# HAITIAN DIASPORA UNITED FOR HAITI (HDUH)

## DIGNIFIED REINTEGRATION & HOMECOMING SUPPORT PROGRAM (DRHSP)

*INQUIRY & REFERRAL FORM • 30-Day Dignified Reintegration Initiative*

This short form is the first step for individuals, families, attorneys, and faith or community organizations.
Submission does not guarantee acceptance. Eligible applicants will be invited to complete DRHSP's full screening process.

### 1. PERSON MAKING THE INQUIRY / REFERRAL

Your full name

Email

Phone / WhatsApp

City / State / Country

Relationship to participant

You are: ☐ Family/Sponsor ☐ Attorney ☐ Faith Organization ☐ Community Organization ☐ Potential Participant

☐ Other Specify

### 2. POTENTIAL PARTICIPANT

Participant full name

Current country / location

Phone / email (if available)

Date of birth / approximate age

Expected return to Haiti: ☐ Confirmed ☐ Unknown

Approximate date

Reason for return: ☐ Immigration removal/deportation ☐ Status/TPS-related ☐ Voluntary return ☐ Family relocation

☐ Other Specify

Expected arrival point: ☐ PAP Airport ☐ CAP Airport ☐ Border ☐ Other/Unknown

## 3. RESPONSIBLE PARTY

Family in Haiti: ☐ Yes ☐ No ☐ Unknown

Family / sponsor available: ☐ Yes ☐ No ☐ Unknown

30-day program funding: ☐ Family/Sponsor expects to pay ☐ Participant self-pay

☐ Financial assistance may be needed ☐ Not yet discussed

Primary concern

Best time / method to contact you

## 4. PRELIMINARY SAFETY QUESTION

Known immediate safety concern: ☐ Yes ☐ No ☐ Unsure

Known serious criminal conviction: ☐ Yes ☐ No

If yes / important context

## 5. TELL US WHAT THE RETURNEE NEEDS

☐ Arrival transportation

☐ Accommodation

☐ Meals

☐ Family reconnection

☐ Healthcare referral

☐ Housing planning

☐ Employment/business guidance

☐ Documentation/community resources

☐ Other Specify

What would make the first 30 days successful?

*For initial routing only. Detailed confidential screening occurs later.*

## 6. CONSENT TO CONTACT

☐ I authorize HDUH to contact me regarding this inquiry/referral.

I understand that additional information, screening, documentation, sponsorship/payment arrangements, and participant consent may be required before acceptance or placement.

Name

Signature (type full name)

Date

**Submit securely to: projects@hduhforhaiti.org**

Public website / online inquiry: https://hduhforhaiti.org

## HDUH STAFF USE ONLY

Inquiry ID / date received

Initial reviewer

Follow-up date

Preliminary status:

☐ Send Full Questionnaire

☐ Schedule Screening Call

☐ Need More Information

☐ Partner/Resource Referral

☐ Not Appropriate for Pilot

Other status

Notes