



COMMONWEALTH OF VIRGINIA
COUNTY OF FAIRFAX
DEPARTMENT OF SOCIAL SERVICES



DATE: 9/21/93

VAN NGUYEN

Re: Refugee Sponsor Statement

Dear Van Nguyen:

Ngoc Bich Hoang has requested public assistance from this department and it is necessary that we contact all refugee/entrant sponsors to determine eligibility for public assistance.

We have been informed that sponsors assume certain responsibilities as a moral commitment. These responsibilities include providing shelter, clothing, food, pocket money, ordinary medical costs, and helping the refugee to become independent and adjust to a new culture. Please answer the questions on the back of this form.

We need to know if you are providing these needs and if not we need to know the reasons why you are not accomplishing these responsibilities.

If you are not willing or able to provide for Ngoc Bich Hoang needs, it is your responsibility to contact the resettlement agency and inform them that the refugee which you sponsored has requested public assistance.

Sincerely,

ABKay

Eligibility Worker

We would appreciate your returning this completed form to the address indicated below:

☐ 10301 Democracy Lane
Fairfax, Va. 22030

Attn: _____

☐ 6301 Richmond Highway
Alexandria, Va. 22306

Attn: _____

FAIRFAX COUNTY
DEPT. OF HUMAN DEVELOPMENT
6245 LEESBURG PK FL 2
FALLS CHURCH, VA 22044

Attn: ABKay

☐ 1850 Cameron Glen Drive
Reston, Va. 22091

Attn: _____

Phuong Thanh Huynh

September 22, 1993

TO WHOM IT MAY CONCERN:

Per the request of Mr. KY VAN HOANG and his wife THUY-NGA TRANG, I hereby verify that I have helped this family in renting an apartment at 6223 Wilson Blvd #1 Falls Church, va. 22044 because they could not rent an apartment themselves.

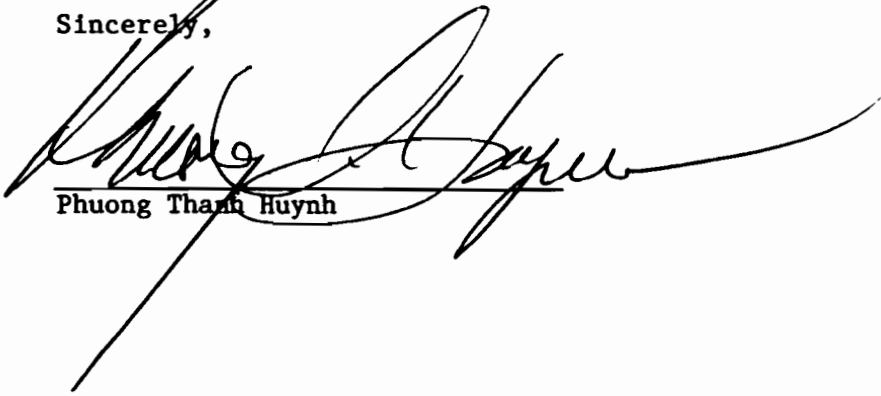
I also verify that I have not given them any money for any thing. I know this family through a friend in Canada. My friend in Canada called me and asked me to help this family when they intended to move to Virginia. This refugee family first resettled in Connecticut on August 12, 93 under Former Political Detainees Program sponsored by U.S. government. They were left starving for two days when they first arrived. They scared to death in America. That was the reason why they moved to Virginia. They do not have any relatives nor friends. I can not help them financially.

They moved to Virginia in September 3, 1993. I co-signed the apartment for them. The rent is 695.00 per month.

I did not help them any thing from beginning and I will not help them any thing, both financially.

If you need more information about this family, please do not hesitate to contact me at my address and phone numbers.

Sincerely,



Phuong Thanh Huynh



COMMONWEALTH OF VIRGINIA
COUNTY OF FAIRFAX

DEPARTMENT OF HUMAN DEVELOPMENT
Employment and Training Programs



To: Refugee Cash Assistance applicants from the Falls Church and Fairfax Offices who need to register with the Willston Employment and Training unit

From: Joi Kudirka, Refugee Case Manager

Subj: How to Register with Employment and Training

In order to receive your Refugee Cash Assistance, you must also register with the Employment and Training unit of this agency. You must do this after you register with your Eligibility Worker.

This is what you must do:

1. Telephone the Falls Church Employment and Training Office at 533-5400. Tell the receptionist you want to make an appointment for the refugee orientation and how many people need to come to the appointment. DO NOT COME TO THE OFFICE. YOU WILL NOT BE ABLE TO HAVE AN APPOINTMENT RIGHT AWAY.
2. The receptionist will tell you when and at what time to come to your appointment. On the day of your appointment, come to Room 15, 6131 Willston Drive, Falls Church, VA 22044. Be sure to come on time. You must bring three things to your appointment:
 1. Your VRAP Referral form. Your Eligibility Worker will give this to you.
 2. Your I-94 or Green card.
 3. Your Social Security card or your Social Security card application receipt.

Please remember. You must make an appointment. If you come without an appointment, there will be no room for you and you cannot register. You will have to make an appointment and return on another day.

Commonwealth of Virginia
Department of Social Services
CHECKLIST OF NEEDED VERIFICATION

Name	<i>Nqoc Bich Hoang</i>
Address	<i>1001 S. 1st St. #101</i>

Case Number	
Program(s) <i>Refugee</i>	Date <i>9/21/93</i>
Worker <i>PRKay</i>	Phone Number <i>533-5346</i>

In order to receive assistance, the information checked below must be provided. We will help you obtain the information. If you cannot provide the information, or if you need help in providing the information, contact your worker. Call collect, if necessary. If you do not give the information or verification, or contact the agency by the date below, your application may be denied.

PLEASE PROVIDE INFORMATION BY: 10/01/93

- | | | |
|---|---|--|
| <p>1. INCOME (Earned and Unearned) for month(s) of _____</p> <p>() Most recent paystubs</p> <p>() Statement from employer</p> <p>() Self-employment records, tax or bookkeeping records</p> <p>() Support, alimony payments</p> <p>() Verification of VA benefits</p> <p>() Social Security/SSI payment</p> <p>() Unemployment payment</p> <p>() Workmen's Compensation payment</p> <p>() Loans (personal or education)</p> <p>() Work study paystubs</p> <p>() Scholarships (BEOG, PELL, SEOG, CSAP, or other)</p> <p>() Reserve duty pay</p> <p>() Pensions</p> <p>() Other _____</p> <p>2. WORK OR SCHOOL EXPENSES</p> <p>() Child care or day care expense</p> <p>() Expense for care of disabled person</p> <p>() School expenses (tuition, fees, books, supplies, transportation, or other)</p> <p>() Other _____</p> <p>3. AFDC-UP</p> <p>() Income for both parents for past 24 months</p> <p>() Dates unemployment received</p> <p>() Application for unemployment</p> <p>() Wages for these quarters</p> <p>() Other _____</p> | <p>4. RESOURCES</p> <p>() Checking, savings, credit union statements</p> <p>() Stocks or bonds</p> <p>() Christmas club accounts</p> <p>() IRAs, trust funds, annuities</p> <p>() Life insurance policies</p> <p>() Burial plots, funds, contracts</p> <p>() Real estate</p> <p>() Trucks, motorcycles, boats, trailers, recreational vehicles</p> <p>() Car registration, personal property tax receipt for vehicles</p> <p>() Other _____</p> <p>5. SHELTER EXPENSES</p> <p>() Rent or mortgage receipt</p> <p>() Electric bill</p> <p>() Gas/oil bill</p> <p>() Water/sewage bill</p> <p>() Installation charges</p> <p>() Real estate taxes</p> <p>() Homeowner's insurance</p> <p>() Other _____</p> <p>6. LEGALLY RESPONSIBLE RELATIVE</p> <p>() Pay verification</p> <p>() Statement of contribution</p> <p>() Child support or alimony</p> <p>() Extraordinary expenses</p> <p>() Proof of continued absence</p> <p>() Other _____</p> <p>7. WORK REGISTRATION</p> <p>() Registration for ESP/FSET</p> | <p>7. IDENTITY</p> <p>() Driver's license</p> <p>() Voter registration card</p> <p>() Clinic, medical card</p> <p>() Work/school ID, library card</p> <p>() Other _____</p> <p>8. RESIDENCY, LIVING ARRANGEMENTS</p> <p>() Residence form</p> <p>() Address verification</p> <p>() Landlord statement</p> <p>() Friend or neighbor statement</p> <p>() Separate arrangements to buy and prepare food</p> <p>() Other _____</p> <p>9. DOCUMENTS</p> <p>() Social security cards/numbers</p> <p>() Application for social security card</p> <p>() Alien registration card</p> <p>() Birth verification</p> <p>() Marriage certificate</p> <p>() Divorce decree</p> <p>() Death certificate</p> <p>() Deprivation statement</p> <p>() Other _____</p> <p>10. MEDICAL INFORMATION</p> <p>() Medical form, statement</p> <p>() Medical bills for month(s) of _____</p> <p>() Medical insurance policies</p> <p>() Proof of insurance costs</p> <p>() Proof of insurance costs</p> <p>() Proof of prescription costs</p> <p>() Pregnancy statement</p> <p>() Other _____</p> |
|---|---|--|

Other information or explanation, if needed:

(1) Sponsor's letter of support (2) VRAP registration (3) Resettlement Agency letter



COMMONWEALTH OF VIRGINIA
COUNTY OF FAIRFAX
DEPARTMENT OF SOCIAL SERVICES



DATE:

9/21/93

VAN NGUYEN

Re: Refugee Sponsor Statement

Dear

Van Nguyen

Ngoc Bich Hoang

has requested public assistance from this department and it is necessary that we contact all refugee/entrant sponsors to determine eligibility for public assistance.

We have been informed that sponsors assume certain responsibilities as a moral commitment. These responsibilities include providing shelter, clothing, food, pocket money, ordinary medical costs, and helping the refugee to become independent and adjust to a new culture. Please answer the questions on the back of this form.

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FAIRFAX COUNTY
DEPT. OF HUMAN DEVELOPMENT
6245 LEESBURG PK FL 2
FALLS CHURCH, VA 22044

Attn: *ABKay*

☐ 1850 Cameron Glen Drive
Reston, Va. 22091

Attn: _____

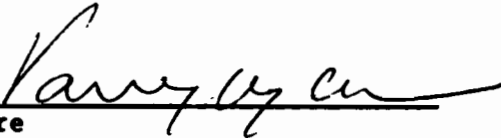
1. Are you providing shelter for these people? NO
2. Are you providing all food for them? NO
3. Are you providing all clothing for them? NO
4. Are you sending them any financial assistance? How much do you send each month? NO

5. If you are not able to provide the above, please explain why.

AS A FORMER POLITICAL DETAINEE IN VIETNAM, I HAVE RESETTLED IN THE U.S.A. AS A REFUGEE UNDER HUMANITARIAN PROGRAM. SO FAR I HAVE NO FINANCIAL ABILITY TO PROVIDE ANY ASSISTANCE TO NGOC BICH HOANG

6. Has the refugee/entrant refused an offer of employment or voluntarily quit a job? NO

SEPT 21, 1993
Date


Signature

VAN H. NGUYEN
Printed Name of Sponsor

Phone number



COMMONWEALTH OF VIRGINIA
COUNTY OF FAIRFAX

DEPARTMENT OF HUMAN DEVELOPMENT
Employment and Training Programs



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From: Joi Kudirka, Refugee Case Manager

Subj: How to Register with Employment and Training

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Phuong Thanh Huynh

September 22, 1993

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Phuong Thanh Huynh

Commonwealth of Virginia
Department of Social Services
CHECKLIST OF NEEDED VERIFICATION

Name Ngoc Bich Hoang
Address 1000 1st St

Case Number _____
Program(s) Refugee Date 9/21/93
Worker PBkey Phone Number 533-5346

In order to receive assistance, the information checked below must be provided. We will help you obtain the information. If you cannot provide the information, or if you need help in providing the information, contact your worker. Call collect, if necessary. If you do not give the information or verification, or contact the agency by the date below, your application may be denied.

PLEASE PROVIDE INFORMATION BY: 10/01/93

- | | | |
|---|---|--|
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for month(s) of _____</p> <p>() Most recent paystubs</p> <p>() Statement from employer</p> <p>() Self-employment records, tax or bookkeeping records</p> <p>() Support, alimony payments</p> <p>() Verification of VA benefits</p> <p>() Social Security/SSI payment</p> <p>() Unemployment payment</p> <p>() Workmen's Compensation payment</p> <p>() Loans (personal or education)</p> <p>() Work study paystubs</p> <p>() Scholarships (BEOG, PELL, SEOG, CSAP, or other)</p> <p>() Reserve duty pay</p> <p>() Pensions</p> <p>() Other _____</p> <p>2. WORK OR SCHOOL EXPENSES</p> <p>() Child care or day care expense</p> <p>() Expense for care of disabled person</p> <p>() School expenses (tuition, fees, books, supplies, transportation, or other)</p> <p>() Other _____</p> <p>3. AFDC-UP</p> <p>() Income for both parents for past 24 months</p> <p>() Dates unemployment received</p> <p>() Application for unemployment</p> <p>() Wages for these quarters</p> <p>() Other _____</p> | <p>4. RESOURCES</p> <p>() Checking, savings, credit union statements</p> <p>() Stocks or bonds</p> <p>() Christmas club accounts</p> <p>() IRAs, trust funds, annuities</p> <p>() Life insurance policies</p> <p>() Burial plots, funds, contracts</p> <p>() Real estate</p> <p>() Trucks, motorcycles, boats, trailers, recreational vehicles</p> <p>() Car registration, personal property tax receipt for vehicles</p> <p>() Other _____</p> <p>5. SHELTER EXPENSES</p> <p>() Rent or mortgage receipt</p> <p>() Electric bill</p> <p>() Gas/oil bill</p> <p>() Water/sewage bill</p> <p>() Installation charges</p> <p>() Real estate taxes</p> <p>() Homeowner's insurance</p> <p>() Other _____</p> <p>6. LEGALLY RESPONSIBLE RELATIVE</p> <p>() Pay verification</p> <p>() Statement of contribution</p> <p>() Child support or alimony</p> <p>() Extraordinary expenses</p> <p>() Proof of continued absence</p> <p>() Other _____</p> <p>7. WORK REGISTRATION</p> <p>() Registration for ESP/FSET</p> | <p>7. IDENTITY</p> <p>() Driver's license</p> <p>() Voter registration card</p> <p>() Clinic, medical card</p> <p>() Work/school ID, library card</p> <p>() Other _____</p> <p>8. RESIDENCY, LIVING ARRANGEMENTS</p> <p>() Residence form</p> <p>() Address verification</p> <p>() Landlord statement</p> <p>() Friend or neighbor statement</p> <p>() Separate arrangements to buy and prepare food</p> <p>() Other _____</p> <p>9. DOCUMENTS</p> <p>() Social security cards/numbers</p> <p>() Application for social security card</p> <p>() Alien registration card</p> <p>() Birth verification</p> <p>() Marriage certificate</p> <p>() Divorce decree</p> <p>() Death certificate</p> <p>() Deprivation statement</p> <p>() Other _____</p> <p>10. MEDICAL INFORMATION</p> <p>() Medical form, statement</p> <p>() Medical bills for month(s) of _____</p> <p>() Medical insurance policies</p> <p>() Proof of insurance costs</p> <p>() Proof of insurance costs</p> <p>() Proof of prescription costs</p> <p>() Pregnancy statement</p> <p>() Other _____</p> |
|---|---|--|

Other information or explanation, if needed:

(1) Sponsor's letter of support (2) VRAP registration (3) Residency agency letter

Chị Bảy mến!

- Nhờ chị hỏi Apt^l office xem giấy xác nhận của Dep^t of Housing có gửi tới chưa?
- Nếu chưa nhận được cho hay đề Dep^t of Housing họ sẽ Fax qua.
- xin chị luôn tiền phone giùm cho người phải hách là:
MS. LORI ANDERSON
phone 246-5241
để họ biết và Fax qua cho office.

Cám ơn chị lắm - Tôi Khô thể
nghe và nói nhiều với MS. Anderson
hiều được - chỉ giúp đỡ
tôi nóng lòng quá.

Kính

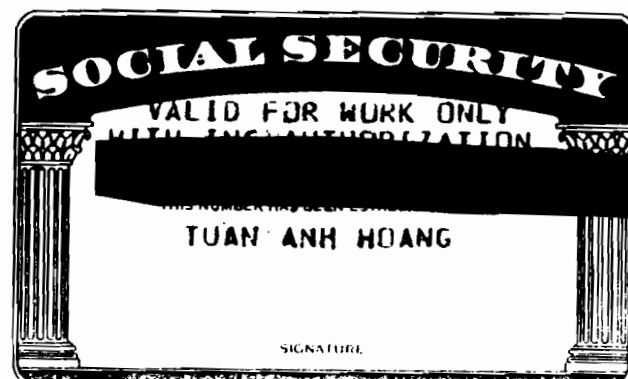
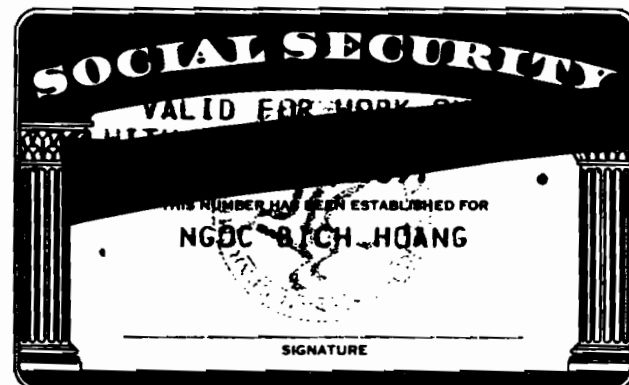
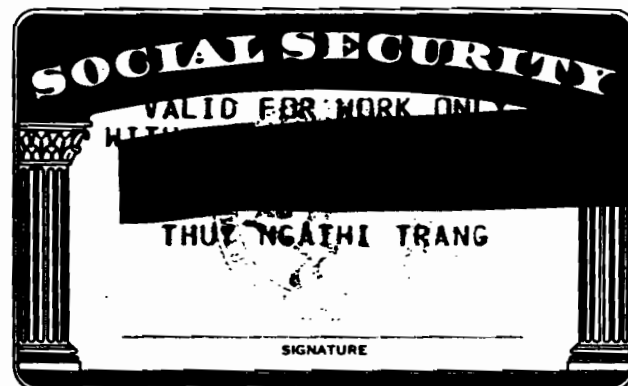
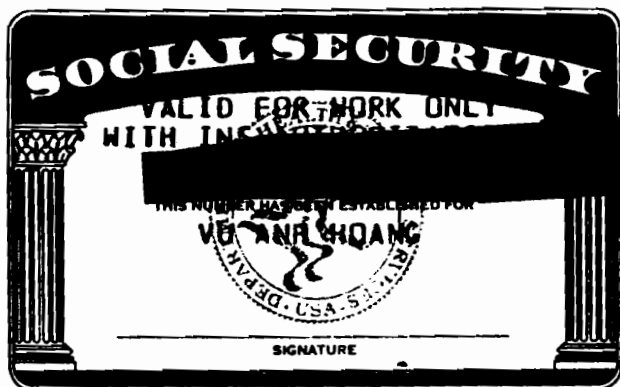
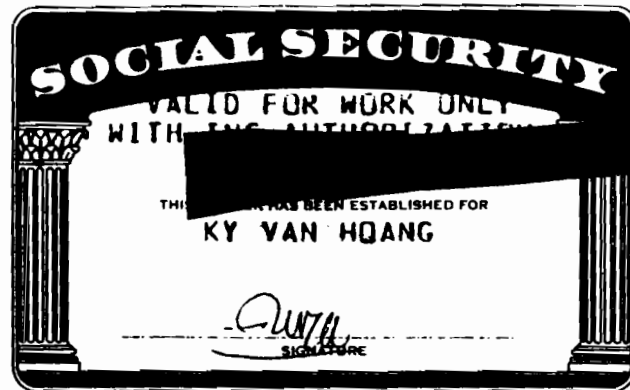
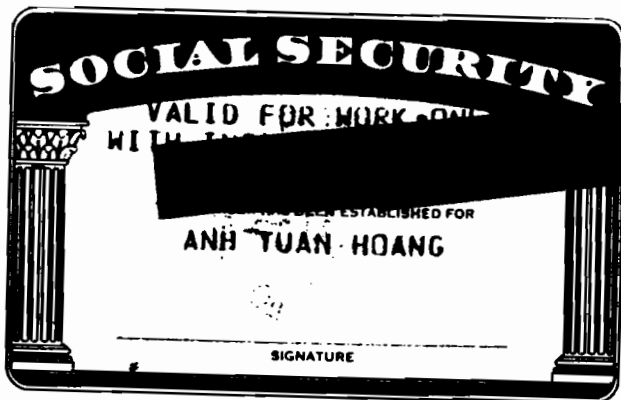
Paul
9/28/93

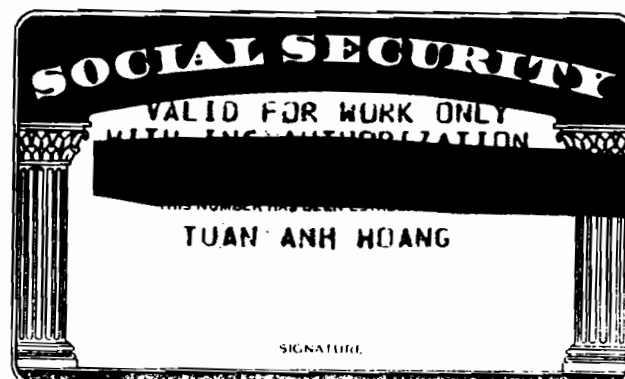
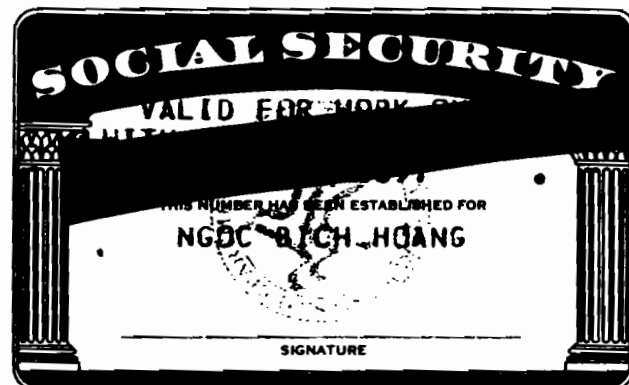
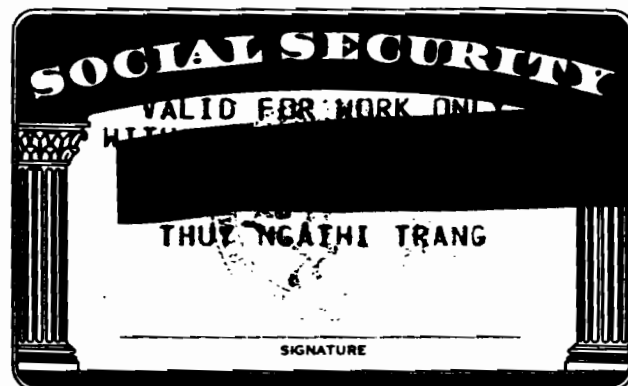
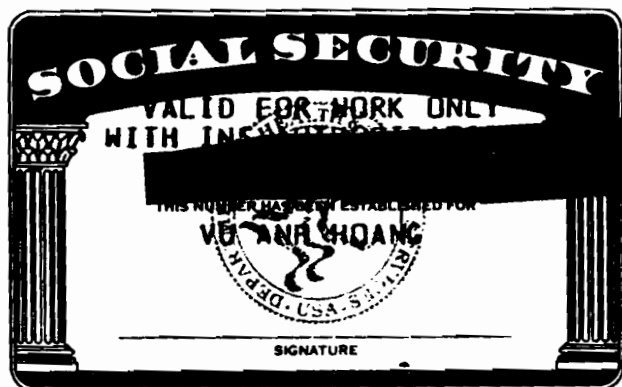
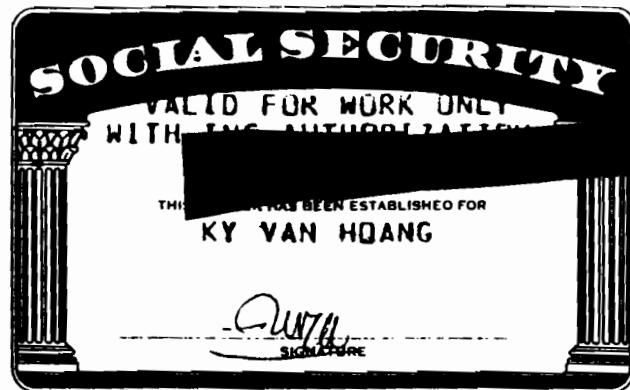
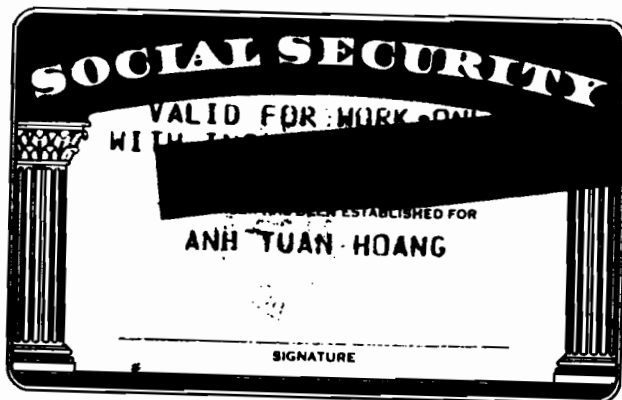
TRAN HOANG NAM

Fax
821-16 36

xin hỏi về giấy
— xác nhận Apt^t Rent —

Lori Anderson
246-5241







HỘI GIA-ĐÌNH TÙ NHÂN CHÍNH-TRỊ VIỆT-NAM

FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION

P.O. BOX 5435, ARLINGTON, VA. 22205-0635
Telephone: (703) 560-0058 * Fax: (703) 204-0394

Hội Đồng Quản Trị Board of Directors

KHÚC MINH THƠ
NGUYỄN QUỲNH GIAO
NGUYỄN VĂN GIỚI
NGUYỄN XUÂN LAN
HIỆP LOWMAN
TRƯƠNG THỊ LANG ANH
TRẦN KIM DUNG
NGUYỄN THỊ KHEN

Ban Chấp Hành T.U. Executive Board

KHÚC MINH THƠ
President
NGUYỄN QUỲNH GIAO
Vice President
NGUYỄN VĂN GIỚI
Secretary General
TRƯƠNG THỊ LANG ANH
Treasurer
NGUYỄN THỊ KHEN
Deputy Treasurer

Cố Vấn Đoàn Advisory Committee

HIỆP LOWMAN
NGUYỄN XUÂN LAN
TRẦN KIM DUNG

October 3, 1993

Fairfax County
Department of Human Development
6245 Leesburg Pike Fl.2
Falls Church, VA. 22044

ATTN: MS. MACKEY

RE: Ngoc Bich Hoang

Dear Ms. Mackey:

Per our telephone conversation today and per your request, I would like to provide the following information:

- Name of Resettlement Agency:
INTERFAITH REFUGEE MINISTRY

ATTN: MS. JEANNETTE RUFFINS

TELEPHONE : 203-732-3457

Please contact the Resettlement Agency for your needed information. Attached is a verification letter from Mr. Phuong Thanh Huynh who helped Mr. Ky Van Hoang's family. Mr. Hoang is her father. They have been in very distressed situation since they arrived in the United States.

I hope that you will do your best in helping Ngoc Bich Hoang to receive any assistance under the law as a refugee.

Please contact me if you have further questions. My telephone number is 358-5154 (from 8 am to 5 pm.)

Sincerely,

Khuc Minh Tho
President



HỘI GIA-ĐÌNH TÙ NHÂN CHÍNH-TRỊ VIỆT-NAM

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Vice President
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Sincerely,


Khuc Minh Tho
President

TO: MANPOWER INTAKE WORKER

PA Case Pending _____ PA Case Active _____

Grant Amount: _____

FROM: PB Kay

Eligibility Worker

Tel.No./Office _____

Date 9/21/93RE: NGOC HOANG

Client Name

DSS Category Refugee

DSS Case Number: _____

Client Telephone #: _____

National Origin: VIETNAM

31 Months/18 Months Relatedness Ends _____

GR Effective Date: _____

Remarks _____

Household Size: 01Date of Entry: 08/12/93*****
FOR VRAP MANPOWER USE:☐ Missed First Appointment. Reason given: _____
Second Appointment Scheduled for _____☐ Missed Second Appointment☒ Registered with Manpower on 9/29/93 (Date). Scheduled for (Circle One)
Workshop/Marketing/Other _____ on _____ (Date)Umk 9/29/93 Francis W Stuart 536-20
Client Signature Date Manpower Worker/Telephone Number*****
TO: MANPOWER

FROM: _____

Eligibility Worker

Date _____

☐ Client Sanctioned for _____ ☐ Client Not Sanctioned
Month☐ Reason for Good Cause/Sanction _____☐ Case Closed. Effective Date: _____ Reason: _____☐ Client is Exempt from Registration. Effective Date _____ Duration: _____

Reason: _____

REMARKS: _____



HOI GIA-DINH TU-NHAN CHINH-TRI VIETNAM
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION

P.O. BOX 5435, Arlington, VA 22205-0635
Tel: (703) 560-0058 - FAX: (703) 204-0394

FAX COVER SHEET

DATE: October 3, 1993

TO : Ms. Mackey

FAX #: 533-5525

FROM: Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet: 05

SUBJECT: Ngoc Bich Hoang,





HOI GIA-DINH TU-NHAN CHINH-TRI VIETNAM
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION

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FAX COVER SHEET

DATE: October 3, 1993

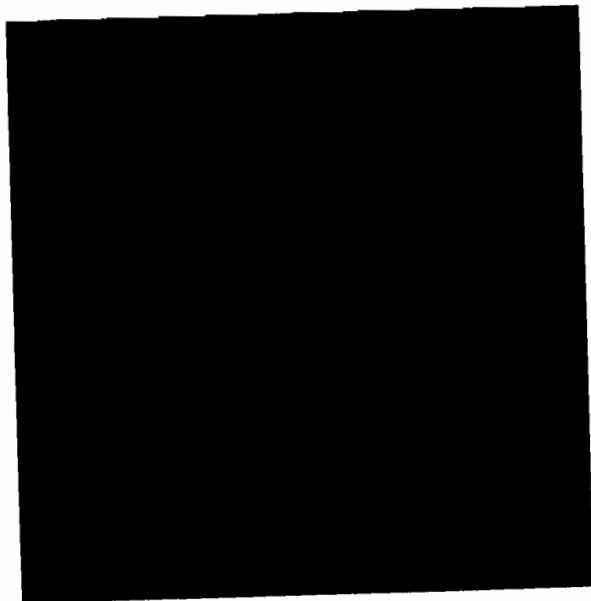
TO : Ms. Mackey

FAX #: 533-5525

FROM: Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet: 05

SUBJECT: Ngoc Bich Hoang,



Pages Removed (S.S.)

9 page(s) was/were removed from the file of Hoang Bich Ngoc (unknown) due to containing Social Security numbers. The page(s) was/were copied with the Social Security numbers covered up. The copy/copies was/were placed into the file of Hoang Bich Ngoc. The original(s) was/were placed into the Restricted/Reserved files.

-Anna Mallett

Date: July 23, 2007