

FSM STRANDED CITIZENS ASSISTANCE APPLICATION FORM

SECTION 1: IDENTIFICATION AND CONTACT DETAILS

Application date:	/ / 2021	Application # (assigned by DOFA)
SURNAME:*		FIRST NAME:*
MIDDLE NAME:*		PASSPORT #:*
DATE OF BIRTH:*	/ /	AGE:
GENDER:*	MALE [] FEMALE []	CONTACT PHONE # IN STRANDED LOCATION:
EMAIL ADDRESS:		
FSM ADDRESS:		
FSM STATE:		
ADDRESS IN STRANDED LOCATION:		

SECTION 2: TRAVEL DETAILS

Purpose of travel:	Business purpose []	Govt travel []	Private medical []
	Relocating to FSM []	Vacation []	Visiting family []
	MiCare referral patient []	Micare patient attendee []	MiCare patient family []
	Other - please describe []		
Booking date of travel: ^	/ / 2021	Start date of travel: ^	/ / 2021
Original departure location:		Original departure date:	
Stranded location: ^		Date of Arrival at stranded location: ^	/ / 2021
Expected departure date from stranded location to FSM: ^	/ / 2021	Number of family members in your travelling party:	
Reason for not leaving stranded location on specified date:			

SECTION 3: GENERAL QUESTIONS

Employment status (main applicant)	Employed []	Self-employed []	Unemployed []
Employment status (spouse)	Employed []	Self-employed []	Unemployed []
Have/are <u>you</u> receiving other forms of Federal assistance from the US?	Main applicant Y/N	Spouse of applicant Y/N	
Are you returning to paid employment in the FSM?	Main applicant Y/N	Spouse of applicant Y/N	
Have/are <u>you</u> receiving other forms of financial assistance from the FSM National or State Government?	Main applicant Y/N	Spouse of applicant Y/N	
Have/are <u>you</u> receiving other forms of financial assistance from any insurance providers?	Main applicant Y/N	Spouse of applicant Y/N	
Please write if you have any other details/information/explanation to be considered as part of this application			

SECTION 4: DETAILS OF OTHER TRAVELLERS

NAMES OF OTHER FAMILY MEMBERS IN YOUR TRAVELLING PARTY				
NAME*	PASSPORT #*	DATE OF BIRTH:*	GENDER: MALE/FEMALE*	RELATIONSHIP TO MAIN APPLICANT

*** DETAILS MUST MATCH COPY OF PASSPORT – COPY OF BIOPAGE FOR EACH FAMILY MEMBER REQUIRED**

^ DETAILS MUST MATCH THE TICKET RECEIPT/ITINERARY – ALL FAMILY MEMBERS MUST BE LISTED ON THE ITINERARY

SECTION 5: PREFERRED PAYMENT OPTIONS

<input type="checkbox"/>	1 Cash check to be collected at local Consulate Office	ID to be presented upon collection of check
<input type="checkbox"/>	2 Direct deposit into Bank of Guam bank account	
	- Account name	
	- Account number	
<input type="checkbox"/>	3 Direct deposit into Bank of FSM bank account	
	- Account name	
	- Account number	

SECTION 6: DECLARATIONS

DECLARATION BY MAIN APPLICANT: I hereby submit this application for assistance to FSM Citizens stranded due to the COVID-19 travel restrictions. All information provided herein are a true and accurate record for myself and my family members listed under this application. I also understand that the FSM Government may request further information to verify any part of this application. I also understand that should the FSM Government find that any information provided herein is false, they will be able to seek recovery all or part of any monies paid to me

As part of this application form, I have also submitted copies of:

- Biopage of all passports included under this application***
- Travel itinerary/receipt/tickets for all persons listed under this application***
- Other relevant information (briefly describe):*** _____

Submitted by main Applicant:

_____ *Print name*

_____ *Signature*

_____ *Date*

To be completed only if Consulate services used: I hereby confirm that I have assisted the applicant to complete the application and documentation that has been submitted is complete record of the person(s) applying.

Verified by FSM

Consulate/Embassy:

.....
Print name

.....
Signature

.....
Date

CONFIRMATION OF ELIGIBILITY BY FSM NATIONAL GOVERNMENT

Secretary of Finance or designee to choose which one is applicable:

- After careful review of the application and supporting documentation, I confirm that these person(s) is/are FSM citizens and are eligible for FSM support for stranded citizens due to COVID-19 travel restrictions. The amount payable for this application is \$.....**

- After careful review of the application and supporting documentation, I confirm that these person(s) are NOT eligible for FSM support for stranded citizens due to COVID-19 travel restrictions. The reason the application was not approved is because.....**

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**Secretary of Finance
& Administration**

.....
Print name

.....
Signature

.....
Date