

7 FAM 370 RECEPTION IN THE UNITED STATES

(TL:CON-46 10-19-84)

7 FAM 371 SPECIAL ARRANGEMENTS REQUIREMENTS

a. Persons who have received financial or medical assistance abroad or who are mentally or physically ill often require special arrangements upon arrival in the United States. The primary responsibility for making such arrangements lies with the family or friends of the person receiving the assistance.

b. When the consular officer learns that there is no one who can provide the necessary assistance locally, notify the Department (CA/OCS/EMR) of the need for special arrangements, following the format outlined in section 7 FAM 315.3 . The officer's message must specify what arrangements are necessary, including the views of the attending physician on the type of arrangements required, when applicable, as well as the names, addresses, and telephone numbers of persons who might be willing and able to make the arrangements.

c. The Department will attempt to contact the persons named in the report and assist them to make the necessary arrangements for the return of the person needing assistance. The post will be notified by telegram or telephone when arrangements have been completed.

d. When special arrangements are required and a private source cannot be found to take the responsibility for such preparations, the Department (CA/OCS/ EMR) will refer eligible cases to the Department of Health and Human Services (HHS), Veteran Administration (VA), or other appropriate agency for assistance (see sections 7 FAM 372 and 7 FAM 373 for further details).

7 FAM 372 HHS ASSISTANCE

7 FAM 372.1 Eligibility

a. Public Law 87-64 (42 U.S.C. 1313) provides HHS with authority to receive at a port of entry and assist, within the United States and under certain conditions, a destitute U.S. citizen and the citizen's dependents. Only the Department of State can request such services.

b. HHS will provide assistance if:

(1) The U.S. citizen and dependents are without available resources and will not be able to manage resettlement without temporary assistance.

(2) The post recommends to the Department (CA/OCS/EMR), and the Department recommends to HHS, that such assistance be provided; and

(3) The individual requests such assistance.

NOTE: For cases involving the mentally ill, see section 7 FAM 375.1 .

c. Item 8 of the reporting telegram (see section 7 FAM 315.3) provides notification that the citizen will be returning to the United States without available resources for onward travel and requests assistance from HHS or another government agency. Implicit in this request is the consular officer's recommendation that such assistance be provided.

7 FAM 372.2 Extent and Type of Assistance

7 FAM 372.2-1 Assistance Available

a. HHS assistance with reception in the United States of repatriated U.S. citizens may include transportation to their final destination, temporary medical care, temporary lodging, assistance with resettlement, and other goods and services necessary for their health and welfare.

b. HHS determines the extent and type of assistance. Such assistance is provided on a reimbursement basis. The individual receiving assistance is expected to repay the costs of services extended.

7 FAM 372.2-2 Onward Travel to Final Destination in the United States

a. *The Department of Health and Human Services (HHS) is responsible for transportation and related costs within the United States. Accordingly, the Department of State usually approves repatriation only to the nearest POE.*

b. *However, if requested, the Department may, in consultation with HHS, approve repatriation directly to a final destination other than the nearest port of entry (HHS must agree to reimburse the Department of State for U.S. travel and related costs).*

c. *This decision is made in cases where doing so results in less overall cost to the U.S. Government, because of direct routing and/or reduced administrative costs due to reduced HHS involvement, and/or to facilitate the travel of applicants with special needs, such as minors and aged, ill, or handicapped persons.*

7 FAM 372.2-3 Resettlement Assistance

In some cases, a U.S. citizen does not have a home in the United States to return to and requires assistance with resettlement. Responsibility for such assistance lies with the State in which the repatriate last had legal residence before departure from the United States (see section 7 FAM 315.3 , item 10). If for any reason the returning citizen wishes to return to a State of prior residence, the post includes under item 11 of the reporting telegram the citizen's justification for this request, and full information on the citizen's periods of residence in that state, as well as any other pertinent information on the citizen's ties to the State.

7 FAM 372.3 Time to Complete Arrangements

7 FAM 372.3-1 HHS Service Limitations

HHS is not staffed to assist persons outside of normal working hours or on weekends and holidays. Requests to provide services at such times must be justified as extreme emergencies, and no guarantee can be given that such assistance will be possible.

7 FAM 372.3-2 Timely Notification Required

a. Notification Process

Coordination of reception arrangements involves notification by CA/OCS/EMR to the Office of Family Assistance in HHS. The Office of Family Assistance, in turn, must coordinate with HHS reception centers in New York, Miami, San Francisco, Los Angeles, Seattle, and so forth, as well as with State social service agencies. Therefore, the consular officer must request such services as far in advance as possible.

b. 24-Hour Routine Request

For routine assistance with onward travel arrangements, the Department must receive notification of the repatriate's arrival a minimum of 24 hours in advance; preferably, at least 48 hours in advance.

c. 72-Hour Medical Request

If hospitalization or medical assistance is required at the port of entry, the Department must receive notice of arrival a minimum of 72 hours in advance of arrival time and not over a weekend.

d. HHS Confirmation Essential Before Scheduling Travel

Defer scheduling return travel for a citizen requiring extensive HHS assistance until the Department confirms that the necessary arrangements are complete. **Do not, under any circumstances, arrange the departure of citizens needing assistance before the notification message has reached the Department (CA/OCS/EMR).** Occasionally a person arrives in the United States with no one there to assist. This causes havoc at the port of entry, Department of State, and HHS, and adversely affects the citizen.

7 FAM 373 RECEPTION BY OTHER U.S. GOVERNMENT AGENCIES

7 FAM 373.1 Notifying the Agencies

a. Certain other Government agencies will also meet and assist destitute repatriates upon arrival in the United States. The Veterans Administration, for instance, may be willing to meet and assist an eligible veteran to enter a VA medical facility or a VA domiciliary (nursing home).

b. Accordingly, posts should include in their initial reports to the Department any connection the applicant may have with Government agencies, particularly if the applicant is receiving Federal benefits from that agency (see section 7 FAM 315.3).

c. The Department will contact the agencies and request that they provide assistance to the repatriate. Should these services require time to arrange, the Department will notify the post to delay the repatriate's travel until CA/OCS/EMR advises that arrangements have been completed.

7 FAM 373.2 Eligibility for VA Assistance

a. In each instance of a veteran being repatriated and needing stateside assistance, it is the Veterans Administration that determines the veteran's eligibility. To assist in this determination, include under item 12 of the report telegram (see section 7 FAM 315.3), if available, the VA claim number or branch of service, service number, and date of discharge.

b. VA will generally provide assistance if the U.S. citizen is a veteran of U.S. military service who received an honorable discharge.

7 FAM 373.3 Limitations on VA Assistance

a. VA can assist with reception by providing an ambulance at a port of entry, transport by ambulance to a nearby VA medical facility, and placement in an appropriate medical facility.

b. VA can also assist with placement in a VA domiciliary (nursing home).

c. VA, however, has no funds for assistance with immediate onward transportation to in-country destinations. In the case of returning veteran who wishes to be placed in a medical facility or domiciliary close to relatives or in a prior state of residence, it is necessary for the Department to coordinate travel arrangements with HHS and eventual placement with VA.

7 FAM 374 REPORTING RECEPTION REQUIREMENTS

a. Mentally and physically ill citizens often require special reception in the United States. In all cases involving special reception arrangements, use the report telegram format provided in FAM07-0315 - Exhibit 315.3, regardless of whether U.S. Government assistance is being requested up to the point of reception or not. Because several items call for information specifically requested by HHS and VA, and because the comprehensive nature of the information provided in the format cable often eliminates the need for follow-up cables, this method of reporting makes possible the fastest and most efficient assistance.

b. For the same reason, posts are encouraged to use the format cable for cases in which the Department's assistance is being enlisted simply to contact family or friends in the United States who are expected to make special reception arrangements. In such cases, indicate under item 13 that no official assistance appears to be necessary.

7 FAM 375 MEDICAL ASSISTANCE WITH RECEPTION ARRANGEMENTS

7 FAM 375.1 Eligibility of the Mentally Ill

Public Law 86-571 (24 U.S.C. 321-329) authorizes HHS to arrange for the reception and hospitalization in the United States of a U.S. citizen with a mental illness who is returning from a foreign country. Eligibility for reception and hospitalization by HHS requires that:

(1) The individual be without available resources;

(2) The Secretary of State submit a certificate stating that the individual is a U.S. citizen; and

(3) **Either:**

(a) The Secretary of State obtain or transmit a certificate reporting that the individual named has been legally adjudged insane in a named foreign country,

or

(b) An appropriate person or authority submit a certificate stating that at the time of such certification the named individual was in a specified foreign country and was in need of care and treatment in a mental hospital in the United States. See 7 FAM 375 Exhibit 375.1 for a sample certificate of mental incompetence. See also section 7 FAM 362.2 .

7 FAM 375.2 Reception of the Mentally Ill

a. A mentally ill citizen returning to the United States and requiring special reception arrangements, and who is also eligible for VA assistance, will be referred to VA first. Neither HHS nor VA has the authority to commit an individual to a mental hospital or institution against the individual's will. With sufficient advance notice, however, they will meet such individuals and be prepared in all cases to enter them, if willing, into an appropriate facility, after the post has been notified that all arrangements for reception have been completed.

b. Provide the following information in the reporting telegram to the Department (CA/OCS/EMR), as shown in 7 FAM 315 Exhibit 315.3 :

(1) The consular officer's assessment of the likelihood that the returning citizen will accept voluntary commitment (item 18; this is especially important to CA/OCS/EMR in its liaison with the appropriate agency);

(2) The attending physician's recommendations for necessary arrangements, and names and addresses of persons in the United States who may be willing to make arrangements (items 22 and 23);

(3) If it is possible to ascertain that the individual has been hospitalized or treated by clinics in the United States in the past, the names and addresses of contact persons who may be of assistance to HHS or VA in making reception arrangements (item 23); and

(4) The physician's recommendation as to whether a closed ward facility is required, likelihood of violent behavior, whether the patient needs to be restrained, whether the patient is being sedated for travel, as well as a report of any other medications currently being administered or taken, and information on any other special problems (item 23).

7 FAM 375.3 Reception of the Physically Ill or Infirm

a. Provide the following information in the reporting telegram (section 7 FAM 315.3) to the Department (CA/OCS/EMR) regarding return of the physically ill or infirm:

(1) The attending physician's recommendations for necessary arrangements, and the names and addresses of persons in the United States who may be willing to make arrangements (items 22 and 23); and

(2) Medications the returning citizen-patient is taking.

b. At times the post may be called upon to assist in the repatriation of a U.S. citizen who has lived abroad for a period of time but who, because of lack of resources, advancing age, or recent physical disability, is no longer able to live independently. Appropriate care may not be available locally, and the citizen wishes to return to the United States to obtain assistance which can be provided only in the United States, such as Medicaid and Medicare. In all cases where long term care is indicated and cannot be provided by family or friends, consular officers should report, to the best of their ability, the type of care that may be necessary. This facilitates proper placement of the citizen in the United States. Under item 23 of the reporting telegram consular officers should provide an assessment as to which of the following categories appear to be more appropriate:

(1) Licensed boarding home (for those who are generally independent and take care of themselves to a great extent, but who will receive bed and board);

(2) Intermediate care facility (for those who need, in addition to bed and board, a moderate degree of assistance which can be provided by lay persons, and who may require daily medication of a type which a lay person can administer); or

(3) Skilled care nursing home (for those who require almost constant assistance and care by medically trained personnel).

7 FAM 376 ABANDONED MINORS

Provide the following information when requesting HHS assistance for reception and resettlement of an abandoned U.S. citizen minor:

(1) All available information on who currently has custody of the child (a post cannot accept custody of any person), the history of the child, the family background, and how the child became abandoned and destitute (see subchapter 7 FAM 150 on child custody and subchapter 7 FAM 140 on child abuse and emergency protection of minors; also, section 7 FAM 1331.3 on evidence of child's U.S. citizenship);

(2) Information on any health or behavioral problems of the minor or other significant considerations;

(3) Information on any physical or mental illness or history of mental retardation;

(4) Any information as to the whereabouts of the parents or any other next of kin;

(5) The suggestions of the minor, if of an age to assist, regarding where and with whom the minor could be resettled in the United States; and

(6) The recommendation of the post on the nature of the service that HHS should provide.

7 FAM 377 ESCORTS

a. The need for a medical or non-medical escort to accompany a U.S. citizen to the U.S. should be determined by the attending local physician, local government authorities, and the airline which will provide the transportation.

b. When an escort is deemed necessary, posts should find one who is willing to accompany the U.S. citizen all the way to the final destination in the United States. The escort must have minimal English language capability.

c. Use an escort who does not meet both criteria shown in section 7 FAM 377 , paragraph b, only as a last resort. If the post is unable to locate an escort who qualifies under those criteria and HHS assistance is required, notify HHS as soon as possible, as its personnel must attempt to locate an appropriate escort to accompany the returning U.S. citizen from the port of entry to the final destination in the United States.

d. While HHS is responsible, under normal circumstances, for assisting U.S. citizens after their arrival in the United States, HHS does not have the staffing capability or resources, except in the most unusual circumstances, to provide escorts from the port of entry to the final destination in the United States. This may delay the U.S. citizen's return for several weeks, and possibly longer.

e. Under item 21 of the reporting telegram (section 7 FAM 315.3), provide the full name of the escort and indicate whether the escort desires to leave the United States on the same day the citizen and escort arrive at the final destination, if feasible, or wishes to stay overnight, in which case hotel accommodations are required. Generally HHS will pay for one overnight hotel accommodation and one day's per diem expenses unless otherwise warranted. HHS does not pay a fee for the escort's services.

7 FAM 378 RECEPTION FOR ABLE-BODIED DESTITUTE REPATRIATES

a. HHS will meet and assist an able-bodied destitute repatriate upon arrival in the United States if the repatriate meets the criteria for eligibility set forth in section 7 FAM 372.1 . In a significant number of cases repatriates who had indicated that they would not require HHS assistance for onward arrangements actually do request such assistance upon arrival.

b. HHS must make such arrangements in advance of the repatriate's arrival and therefore asks that consular officers inquire of those applicants who live some distance from the post of entry as to how they intend to reach their final destination after arrival in the United States, and to include such information in the reporting telegram.

c. HHS also needs to be informed when small children are involved, whether they have a home immediately available to them upon arrival at the post of entry/final destination, or whether additional assistance will be required. Include this information under item 22 of the reporting telegram (section 7 FAM 315.3).

7 FAM 379 UNASSIGNED

7 FAM 375 Exhibit 375.1

CERTIFICATE OF MENTAL INCOMPETENCE

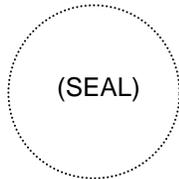
(Page 1 of 2)

**ABC Hóspital
Plaza Centrale
Arco, Argentina**

October 7, 1987

CERTIFICATE OF MENTAL INCOMPETENCE

1. TREATING PHYSICIAN: Dr. Jose Alvarez, Chief of Psychiatry, ABC Hospital ,Arco, Argentina. Tel: 234-5678 or 235-6789.
2. PATIENT: U.S. citizen Ruppert E. Barnes, born on August 25, 1948, Chicago, Illinois; U.S. Passport: No. TTT000000, issued March 16, 1987, Chicago.
3. DIAGNOSIS: Mr. Barnes is afflicted with paranoid schizophrenia and is violent except when heavily medicated. He rarely is lucid and must be kept under constant surveillance for his own protection and that of other patients. He is considered incapable of making reasoned decisions regarding his own welfare and incapable of traveling without medical escort.
4. PROGNOSIS: Patient is not considered likely to recover or to be capable of independent living at any time in the near future. Requires closed ward facility.
5. MEDICATIONS PATIENT IS RECEIVING: 5 mg. Lithium, 4x a day and 10 mg. Valium, 5x a day.
6. LOCATION OF PATIENT: ABC Hospital, Central Plaza, Arco, Argentina, Room 425A.
7. CARE REQUIRED: Mr. Barnes requires full care and treatment in a mental health facility in the United States designed to treat severely ill patients. This hospital is not adequately equipped nor staffed to provide the degree of care Mr. Barnes needs.
8. PHYSICIAN'S SIGNATURE: ☺□•ℳ ✎◆❖☪□ℳ ⌘ DDP



This certificate was prepared in compliance with the requirements of 24 U.S.C. 321-329

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(Signature of consular officer)

Vice Consul

(Title of consular officer)

American Embassy, Buenos Aires

(Location of R.S. Post)

October 9, 1987

(Date)

Preparation Guide for Certificate of Mental Competence of Incompetence

A certificate of mental competence or incompetence is required when the Department of Health and Human Services is requested to provide reception and/or hospitalization.

LEGAL REQUIREMENTS:

Under Public Law 86-571 (24 U.S.C. 321-329) the Department of Health and Human Services (HHS) is authorized to assist with reception and hospitalization arrangements of mentally ill U.S. citizens entering the United States from abroad who are without funds.

HHS requires that a certificate of Mental Competence or Incompetence be submitted to establish the eligibility of such citizens for assistance.

The certificate may be prepared on:

- Hospital stationery
- Physician's own stationery
- Plain white bond paper

CERTIFICATE REQUIREMENTS:

The following must be included in the certificate:

1. Identification of physician by name, position, medical degree(s), location (city/country), and if available, telephone number(s).
2. Identification of patient as U.S. citizen, citing patient's name, date and place of birth, and U.S. passport number with its date and place of issuance.
3. Diagnosis and clear indication that patient is capable or incapable of making rational decisions regarding the patient's own welfare.
4. Prognosis.
5. Medications patient is taking: name of drug(s), amount, and frequency of use (such as, 3 times a day).
6. Applicant's present location: hospital or clinic name, city, and country.
7. Statement that the patient needs care and treatment in a mental health facility in the United States and reason for this evaluation (for instance, that the local hospital lacks appropriate facilities and/or personnel for required treatment).
8. Treating physician's signature.
9. Consul's signature with a statement that the certificate was prepared in compliance with the requirements of 24 U.S.C. 321-329.
10. Consular seal.

DISPOSITION: Give original to escort/patient, with one copy of the repatriation application, one copy of the promissory note, and one copy of the medical records, for delivery to HHS at POE:
Attach one copy to the original promissory note, to be given to the fiscal officer;
Give one copy to the Department (CA/OCS/EMR)
File one copy with the post's case records for ready reference.

