will be able to travel.

(18) **Hospitalization Requirement.** Indicate whether hospitalization will be required upon arrival in the United States. In cases of behavioral problems, please assess also the likelihood of voluntary entry (see sections 7 FAM 373 and 7 FAM 374).

(19) **Medical Records.** Indicate whether medical records will accompany the applicant. If so, an informal English translation should be provided.

(20) **Escort Requirement.** Indicate whether an escort will be required for travel to the United States. Determination of the need for an escort must be made by the physician, not a consular officer. If so, provide the escort's name when available.

(21) **Escort's Final Destination.** If an escort is required the escort must accompany the subject (at HHS expense) from the port of entry to the final destination (see sections 7 FAM 364 and 7 FAM 371.2). HHS generally will provide subsistence for only one day plus transportation within the United States.

(22) **Special Medical Requirements.** Indicate any special reception requirements, such as the patient's need for a wheelchair, ambulance, or restraint.

(23) **Other Medical Information.** Provide any information not covered above, including medical data, appropriate to the case.

7 FAM 316 THROUGH 319 UNASSIGNED

7 FAM 315 Exhibit 315.2

FINANCIAL AND MEDICAL ASSISTANCE WORKSHEET

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PART A

DATE 8/11/87

- (1) NAME, DPOB FERGUSON, John William, Mar. 3, 1954, St. Louis, MO
- (2) PPT No., DPOI T020167678, Feb. 2, 1987, Chicago
- (3) SOCIAL SECURITY OR VA No. SSA: 577-AA-4321
- (4) NOK Mother, Mrs. Elsie Ferguson, 12304 Flamingo Drive, Merced, California, Tel. No: (H) 209-555-9981; (C) 209-555-8500, X 231
- (5) POST ACTION Phoned mother and local friend, Jay Winkler; both unable to assist.
- (6) PRIVACY ACT WAIVER SIGNED Yes NOT SIGNED _____
- (7) ASST. REQ. \$414.00 airfare one way, applicant, PARIS to NY/JFK and \$828.00 airfare round trip, escort, PARIS/JFK/PARIS
- (8) WANT RET. USA Yes (9) HRS ASST. Yes (10) DATE DEPT. FOR USA 8/26/87
- (11) LAST USA ADD. 1109 Geary Blvd., San Francisco, CA
- (12) FINAL DEST. 12304 Flamingo Drive, Merced, CA (mother's home) or MERCED COUNTY HOSPITAL
- (13) WHY DESTITUTE Unemployed, without funds or resources to maintain himself locally.

PART B

- (14) DIAG & PROG Paranoid/schizophrenic; stable under oral medication
- (15) PRESENT LOC Hospital of Mercy, Paris, France; Tel. No: 335-9242
- (16) ATT PHYS Dr. Jean Pierre Avignon, speaks Eng (17) DATE CAN TRAVEL Anytime after 8/25
- (18) HOSP IN USA Yes, Merced County Hosp. (19) MED REC ACC Yes
- (20) ESCORT REQ Yes, Dr. J. P. Avignon (21) ESCORT TO FIN. DEST. Yes, at HHS expense
- (22) SPEC REQ Wheelchair
- (23) REMARKS Mr. Ferguson now rational. States that he has history of mental problems. Ran out of medication while in France, then suffered delusions that he was persecuted. He is stable under medication, but airline requires a medical escort.

PART C

- (24) LOCAL ADD & PHONE Rue de la Paix 63, Paris, Tel. No. 292-1234
- (25) OTHER LOCAL CONTACTS Friend, Jay Winkler, Gty, France, Tel: 292-0610

Initials: JBL

7 FAM 315 Exhibit 315.3

REPORTING TELEGRAM FOR FINANCIAL AND MEDICAL ASSISTANCE

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REPORTING TELEGRAM FOR FINANCIAL AND MEDICAL ASSISTANCE

DUPLICATE TELEGRAM

654347 PAGE 1

UNCLASSIFIED
TEL AV 8/05/87
AMB: DLMORGAN
CON: GSMILNER
1. DCM: FB JACKSON, 2. CON: HL GRAY, 3. ADM: CJ EVANS
AMD DCM CON ADM, CHRON

AMEMBASSY TEL AVIV
SECSTATE WASHDC, IMMEDIATE ①
DEP PASS HHS, IMMEDIATE
CA/OCS/EMR
M/COMP/FO/GAD/SAC
CA/EX/RES
CA/PPT/PS/PT

E.O. 12356: NA
TAGS: CASC: (BREWSTER, Mary R.) ②
SUBJECT: FIMED: Repatriation of Mary. R. Brewster ③
REF: TEL AVIV 10263 ④

1. ⑤ NAME/DPOB: Mary R. Brewster; Nov. 21, 1940; Illinois.
2. ⑥ PPT: TTT41141, issued Jan. 15, 1985, Los Angeles.
3. ⑦ SOURCES OF FUNDS: NOK: Mother: Helena Bressler, 4359 Casino Dr., Las Vegas, Nevada (Tel: 702-555-1296).
4. ⑧ PRIOR POST ACTION: Dept. requested to communicate with Mrs. Brewster's mother and sister in attempt to obtain financial assistance. No subsistence authorized to date (see item 15 and REFTEL).
5. ⑨ PRIVACY ACT WAIVER: Yes, Mrs. Brewster has signed Privacy Act waiver for Dept. to communicate with her mother and sister.
6. ⑩ TOTAL ASSISTANCE REQUIRED: Airline tickets and incidental expenses for Mrs. Brewster and escort to California are dols 2,500 (two thousand five hundred). If NOK cannot be reached or unable to assist financially, estimated cost to New York with escort is dols 1,800 (one thousand eight hundred); dols 600 one way; dols 1,000 roundtrip for escort, dols 200 escort fee.
7. ⑪ DESIRES TO RETURN TO U.S.: Yes.
8. ⑫ HHS ASSISTANCE: If family unable to assist, HHS

DLM
D&M
H/L
CE

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Reporting Telegram For Financial And Medical Assistance—Continued

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assistance will be required to locate appropriate mental health facility. Mrs. Brewster indicates that she was a former resident of the Nevada State Mental Hospital.

9. (13) DATE LAST DEPARTED U.S.: March 30, 1985.

10. (14) LAST RESIDENCE IN U.S.: 1186 Sunset Dr., Las Vegas, Nevada 90012.

11. (15) FINAL DESTINATION: Nevada State Mental Hospital.

12. (16) FEDERAL BENEFITS/SSN: SSN: 145-62-2600.

13. (17) REASON FOR DESTITUTION: Mrs. Brewster seems incapable of managing her funds and personal affairs.

14. (18) DIAGNOSIS: Chronic paranoid schizophrenia; will continue to require hospitalization and treatment in the U.S. PROGNOSIS: Good with proper treatment.

15. (19) PRESENT LOCATION: Bat Yem Hospital, Tel Aviv; Tel: (03) 11611.

16. (20) ATTENDING PHYSICIAN: Dr. Johan Hermann Schultz; speaks fluent English; Tel: (03) 13459.

17. (21) DATE ABLE TO TRAVEL: Mrs. Brewster will be able to travel in 10 days under sedation.

18. (22) HOSPITALIZATION REQUIRED IN U.S.: Hospitalization will be required for Mrs. Brewster at the Nevada State Mental Hospital.

19. (23) MEDICAL RECORDS: Medical records and informal English translation will accompany Mrs. Brewster.

20. (24) MEDICAL ESCORT: Both Dr. Schultz and El Al recommend a medical escort. Will advise name of escort when known.

21. (25) ESCORT TO FINAL DESTINATION: Escort will accompany Mrs. Brewster to final destination at HHS expense. Escort will require an overnight accommodation.

22. (26) SPECIAL REQUIREMENTS: A wheelchair will be required for reception in New York and at final destination.

23. (27) REMARKS: Mrs. Brewster came to Israel to work and live on a kibbutz. On complaints by landlord and

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Reporting Telegram For Financial And Medical Assistance—Continued

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neighbors who became concerned over her strange and violent behavior, she was taken to Bat Yem Mental Hospital by local authorities. She does not particularly wish to return to the U.S. but realizes her position in Israel is untenable. She has agreed to submit to hospitalization in the U.S.

MORGANY

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Preparation Guide for a Post Reporting Telegram of a Financial Assistance Request

The post's initial telegram reporting a financial assistance request should contain the information specified below, in the order listed:

- ① **ACTION** line: Address the post's telegram to the Department and the following offices:
DEP PASS HHS (If HHS reception assistance is required)
CA/OCS/EMR
M/COMP/FO/GAD/SAC
CA/EX/RES, and
CA/PPT/PS/PT
- ② **TAGS** line: CASC (Surname, First name, Middle initial).
- ③ **SUBJECT** line: FIMED: Repatriation of (First name, Middle initial, Surname).
- ④ **REFERENCE** line: Identify any previous communication(s) on the same subject.
MESSAGE section:
 - ⑤ **Item 1.** Applicant's complete name; date and place of birth.
 - ⑥ **Item 2.** Passport number with date and place of issuance. If the passport is unavailable, report other evidence of U.S. citizenship presented. (The exhibit does not use a valid passport number.)
 - ⑦ **Item 3.** Next of Kin (name, mailing address, relationship; also home, office, and/or other telephone numbers).
 - ⑧ **Item 4.** Initial/prior post action. Indicate action the post has taken to secure financial aid from private sources and the host government, and report the results of such action.
 - ⑨ **Item 5.** Privacy Act waiver. Indicate whether the applicant has given consent for release of information to next of kin or other individual(s). If so, to whom?
 - ⑩ **Item 6.** Assistance required. Indicate in US dollars, transportation costs by air, bus, or other means to nearest POE in the United States and subsistence costs per day, if needed.
 - ⑪ **Item 7.** Indicate whether the applicant wishes to return to the United States.
 - ⑫ **Item 8.** HHS assistance required. If needed, specify type of assistance, for how long, and so forth.
 - ⑬ **Item 9.** Date applicant last departed from the United States.
 - ⑭ **Item 10.** Applicant's permanent address in the United States.
 - ⑮ **Item 11.** Applicant's destination in the United States.
 - ⑯ **Item 12.** Applicant's social security number (MANDATORY—see sections 351, 356.2, and 347).
 - ⑰ **Item 13.** Reason for the applicant's destitution.
 - ⑱ **Item 14.** Diagnosis and prognosis.
 - ⑲ **Item 15.** Applicant's present location. If hospitalized, include hospital name, address and phone number, and projected length of hospitalization.
 - ⑳ **Item 16.** Name of the attending physician, with telephone number, if available. Indicate physician's English language capability.
 - ㉑ **Item 17.** Date by which applicant will be able to travel. Indicate any special travel requirements.
 - ㉒ **Item 18.** Indicate whether applicant will require hospitalization upon arrival in the United States. In cases involving behavioral problems, indicate the likelihood of voluntary entry.
 - ㉓ **Item 19.** Indicate whether medical records will accompany the applicant.
 - ㉔ **Item 20.** Physician's evaluation of the applicant's ability to travel and need for escort. Give escort's name, if one is needed.
 - ㉕ **Item 21.** Indicate whether escort will accompany applicant to final destination and whether escort will need an overnight accommodation.
 - ㉖ **Item 22.** Wheelchair, ambulance, and/other special services needed at POE and destination.
 - ㉗ **Item 23.** If remarks are appropriate, include any additional information considered pertinent.

