SECTION	ON I - TO BE COMPLE	TED	BY THE "RESPO	ONSIE	BLE PERSON"					
ARE YOU ESCORTING UN	ACCOMPANIED MINO	R CH	IILD(REN)? (X o	ne)	YES	S NO				
The designated escort is group they are escorting. If the first of through 20 for the eldest child in Items 23(a) through the ADDITIONALLY, ESCORTS	there is more than one of hild being escorted. The (d), as applicable.	child t	from the same fa complete the famil	mily g ly grou	roup, enter the i up information fo	nforma or each	ation in Items n younger			
SECTION	ON II - TO BE COMPLE	TED	BY THE "RESP	ONSIE	BLE PERSON"					
1. AIRLINE AND FLIGHT NUMBER			2. DATE OF ARRIVAL (YYYYMMDD)							
3. REPATRIATION CENTER										
4. PROCESSING DATE (YYYYMMD)	D)		5. PROCESSING TIME (Military)							
SECTION III - EVACUEE IDE	NTIFYING INFORMATI	ON -	TO BE COMPLE	ETED	BY THE "RESF	PONSI	BLE PERSON"			
<ul><li>6. NAME OF EVACUEE (Last, First, Inc.)</li><li>7. COUNTRY EVACUATED FROM</li></ul>	Middle Initial)									
8. DATE OF BIRTH (YYYYMMDD)	, and Country)									
10. COUNTRY OF CITIZENSHIP										
11. GENDER (X one)			12. SOCIAL SECURITY NUMBER							
MALE	FEMALE									
13. MARITAL STATUS (X one) SINGLE	MARRIED		WIDOWED		SEPARATED		DIVORCED			
14.a. PASSPORT NUMBER	MANNED		b. COUNTRY OF ISSUE							
15.a. ALIEN NUMBER	b. COUNTRY OF ISSUE									

					(Continued) (Read before cor		ems 16 and 23)		
, , , , , , , , , , , , , , , , , , , ,			m 16 and Item 23 (Page 7.) Choose all that apply.)						
	TABLE 1a - U.S. ( ASSIFICATION NUMBER	CITIZEN			1b - FOREIGN NATIONAL		TABLE 2		
Iransportation Agreement  3a Non-DoD U.S. Government (USG): Employee  b Non-DoD USG: Employee Dependent and/or Family			8 Adu (Fo no 9 Mine (Ci cit 10 Non (Ei lat 11 Non Go 12 Citiz 13 Othe  ster all ble 1	alt Depe oreign s of U.S. or or Depe hild bor tizen to n-Depen xw, cous n-U.S. Covernme zen of C er, Non	endent of Repatriated U.S. Citn in foreign country, not U.S. date) addent of Repatriated U.S. Citized family member, i.e. mother-in, etc.) civilian Employee (Works for Lent) Country Other Than U.S. e of the Above (Specify)	zen Anizen Fren Mon-	AGENCY CODE A Army N Navy F Air Force M Marine Corps G Coast Guard D DoD Agency O Other U.S. Government Agency X Not Applicable		
a. CLASSIFICATION NUMBER b. AGENCY CODE			/		ADULTS (Include yourself)	HILDREN nclude all children)			
a. CLASSIFICATION NUMBER b. AGENCY CODE				18. NI	JMBER OF ANIMALS WITH	,	,		
C.	CLASSIFICATION NUMBER	d. AGENCY CODE					ATS		
e.	CLASSIFICATION NUMBER	f. AGENCY CODE			BIRDS	O-	THER		
19.	EMERGENCY CONTACT								
2	(For person named in Item 6 above NAME (Last, First, Middle Initial)	ve)		Ī	b. ADDRESS (Street, City, State	e/Country 7	IP Code)		
20.	(Include Area Code) (Include Final Destination An (If same as Item 19, enter "SAME	D NAME OF POINT O	TELEPHON de Area Code F CONT	le)	,				
a. NAME (Last, First, Middle Initial)  c. HOME TELEPHONE NO. (Include Area Code)  d. WORK TELEPHONE NO. (Include Area Code)  e. CELL TELEPHONE (Include Area Code)					b. ADDRESS (Street, City, State	e/Country, Z	(IP Code)		
21.	. IF U.S. DEPARTMENT OF						,		
	(For escorted unaccompanied mil		ors (parent	/guardia	an) information to the best of	your ability.	.)		
a.	BRANCH OF SERVICE/DOD AGENC		MARINE CO	ORPS	COAST GUARD	Do	OD AGENCY		
b.	NAME OF SPONSOR (Remaining in C				c. SSN	d. RANK			
e.	ORGANIZATION/ADDRESS AND MA	JOR COMMAND (Include APO#	#/FPO#)						
22.	. FINAL DESTINATION AN (Complete if applicable)	D NAME OF ESCORT	FOR U	NACC	OMPANIED MINOR CI	HILD(RE	N)		
a. NAME OF ESCORT (Last, First, Middle Initial)					b. ADDRESS (Final Destination of Escort) (Street, City, State/Country, ZIP Code)				
(F	Final Destination of Escort) (Final D	Destination of Escort) (Final De	TELEPHON estination of le le Area Code	Escort)					
DD	FORM 2585, DEC 2007	•					Page 6 of 10 Pages		

	SEC	ΓΙΟΝ III - EVACU	EE IDENTIF	YING INFO	ORMATION (Contin	nued)		
23. ACCOMPANYII  (Fill out for each acc								
a.(1) NAME (Last, First, Mic	ddle Initial)	,		(2) SSN		(3) DATE OF BIRTH (YYYYMMDD)		
(4) GENDER (X one)		(5) RELATIONSHIP TO	PERSON COMP	LETING FORM	/ (X one)			
MALE	FEMALE	SPOUSE		UGHTER	PARENT	OTHER		
(6) PLACE OF BIRTH (City,				(10) CLASSIF (Enter all Table 1 al				
(7) COUNTRY OF CITIZENS	SHIP			(a) CLASSIFI	CATION NUMBER	(b) AGENCY CODE		
(8) PASSPORT NUMBER		COUNTRY OF ISSUE		(c) CLASSIFI	CATION NUMBER	(d) AGENCY CODE		
(9) ALIEN NUMBER		COUNTRY OF ISSUE		(e) CLASSIFI	CATION NUMBER	(f) AGENCY CODE		
b.(1) NAME (Last, First, Mic	ddle Initial)			(2) SSN		(3) DATE OF BIRTH (YYYYMMDD)		
(4) GENDER (X one)		(5) RELATIONSHIP TO	PERSON COMP	LETING FORM	I (X one)			
MALE	FEMALE	SPOUSE	SON/DA	UGHTER	PARENT	OTHER		
(6) PLACE OF BIRTH (City, State, and Country)			` (Enter all	ND AGENCY CODE(S) numbers and agency codes from ge 6) that are applicable to the person				
(7) COUNTRY OF CITIZENS	SHIP			(a) CLASSIFI	CATION NUMBER	(b) AGENCY CODE		
(8) PASSPORT NUMBER		COUNTRY OF ISSUE		(c) CLASSIFI	CATION NUMBER	(d) AGENCY CODE		
(9) ALIEN NUMBER		COUNTRY OF ISSUE		(e) CLASSIFI	CATION NUMBER	(f) AGENCY CODE		
c.(1) NAME (Last, First, Mid	ddle Initial)			(2) SSN		(3) DATE OF BIRTH (YYYYMMDD)		
(4) GENDER (X one)		(5) RELATIONSHIP TO	PERSON COMP	LETING FORM	(X one)			
MALE	FEMALE	SPOUSE	SON/DA	UGHTER	PARENT	OTHER		
(6) PLACE OF BIRTH (City,	State, and Coun	ntry)		(Enter all Table 1 al		ND AGENCY CODE(S) numbers and agency codes from ge 6) that are applicable to the person		
(7) COUNTRY OF CITIZENS	SHIP			(a) CLASSIFI	CATION NUMBER	(b) AGENCY CODE		
(8) PASSPORT NUMBER		COUNTRY OF ISSUE		(c) CLASSIFI	CATION NUMBER	(d) AGENCY CODE		
(9) ALIEN NUMBER		COUNTRY OF ISSUE		(e) CLASSIFI	CATION NUMBER	(f) AGENCY CODE		
d.(1) NAME (Last, First, Mic	ddle Initial)			(2) SSN		(3) DATE OF BIRTH (YYYYMMDD)		
(4) GENDER (X one)		(5) RELATIONSHIP TO	PERSON COMP	LETING FORM	M (X one)			
MALE	FEMALE	SPOUSE	SON/DA	UGHTER	PARENT	OTHER		
(6) PLACE OF BIRTH (City,	State, and Coun	ntry)		(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 CITIZENS	SHIP			(a) CLASSIFI	CATION NUMBER	(b) AGENCY CODE		
(8) PASSPORT NUMBER		COUNTRY OF ISSUE		(c) CLASSIFI	CATION NUMBER	(d) AGENCY CODE		
(9) ALIEN NUMBER		COUNTRY OF ISSUE		(e) CLASSIFICATION NUMBER (f) AGENCY CODE				
NOTE: If t	here are me	ore than 4 accom	nanving fa	mily memb	hers juse addition	nal copies of Page 7		

		SEC	CTION III - EVAC	UEE I	IDENTIFYING INFORMATION (SERVICES) (Continued)				
24. IF NO SERVICES ARE NEEDED, X THIS BLOCK									
25. S	ERVICES NEED	ED (X	all that apply)						
	CLOTHING	1							
	HOUSING PERMANENT TEMPORARY								
	MEDICAL								
	DOD INFORMATION								
	DOD LEGAL SERVICES								
	CHILD CARE								
	FEDERAL CIVILIAN PERSONNEL ASSISTANCE								
	LOCATOR ASS	SISTAN	ICE FOR OTHER FA	MILY M	IEMBERS				
	TRANSPORTA	TION T	O ONWARD DESTIN	NATION	1				
	FINANCIAL AS	SISTA	NCE						
	MENTAL HEAL	тн							
	GENERAL INFO	ORMA	ГІОИ						
	CHAPLAIN AS	SISTAN	ICE						
	FUNERAL ASS	ISTAN	CE						
	DOD RELOCAT	TION IN	IFORMATION						
	TRANSLATOR	(Indica	ate language)						
	OTHER (Specify)								
26. A	DDITIONAL REM	MARKS	<u> </u>						
					STOP HERE.				

	SECTION IV (ITEMS 27 - 36) DEPARTMENT							NTER		
27.	IF NO SERVICES ARE REQUIRED/WERE P	PROVIDED, X TI	HIS BLOCK -		<b></b>	•				
28.	SERVICES PROVIDED BY DHHS					l .	<u>I</u>			
	(1) SERVICES		(2) C0	OSTS			(3) T	OTAL		
	040044000744007	PERS	ONS	DOLI	LARS					
a.	CASH ASSISTANCE		х		=					
		PERS	ONS	DOLI	LARS					
			х		=					
b.	ONWARD TRANSPORTATION	PERS	ONS	DOLI	LARS					
			х		=	=				
	TEMPORARY LORONIC AND DEPOSIT	PERSONS	DAYS	DOLI	LARS					
C.	TEMPORARY LODGING AND PER DIEM	x	х		=	=				
d.	MISCELLANEOUS (Specify)									
					=	=				
					=	=				
					=	=				
					=	=				
				29. TOTAL CO	0818 =	=				
30.	0. HAS EMERGENCY MEDICAL ASSISTANCE BEEN PROVIDED OFF-SITE? (X one) YES NO									
31.	ADDITIONAL REMARKS						I	L		
	SECTION V - CLOSING QUESTION	ONS - TO BE	COMPLET	ED BY REE	ΡΔΤΡΙΔΤΙΟ	N PR	CESSING	CENT	FR	
	DEPARTMENT									
						-,	- '-	·	X one)	
								YES		NO
32.	32. HAS REPATRIATE BEEN GIVEN A HEALTH AND HUMAN SERVICES WELCOME BROCHURE?									
	DOES THIS PERSON/FAMILY NEED A LOA WITHOUT RESOURCES IMMEDIATELY ACC					THEY AR	E			
	HAVE YOU EXPLAINED TO THE REPATRIA PRIVACY ACT AND WILL BE USED SOLEL' ADMINISTERING THE U.S. REPATRIATION	Y FOR THE PU								
35.	HAS THE REPATRIATE SIGNED THE HHS F	REPAYMENT-L	OAN AGREEM	ENT? (Agreen	ment must be	attached	to file.)			
36.	HAS THE REPATRIATE BEEN GIVEN INFO	RMATION/REFE	ERRAL FOR AS	SSISTANCE A	T THE FINAL	. DESTIN	ATION?			
37.	NAME OF INTERVIEWER (Last, First, Middle	lnitial)		38. TEI	LEPHONE N	UMBER	(Include Area	Code)		

SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER						
39. IF NO SERVICES WERE PROVIDED, X THIS BLOCK						
40. SERVICES PROVIDED (X as applicable)	41. 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	42. TOTAL COST					
e. MEDICAL/OTHER						
f. LEGAL SERVICES						
g. CHAPLAIN ASSISTANCE						
h. FAMILY CENTER ASSISTANCE						
SECTION VII - EXIT TO BE COMPLETED BY REPATR						
43. EXIT FROM PROCESSING CENTER DATE (YYYYMMDD)  44. EXIT FROM PROCESSING CENTER TIME (Military)	45. DESTINATION (City, State, Country)					
46. TRANSPORTATION CARRIER(S)	47.a. ETA AT DESTINATION (Military Time)  b. DATE OF ARRIVAL AT DESTINATION (YYYYMMDD)					
48. ADDITIONAL REMARKS						