

AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

200 PARK AVENUE SOUTH NEW YORK, N.Y. 10003

DATE: 15AUG94 FILE ID NO. V097143 PRESENT LOCATION: THAILAND

ETA OR ESL COMPLETION DATE:

THE FOLLOWING PERSONS:

| NAME | A NUMBER | DATE OF BIRTH | SEX | POB | NL/D |
|---------------------|----------|------------------|-----|------|------|
| HUYNH CONG SANH | 74458009 | 01NOV46 | M | VTNM | VTNM |
| TRAN THI BONG | 74458010 | 30OCT48 | F | VTNM | VTNM |
| HUYNH THI KIM TUYEN | 74458011 | 16FEB71 | F | VTNM | VTNM |
| HUYNH CONG TAN | 74458012 | 16JUN72 | M | VTNM | VTNM |
| HUYNH CONG TRUC | 74458013 | 11MAY75 | M | VTNM | VTNM |

HAVE BEEN ACCEPTED FOR RESETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

IRSA
1717 MASSACHUSETTS AVENUE
WASHINGTON, D.C. 20036

(202) 797-2105

LOCAL SPONSOR

TRAVELER'S AID SOCIETY OF
512 C ST N E
WASHINGTON DC 20002

(202)546-3120

AIRPORT OF FINAL DESTINATION: DCA

LOCAL RELATIVE

PLACE OF LANDING: FALLS CHURCH VA.

KHUC MINH THO

SPECIAL INSTRUCTIONS:

H (703)560-0056

THIS AGENCY AGREES TO ASSIST THE PRINCIPAL REFUGEE NAMED ABOVE
TO OBTAIN EMPLOYMENT AND HOUSING FOR HIM/HERSELF AND FAMILY IF ANY.

SIGNATURE

AUTHORIZED VOLAG REPRESENTATIVE



DATE
TO: ALL CARRIERS AND IMMIGRATION OFFICIALS: 14 AUG 1994

The person (s) listed on the reverse whose photograph (s) is/are affixed hereto, is/are travelling to the United States under the auspices of the International Organization for Migration (IOM)

The provisions of the United States Immigration and Nationality Act, as amended requiring all persons to present a valid passport at the time of admission to the U.S. has been waived pursuant to the provisions contained in 22 CFR 42.6 (f)

VALID UNTIL 14 SEP 1994

SIGNED



Commonwealth of Virginia
 Department of Social Services
 CHECKLIST OF NEEDED VERIFICATION

Name SANH CONG HUYNH
 Address KIM TUYEN THI HUYNH
TAN CONG HUYNH
TRUC CONG HUYNH

| | | |
|-------------|---------------------------------------|------------------------|
| Case Number | <u>No Case # Assigned</u> | |
| Program(s) | Ref/FS | Date <u>8/17/94</u> |
| Worker | Phone Number <u>1-800-533-5511</u> | |

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: 9/16/94

1. INCOME (Earned and Unearned)
 for month(s) of _____

- Most recent paystubs
- Statement from employer
- Self-employment records, tax or bookkeeping records
- Support, alimony payments
- Verification of VA benefits
- Social Security/SSI payment
- Unemployment payment
- Workmen's Compensation payment
- Loans (personal or education)
- Work study paystubs
- Scholarships (BEOG, PELL, SEOG, CSAP, or other)
- Reserve duty pay
- Pensions
- Other Verification of Rosedale Honest Agency Inc.

2. WORK OR SCHOOL EXPENSES
 () Child care or day care expense
 () Expense for care of disabled person
 () School expenses (tuition, fees, books, supplies, transportation, or other)
 () Other _____

3. AFDC-UP
 () Income for both parents for past 24 months
 () Dates unemployment received
 () Application for unemployment
 () Wages for these quarters
 () Other _____

4. RESOURCES

- Checking, savings, credit union statements
- Stocks or bonds
- Christmas club accounts
- IRAs, trust funds, annuities
- Life insurance policies
- Burial plots, funds, contracts
- Real estate
- Trucks, motorcycles, boats, trailers, recreational vehicles
- Car registration, personal property tax receipt for vehicles
- Other _____

8. IDENTITY

- Driver's license
- Voter registration card
- Clinic, medical card
- Work/school ID, library card
- Other _____

9. RESIDENCY, LIVING ARRANGEMENTS

- Residence verification
- Landlord statement
- Friend or neighbor statement
- Separate arrangements to buy and prepare food
- Other _____

10. DOCUMENTS

- Social security cards/numbers
- Application for social security card
- Alien documentation
- Birth verification
- Marriage certificate
- Divorce decree
- Death certificate
- Deprivation statement
- Other _____

6. LEGALLY RESPONSIBLE RELATIVE

- Pay verification
- Statement of contribution
- Child support or alimony
- Extraordinary expenses
- Proof of continued absence
- Other _____

11. MEDICAL INFORMATION

- Assignment of rights form
- Medical form, statement
- Medical bills for month(s) of _____
- Medical insurance policies
- Proof of insurance costs
- Proof of prescription costs
- Pregnancy statement
- Other _____

7. WORK REGISTRATION

- Registration for ESP/FSET

Other information or explanation, if needed: On Social Security Cards
for entire family by 10/16/94

Departure Number

930018320 03

Immigration and
Naturalization Service

I-94
Departure Record

ADMITTED AS A REFUGEE
PURSUANT TO SEC. 207 OF
THE IAN ACT. IF YOU DE-
PART THE U.S. YOU WILL
NEED PRIOR PERMISSION
TO RETURN.
DOCUMENT AUTHORIZED

DATE

W/ 8/16/94 1794
B-1025

| | | |
|--|--|---|
| 14. Family Name HUYNH | 15. First (Given) Name KIM TUYEN THI | 16. Birth Date (Day Mo Yr) 16, 02, 71 |
| 17. Country of Citizenship VIETNAM | | |

Warning - A nonimmigrant who accepts unauthorized employment is subject to deportation.

Important - Retain this permit in your possession; *you must surrender it when you leave the U.S.* Failure to do so may delay your entry into the U.S. in the future. You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law.

Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

Record of Changes

A# 74458011 V# V097143 IV# 274820
WASHINGTON DC 20002 IRSA

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

Departure Number

930018293 03

Immigration and
Naturalization Service
I-94
Departure Record

ADMITTED AS A REFUGEE
PURSUANT TO SEC. 207 OF
THE I&N ACT. IF YOU DE-
PART THE U.S., YOU WILL
NEED PRIOR PERMISSION
FROM INS TO RETURN.

EMPLOYMENT AUTHORIZED

NYC 8/16/94 1794
DATE BALOPE

14. Family Name

HUYNH

15. First (Given) Name

SANH CONG

17. Country of Citizenship

VIETNAM

16. Birth Date (Day Mo Yr)

01 11 46

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Record of Changes

A# 74458009 V# V097143 IV# 274820
WASHINGTON DC 20002 IRS

Departure Record

Port:

Date:

Carrier:

Flight #/Ship Name:

Departure Number

930018302 03

Immigration and
Naturalization Service

I-94
Departure Record

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FROM INS TO RETURN.

EMPLOYMENT AUTHORIZED

NYC 8/16/94 1794
DATE BALOPE

14. Family Name

TRAN

15. First (Given) Name

BONG THI

17. Country of Citizenship

VIETNAM

16. Birth Date (Day Mo Yr)

30 10 48

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A# 74458010 V# V097143 IV# 274820
WASHINGTON DC 20002 IRS

Departure Record

Port:

Date:

Carrier:

Flight #/Ship Name:

Departure Number

930018330 03

Immigration and
Naturalization Service

I-94
Departure Record

| | | | |
|--|-----|---|---------|
| 14. Family Name HUYNH | NYC | DATE | IMM.OFF |
| 15. First (Given) Name TAN CONG | | 16. Birth Date (Day Mo Yr) 16 06 72 | |
| 17. Country of Citizenship VIETNAM | | | |

ADMITTED AS A REFUGEE
PURSUANT TO SECTION 207 OF
THE INA FOR AN INDEFINITE
PERIOD OF TIME. IF YOU DEPART
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Record of Changes

A# 74458012 V# V097143 IV# 274820
WASHINGTON DC 20002 IRSA

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

Departure Number

930018349 03

Immigration and
Naturalization Service

I-94
Departure Record

| | | | |
|--|-----|---|---------|
| 14. Family Name HUYNH | NYC | DATE | IMM.OFF |
| 15. First (Given) Name TRUC CONG | | 16. Birth Date (Day Mo Yr) 11 05 75 | |
| 17. Country of Citizenship VIETNAM | | | |

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PURSUANT TO SECTION 207 OF
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Record of Changes

A# 74458013 V# V097143 IV# 274820
WASHINGTON DC 20002 IRSA

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:



FAIRFAX COUNTY

V I R G I N I A

DEPARTMENT OF HUMAN DEVELOPMENT
12011 Government Center Parkway
Fairfax, Virginia 22035

KIAC MINH

Date: 9/22/94

RE: REFUGEE SPONSOR STATEMENT

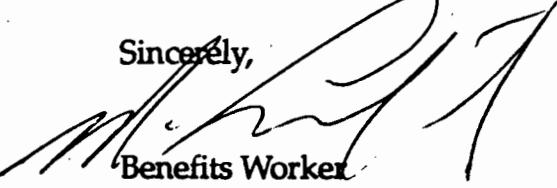
Dear KIAC MINH
SANH HUYNH, BONG TRAN & THEIR 3 CHILDREN has requested public assistance from this department and it is necessary that we contact all refugee/entrant sponsors to determine eligibility for public assistance.

We have been informed that sponsors assume certain responsibilities as a moral commitment. These responsibilities include providing shelter, clothing, food, pocket money, ordinary medical cost, 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 SANH HUYNH, BONG TRAN & THEIR 3 CHILDREN needs, it is your responsibility to contact the resettlement agency and inform them that the refugee which you sponsored has requested public assistance.

Sincerely,


Benefits Worker

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

Department of Human Development
12011 Government Center Parkway
Fairfax, Virginia 22035

Attn: _____

Department of Human Development
8850 Richmond Highway
Alexandria, Virginia 22309

Attn: _____

Department of Human Development
6245 Leesburg Pike, Suite 200
Falls Church, Virginia 22044

Attn: Refugee

Department of Human Development
1850 Cameron Glen Drive, Suite 700
Reston, Virginia 22090

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.

I have to support my family

6. Has the refugee/entrant refused an offer of employment or voluntarily quit a job?

NO

Sept. 24, 1994

Date

Signature

KHUC, MINH THO
Printed Name of Sponsor

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



SEP 24 1994

|||||