

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	11MAY73	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

AIRPORT OF FINAL DESTINATION: DCA

PLACE OF LANDING: FALLS CHURCH, VA.

SPECIAL INSTRUCTIONS:

LOCAL SPONSOR

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

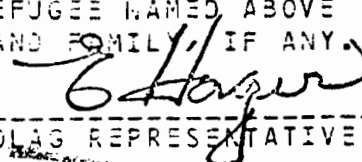
(202) 546-3120

LOCAL RELATIVE

KHUC MINH THO

H (703) 360-0036

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

1



1A



2



5



3



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 for admission to the U.S. has been waived pursuant to 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	No Case # Assigned	
Program(s)	Ref / FS	Date 8/17/94
Worker	Lo-Lo	Phone Number 533-5591

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

- | | | |
|---|---|---|
| <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 <u>Verification of Resettlement Agency Income</u></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>8. 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>9. RESIDENCY, LIVING ARRANGEMENTS</p> <p>() Residence verification</p> <p>() Landlord statement</p> <p>() Friend or neighbor statement</p> <p>() Separate arrangements to buy and prepare food</p> <p>() Other <u>Lo-Lo</u></p> <p>10. DOCUMENTS</p> <p>() Social security cards/numbers</p> <p>() Application for social security card</p> <p>() Alien documentation</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>11. MEDICAL INFORMATION</p> <p>() Assignment of rights form</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 prescription costs</p> <p>() Pregnancy statement</p> <p>() Other _____</p> |
|---|---|---|

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 I.N. ACT. IF YOU DE-
PART THE U.S., YOU WILL
NEED PRIOR PERMISSION
TO RETURN.
EMPLOYMENT AUTHORIZED

8/16/94 1794
DATE

14. Family Name
HUYNH

15. First (Given) Name
KIM TUYEN THI

17. Country of Citizenship
VIETNAM

16. Birth Date (Day Mo Yr)
16 02 71

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

DATE

1794

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 IRSA

Port:

Date:

Carrier:

Flight #/Ship Name:

Departure Record

Departure Number

930018302 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

DATE

1794

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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Record of Changes

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

Port:

Date:

Carrier:

Flight #/Ship Name:

Departure Record

Departure Number

930018330 03

Immigration and
Naturalization Service

I-94
Departure Record

ADMITTED AS A REFUGEE
PURSUANT TO SECTION 207 OF
THE INA FOR AN INDEFINITE
PERIOD OF TIME. IF YOU DEPART
THE U.S. YOU WILL NEED PRIOR
PERMISSION FROM INS TO
RE-ENTER THE U.S. FOR
EMPLOYMENT AUTHORIZED.

14. Family Name	HUYNH	NYC	DATE	8/16/94	IMM. OFF.	#1794
15. First (Given) Name	TAN CONG			16	06	72
17. Country of Citizenship	VIETNAM					

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- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

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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

ADMITTED AS A REFUGEE
PURSUANT TO SECTION 207 OF
THE INA FOR AN INDEFINITE
PERIOD OF TIME. IF YOU DEPART
THE U.S. YOU WILL NEED PRIOR
PERMISSION FROM INS TO
RETURN.
EMPLOYMENT AUTHORIZED.

14. Family Name	HUYNH	NYC	DATE	8/16/94	IMM. OFF.	#1794
15. First (Given) Name	TRUC CONG			11	05	75
17. Country of Citizenship	VIETNAM					

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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

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

V I R G I N I A

Date: 9/22/94

KLUC MINH

RE: REFUGEE SPONSOR STATEMENT

Dear KLUC MINH
SANA HUYUH, 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 SANA HUYUH, 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: Letconitz

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

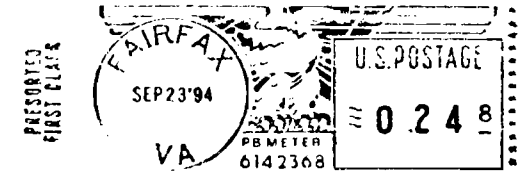
Date

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

