



**HỘI GIA ĐÌNH TÙ NHÂN CHÍNH TRỊ VIỆT NAM  
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION**

*P.O. BOX 5435, Arlington, Va 22205-0635  
7813 Marthas Lane, Falls Church, VA 22043  
Tel:(703)560-0058-Fax:(703)204-0394*

**FAX COVER SHEET**

DATE: December <sup>19</sup> to, 1996

TO : DAI NGUYEN  
KIM CHI

FAX #:

FROM: Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet : ~~08~~ 12

SUBJECT: Medicaid Card (THE C.KH NC 's case)

*Khue Minh Tho*



**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:** Dec. 2, 1996

**TO :** Bart. Williams

**FAX #:**

**FROM:** Families of Vietnamese Political Prisoners Association

**NO. OF PAGES** include cover sheet:

**SUBJECT:** Medicaid Card for THE C. KHUC

Please see the attached letter and forms concerning the Medicaid benefits of THE C. KHUC, who is the son of Mr. THOI C. KHUC.

Thank you for your help in this matter.

Sincerely,  
Khuc Minh Tho



# 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 QUÝNH GIAO  
NGUYỄN VĂN GIỎI  
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  
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NGUYỄN QUÝNH GIAO  
Vice President  
NGUYỄN VĂN GIỎI  
Secretary General  
TRƯƠNG THỊ LANG ANH  
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Deputy Treasurer

**Cố Vấn Đoàn**  
**Advisory Committee**

HIỆP LOWMAN  
NGUYỄN XUÂN LAN  
TRẦN KIM DUNG

December 2, 1996

Commonwealth of Virginia  
Department of Social Services  
Family Services Department  
6245 Leesburg Virginia  
Second Floor  
ATTN: Heather Bart-Williams  
Falls Church, VA 22044

Dear Ms. Bart-Williams:

Our Association is writing on behalf of the family of Thoi C. Khuc and his two children, The C. Khuc (son) and Bao-Tram M. Khuc (daughter), who reside at 6132 Wilson Drive, Apt. 101, Falls Church, VA 22044-3009. The case ID number for the family is 059-138309.

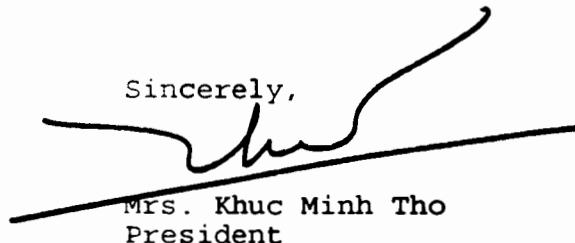
There seems to be some confusion in the names of the father, Mr. Thoi Khuc, and his wife, Thoa K. Le, who are no longer eligible for Medicaid, but his son, The C. Khuc, who is eligible for Medicaid but has not received his card. To date, only the daughter, Bao-Tram M. Khuc, has received her Medicaid card each month, addressed in the name of her brother, The C. Khuc, rather than in the name of the father, Thoi C. Khuc.

We have enclosed the form which we received from your office concerning the benefits of Mr. Thoi C. Khuc. We believe that this form should be addressed to The C. Khuc, who is the son of Mr. Thoi Khuc and Thoa K. Le.

Enclosed is a copy of the form I-94 that verifies the refugee status of The C. Khuc. Please issue a Medicaid card for The C. Khuc as soon as possible.

We appreciate your assistance in this case.

Sincerely,



Mrs. Khuc Minh Tho  
President

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF ACTION REQUIRED FOR MEDICAID BENEFITS**

721 34 059188309016 |

COUNTY/CITY: Fairfax  
CASE NUMBER: \_\_\_\_\_

Public law 104-193 limits some alien's eligibility for Medicaid to Medicaid emergency medical services only. Our records show that your alien status is:

This status may make you ineligible for the full package of Medicaid benefits that you now receive.

**IF YOUR ALIEN STATUS IS DIFFERENT THAN THE STATUS NOTED ABOVE, SEND US A COPY OF THE DOCUMENT THAT SHOWS YOUR CORRECT ALIEN STATUS BY 12/19/96 (10 DAYS FROM THE DATE THIS NOTICE IS MAILED).**

You may remain eligible for full Medicaid benefits if you are a "qualified" alien AND you, your husband or wife, or your parent (if you are a dependent child):

- is a veteran of the U.S. armed forces honorably discharged not on account of alienage (DD214 form), OR
- is on active duty in the U.S. armed forces.

If you are a permanent resident alien, you may remain eligible for full Medicaid benefits if you, your husband or wife, or your parent (if you are a dependent child):

- have worked and paid Social Security taxes for at least 10 years. OR
- are a veteran of the U.S. armed forces honorably discharged not on account of alienage (DD214 form), OR
- are on active duty in the U.S. armed forces.

**PLEASE READ THE BACK OF THIS NOTICE FOR MORE INFORMATION**

Heather R. Williams ELIGIBILITY WORKER

TELEPHONE NUMBER

Dept. of Social Services AGENCY NAME

AGENCY ADDRESS

CASE ID NUMBER <b>059-188309</b>			PLUS	THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF	<b>NOVEMBER 1996</b>	THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
BIRTH DATE	SEX	ID NO.	SI	NAME		BEGIN DATE
07191984	F	04-1	A	KHUC, BAO-TRAM N		041996
INSURANCE INFORMATION						CD=8 C/C= 059 11/08/96
CASE ID NUMBER <b>059-188309</b>			PLUS	CD=8 C/C= 059 11/08/96		
CARRIER	BEGIN DATE	ID NO.	TYPE	POLICY NO / MEDICARE NO.		

## VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.

## INSTRUCTIONS ON BACK

Son's name  
000069  
THE C KHUC  
VA  
> needs  
Medicaid  
card.

▼ DETACH HERE BEFORE USING CARD ▼

CASE ID NUMBER <b>059-188309</b>			PLUS	THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF	<b>NOVEMBER 1996</b>	THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
BIRTH DATE	SEX	ID NO.	SI	NAME		BEGIN DATE
07191984	F	04-1	A	KHUC, BAO-TRAM N		041996
INSURANCE INFORMATION						CD=8 C/C= 059 10/24/96
CASE ID NUMBER <b>059-188309</b>			PLUS	CD=8 C/C= 059 10/24/96		
CARRIER	BEGIN DATE	ID NO.	TYPE	POLICY NO / MEDICARE NO.		

## VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.

## INSTRUCTIONS ON BACK

Son's name  
000060  
THE C KHUC  
VA  
> needs  
Medicaid  
card.

▼ DETACH HERE BEFORE USING CARD ▼

CASE I.D. NUMBER <b>059-188309</b> PLUS			THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF <b>APRIL, 1996</b>		THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM	
BIRTH DATE	SEX	I.D. NO.	SI	NAME	BEGIN DATE	
07061952	M	01-6	C	KHUC, THOI C	040196	
12311949	F	02-4	C	LE, THOA K	040196	
09131982	F	03-2	A	LE, THE C > KHUC, THE C.	040196	
07191984	F	04-1	A	KHUC, BAO-TRANH M	040196	

INSURANCE INFORMATION CASE I.D. NUMBER			CD-8 C/C= <b>059 03/20/96</b>		
CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO / MEDICARE NO.	

VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD

DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.

INSTRUCTIONS ON BACK

THOI KHUC Father's name

▼ DETACH HERE BEFORE USING CARD ▼

AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION  
(INTERACTION)

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

DATE: 25SEP95 FILE ID NO. V109971 PRESENT LOCATION: THAILAND

ETA OR ESL COMPLETION DATE:

THE FOLLOWING PERSONS:

NAME	A NUMBER	DATE OF BIRTH	SEX	POB	NL/D
-----	-----	-----	-----	-----	-----
KHUC CHANH THOI	74498051	06FEB52	M	VTNM	VTNM
LE KIM THOA	74498052	31DEC49	F	VTNM	VTNM
KHUC CHANH THE	74498053	13SEP62	M	VTNM	VTNM
KHUC MINH EAQ TRAM	74498054	19JUL64	F	VTNM	VTNM

HAVE BEEN ACCEPTED FOR RESETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

LOCAL SPONSOR

-----  
USCC

-----  
REFUGEE SERVICES

VA 22203

AIRPORT OF FINAL DESTINATION: DCA

LOCAL RELATIVE

-----  
KHUC MINH THO

PLACE OF LANDING: FALLS CHURCH VA

VA 22043

SPECIAL INSTRUCTIONS:

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



TO: ALL CARRIERS AND IMMIGRATION OFFICIALS:

DATE 24 SEP 1995

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, amended regarding all persons to present a valid passport for admission to the U.S. has been waived pursuant to authority in 22 CFR 40.6 (f)

24 OCT 1995

VALID UNTIL



AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION  
(INTERACTION)

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

DATE: 25SEP95 FILE ID NO. V109971 PRESENT LOCATION: THAILAND

ETA OR ESL COMPLETION DATE:

THE FOLLOWING PERSONS:

NAME	A NUMBER	DATE OF BIRTH	SEX	POS	NL/D
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LE KIM THOA	74498052	31DEC49	F	VTNM	VTNM
KHUC CHANH THE	74498053	13SEP61	M	VTNM	VTNM
KHUC MINH EAO TRAM	74498054	19JUL64	F	VTNM	VTNM

HAVE BEEN ACCEPTED FOR RESETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

-----

USCC

LOCAL SPONSOR

-----

REFUGEE SERVICES

VA 22203

AIRPORT OF FINAL DESTINATION: DCA

-----

LOCAL RELATIVE

-----

KHUC MINH THO

PLACE OF LANDING: FALLS CHURCH VA

-----

VA 22043

SPECIAL INSTRUCTIONS:

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

SIGNATURE

-----  
E. L. B. *E. L. B. L. B. L. B.*  
-----  
AUTHORIZED VOLAG REPRESENTATIVE



NEW YORK, NY  
INSPECTOR #18  
SEP 26 1995  
QUARANTINE STATION  
SPECIAL



TO: ALL CARRIERS AND IMMIGRATION OFFICIALS:

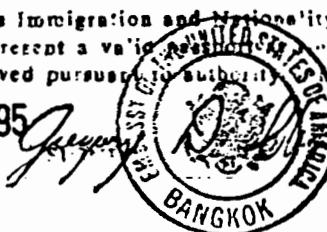
DATE 24 SEP 1995

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, section 212, requiring all persons to present a valid alien registration card for admission to the U.S. has been waived pursuant to authority granted in 22 CFR 42.6 (f).

24 OCT 1995

VALID UNTIL



Departure Number

532625574 04

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.

Immigration and  
Naturalization Service

I-94  
Departure Record

NYC

9-26-95 2658  
DATE IMM.OFF.

14. Family Name <b>KHUC</b>	16. Birth Date (Day, Mo, Yr) <b>06 102 152</b>
15. First (Given) Name <b>THOI CHANH</b>	
17. Country of Citizenship <b>VIETNAM</b>	

See Other Side

ENGLISH

STAPLE HERE

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# 74498051 V# V109971 IV# 81376  
ARLINGTON VA 22203 USCC

Port: Departure Record

Date:

Carrier:

Flight #/Ship Name:

Departure Number

532625583 04 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.

Immigration and  
Naturalization Service  
I-94  
Departure Record

NYC DATE 9-26-95 2658  
IMM.OFF.

14. Family Name LE	15. First (Given) Name THOA KIM	16. Birth Date (Day, Mo, Yr) 31 12 49
17. Country of Citizenship VIETNAM		

See Other Side

ENGLISH

STAPLE HERE

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Record of Changes

A# 74498052	V# V109971	IV# 81376
ARLINGTON	VA 22203	USCC

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

Departure Number

532625592 04

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.

NYC 9/26/95 2658  
DATE IMM.OFF.

14. Family Name <b>KHUC</b>	15. First (Given) Name <b>THE CHANH</b>	16. Birth Date (Day/Mo/Yr) <b>13, 09, 82</b>
17. Country of Citizenship <b>VIETNAM</b>		

See Other Side

ENGLISH

STAPLE HERE

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**Record of Changes**

**A# 74498053 V# V109971 IV# 81376  
ARLINGTON VA 22203 USCC**

**Port: Departure Record**

**Date:**

**Carrier:**

**Flight #/Ship Name:**

Departure Number

53262560104

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

Immigration and  
Naturalization Service

I-94  
Departure Record

9-26-95 265P  
NYC DATE IMM.OFF.

14. Family Name  
KHUC

15. First (Given) Name  
BAO TRAM MINH

16. Birth Date (Day Mo. Yr)  
19 07 84

17. Country of Citizenship  
VIETNAM

See Other Side

ENGLISH

STAPLE HERE

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Record of Changes

A# 74498054 V# V109971 IV# 81376  
ARLINGTON VA 22203 USCC

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:



# 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) 580-0058 \* Fax: (703) 204-0394

### Hội Đồng Quản Trị Board of Directors

KHÚC MINH THO  
NGUYỄN QUỲNH GIAO  
NGUYỄN VĂN GIỎI  
NGUYỄN XUÂN LAN  
HIỆP LOWMAN  
TRƯỜNG THỊ LANG ANH  
TRẦN KIM DUNG  
NGUYỄN THỊ KHEN

### Ban Chấp Hành T.U. Executive Board

KHÚC MINH THO  
President  
NGUYỄN QUỲNH GIAO  
Vice President  
NGUYỄN VĂN GIỎI  
Secretary General  
TRƯỜNG THỊ LANG ANH  
Treasurer  
NGUYỄN THỊ KHEN  
Deputy Treasurer

### Cố Vấn Đoàn Advisory Committee

HIỆP LOWMAN  
NGUYỄN XUÂN LAN  
TRẦN KIM DUNG

December 2, 1996

Commonwealth of Virginia  
Department of Social Services  
Family Services Department  
6245 Leesburg Virginia  
Second Floor  
ATTN: Heather Bart-Williams  
Falls Church, VA 22044

Dear Ms. Bart-Williams:

Our Association is writing on behalf of the family of Thoi C. Khuc and his two children, The C. Khuc (son) and Bao-Tram M. Khuc (daughter), who reside at 6132 Wilson Drive, Apt. 101, Falls Church, VA 22044-3009. The case ID number for the family is 059-188309.

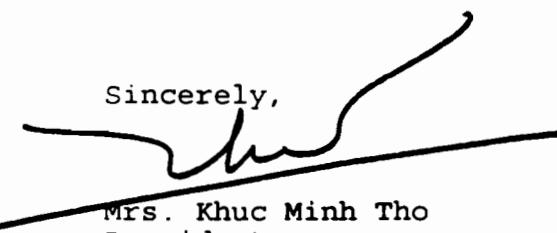
There seems to be some confusion in the names of the father, Mr. Thoi Khuc, and his wife, Thoa K. Le, who are no longer eligible for Medicaid, but his son, The C. Khuc, who is eligible for Medicaid but has not received his card. To date, only the daughter, Bao-Tram M. Khuc, has received her Medicaid card each month, addressed in the name of her brother, The C. Khuc, rather than in the name of the father, Thoi C. Khuc.

We have enclosed the form which we received from your office concerning the benefits of Mr. Thoi C. Khuc. We believe that this form should be addressed to The C. Khuc, who is the son of Mr. Thoi Khuc and Thoa K. Le.

Enclosed is a copy of the form I-94 that verifies the refugee status of The C. Khuc. Please issue a Medicaid card for The C. Khuc as soon as possible.

We appreciate your assistance in this case.

Sincerely,

  
Mrs. Khuc Minh Tho  
President

## CASE I.D. NUMBER

**059-188309**

PLUS

THE FOLLOWING INDIVIDUALS ARE ELIGIBLE  
THROUGH THE LAST DAY OF

APRIL 1996

THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM

BIRTH DATE	SEX	I.D. NO.	SI	NAME	BEGIN DATE
07061952	M	01-6	C	KHUC, THOI C	040196
12311949	F	02-4	C	LE, THOA K	040196
09131982	F	03-2	A	LE, THE C	040196
07191984	F	04-1	A	KHUC, BAO-TRAM N	040196

## INSURANCE INFORMATION

## CASE I.D. NUMBER

PLUS

CD= 8 C/C= 059 03/20/96

CARRIER	BEGIN DATE	I.D. NO.	TYPE	POLICY NO. / MEDICARE NO.

040196

THOI KHUC

▼ DETACH HERE BEFORE USING CARD ▼

VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD

DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.

INSTRUCTIONS ON BACK

CASE I.D. NUMBER <b>059-188309</b> <b>PLUS</b>				THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF <b>NOVEMBER 1996</b>	THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
BIRTH DATE	SEX	I.D. NO.	SI	NAME	BEGIN DATE
07191984	F	04-1	A	KHUC, BAO-TRAM M	041996

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.

INSTRUCTIONS ON BACK

000069

INSURANCE INFORMATION				CD=8 C/C= 059 11/08/96
CASE I.D. NUMBER <b>059-188309</b> <b>PLUS</b>				
CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO - MEDICARE NO

THE C KHUC  
6132 WILSTON DR  
#101  
FALLS CHURCH VA  
22044-3009

▼ DETACH HERE BEFORE USING CARD ▼

FOLD

**NOTICE TO RECIPIENTS: (PLEASE READ BEFORE USING THE ATTACHED CARD ABOVE)**

**FUEL ASSISTANCE**

APPLICATIONS FOR FUEL ASSISTANCE WILL BE TAKEN AT THE DEPARTMENT OF SOCIAL SERVICES FROM OCTOBER 8 THROUGH NOVEMBER 8, 1996. APPLICANTS WHO RECEIVED FUEL ASSISTANCE LAST YEAR WILL RECEIVE A PRE-PRINTED APPLICATION BY MAIL. APPLICATIONS MUST BE FILED AT YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES. YOU WILL RECEIVE NOTICE OF YOUR BENEFIT AMOUNT IN DECEMBER AND VENDORS WILL BE NOTIFIED OF YOUR ELIGIBILITY IN DECEMBER.

**FUEL CRISIS ASSISTANCE**

APPLICATIONS FOR CRISIS ASSISTANCE WILL BE TAKEN STARTING NOVEMBER 1 AT YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES. PERSONS APPLYING FOR CRISIS ASSISTANCE MUST HAVE NO HEAT OR THE POTENTIAL TO HAVE NO HEAT. CRISIS ASSISTANCE WILL NOT BE OFFERED TO REPAIR OR REPLACE HEATING EQUIPMENT. APPLICATIONS FOR HEATING EQUIPMENT WILL BE TAKEN BY THE WEATHERIZATION OFFICE IN YOUR AREA.

**NOTE TO NON-CITIZENS**

IF YOU ARE NOT A CITIZEN OF THE UNITED STATES, THE LOCAL DEPARTMENT OF SOCIAL SERVICES WILL REVIEW YOUR ALIEN STATUS DURING THE MONTHS OF NOVEMBER AND DECEMBER. PLEASE BE PREPARED TO PROVIDE YOUR WORKER WITH EVIDENCE OF YOUR CURRENT ALIEN STATUS.

CASE I.D. NUMBER <b>059-188309</b> <b>PLUS</b>				THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF <b>NOVEMBER 1996</b>	THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
BIRTH DATE	SEX	I.D. NO.	SI	NAME	BEGIN DATE
07191984	F	04-1	A	KHUC, BAO-TRAM M	041996

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.

INSTRUCTIONS ON BACK

000060

INSURANCE INFORMATION				CD=8 C/C= 059 10/24/96
CASE I.D. NUMBER <b>059-188309</b> <b>PLUS</b>				
CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO - MEDICARE NO

THE C KHUC  
6132 WILSTON DR  
#101  
FALLS CHURCH VA  
22044-3009

▼ DETACH HERE BEFORE USING CARD ▼

CASE I.D. NUMBER  
**059-188309** PLUS

THE FOLLOWING INDIVIDUALS ARE ELIGIBLE  
THROUGH THE LAST DAY OF **APRIL, 1996**

THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM

BIRTH DATE	SEX	I.D. NO.	SI	NAME	BEGIN DATE
07061952	M	01-6	C	KHUC, THOI C	040196
12311949	F	02-4	C	LE, THOA K	040196
09131982	F	03-2	A	LE, THE C	040196
07191984	F	04-1	A	KHUC, BAO-TRAM M	040196

INSURANCE INFORMATION  
CASE I.D. NUMBER

CD= **8** C/C= **059 03/20/96**

PLUS

CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO / MEDICARE NO

004813

THOI

KHUC

▼ DETACH HERE BEFORE USING CARD ▼

VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD

DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO  
THREE SECTIONS, AND KEEP  
WITH YOU AT ALL TIMES.

INSTRUCTIONS ON BACK

CASE I.D. NUMBER

PRIL.

1996

THE FOLLOWING  
INDIVIDUALS  
ARE ELIGIBLE FROM

**VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD**

**DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.**

**INSTRUCTIONS ON BACK**

**INSURANCE INFORMATION**

CD= 8 C/C= 059 03/20/96

THỜI

КНИГА

004813

▼ DETACH HERE BEFORE USING CARD ▼

| FOLD

INSTRUCTIONS TO RECIPIENTS

1. This is your Medicaid card which shows who in your family is eligible for Medicaid services. It is issued by the Department of Medical Assistance Services.
2. Only those persons listed on the card are entitled to Medicaid services.
3. Show this card to the hospital, doctor, drug store and any other medical service provider every time you receive a medical service. You may also have to show some identification.
4. If you do not show this card to providers of care when you receive medical services, you may have to pay for the services.
5. The medical service provider must currently be enrolled with the Virginia Department of Medical Assistance Services. Ask the provider before you receive a service if he or she is enrolled with Medicaid.
6. This card is good only for the dates shown on it.
7. Call your local Department of Social Services immediately if you change your address, if your income or resources change, if your health insurance changes, or if you lose your Medicaid card.
8. If you have any questions about your medical benefits, call your local Department of Social Services.
9. **WARNING:** Intentional misuse of this card is against the law, is fraud, and makes the offender liable to prosecution under federal and state laws.

| FOLD

SPECIAL INDICATOR CODES

A = Under 21, no co-pay, eligible for certain additional services.

B = No co-pay required on any service

C = Certain co-pays apply

NOTE: No co-pays apply for:

- Any pregnancy-related service, drug or supply
- Any family-planning service, drug or supply
- Any service delivered in an emergency room
- Any service defined by Medicaid as an emergency service (including routine dialysis services but excluding pharmacy services)

INSTRUCTIONS TO PROVIDERS OF SERVICE

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2. Another form of identification may be requested to verify the recipient's identification.
3. This card is valid for the dates indicated.
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6. If there are primary care providers indicated on the face of this card, other providers should not render services except on an emergency basis or upon referral from the designated primary care providers.
7. If there are questions, contact the Department of Medical Assistance Services, P.O. Box 537, Richmond, Virginia 23204.

| FOLD

| FOLD

**VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD**

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**INSTRUCTIONS ON BACK**

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**INSURANCE INFORMATION**

CD= 8 C/C= 059 03/20/96

## THOI KHUC

CASE I.D. NUMBER

**PLUS**

CARRIER	BEGIN DATE	LD. NO.	TYPE	POLICY NO. / MEDICARE NO.

ST 8400

▼ DETACH HERE BEFORE USING CARD ▼

## CASE I.D. NUMBER

**059-188309**

PLUS

THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF

APRIL, 1996

THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM

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07191984	F	04-1	A	KHUC, BAO-TRAM H	040196

## INSURANCE INFORMATION

## CASE I.D. NUMBER

PLUS

CD=8 C/C= 059 03/20/96

CARRIER	BEGIN DATE	I.D. NO.	TYPE	POLICY NO. / MEDICARE NO.

004813

THOI

KHUC

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## VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

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INSTRUCTIONS ON BACK



# 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) 580-0058 \* Fax: (703) 204-0394

### Hội Đồng Quản Trị Board of Directors

KHÚC MINH THƠ  
NGUYỄN QUỲNH GIAO  
NGUYỄN VĂN GIỎI  
NGUYỄN XUÂN LAN  
HIỆP LOWMAN  
TRƯỜNG 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 GIỎI  
Secretary General  
TRƯỜNG THỊ LANG ANH  
Treasurer  
NGUYỄN THỊ KHEN  
Deputy Treasurer

### Cố Vấn Đoàn Advisory Committee

HIỆP LOWMAN  
NGUYỄN XUÂN LAN  
TRẦN KIM DUNG

December 2, 1996

Commonwealth of Virginia  
Department of Social Services  
Family Services Department  
6245 Leesburg Virginia  
Second Floor  
ATTN: Heather Bart-Williams  
Falls Church, VA 22044

Dear Ms. Bart-Williams:

Our Association is writing on behalf of the family of Thoi C. Khuc and his two children, The C. Khuc (son) and Bao-Tram M. Khuc (daughter), who reside at 6132 Wilson Drive, Apt. 101, Falls Church, VA 22044-3009. The case ID number for the family is 059-188309.

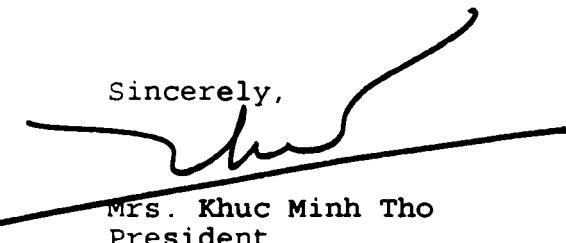
There seems to be some confusion in the names of the father, Mr. Thoi Khuc, and his wife, Thoa K. Le, who are no longer eligible for Medicaid, but his son, The C. Khuc, who is eligible for Medicaid but has not received his card. To date, only the daughter, Bao-Tram M. Khuc, has received her Medicaid card each month, addressed in the name of her brother, The C. Khuc, rather than in the name of the father, Thoi C. Khuc.

We have enclosed the form which we received from your office concerning the benefits of Mr. Thoi C. Khuc. We believe that this form should be addressed to The C. Khuc, who is the son of Mr. Thoi Khuc and Thoa K. Le.

Enclosed is a copy of the form I-94 that verifies the refugee status of The C. Khuc. Please issue a Medicaid card for The C. Khuc as soon as possible.

We appreciate your assistance in this case.

Sincerely,

  
Mrs. Khuc Minh Tho  
President



# HỘI GIA ĐÌNH TÙ NHÂN CHÍNH TRỊ VIỆT NAM

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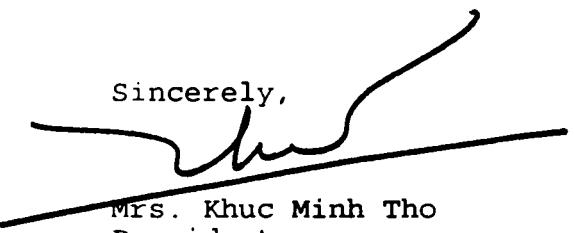
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BIRTH DATE	SEX	I.D. NO.	SI	NAME		BEGIN DATE
07191984	F	04-1	A	KHUC, BAO-TRAM M		041996

INSURANCE INFORMATION  
CASE I.D. NUMBER  
**059 11/08/96**

CARRIER	BEGIN DATE	I.D. NO.	TYPE	POLICY NO. / MEDICARE NO.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.

INSTRUCTIONS ON BACK

000069

THE C KHUC  
6132 WILSTON DR  
#101  
FALLS CHURCH VA  
22044-3009

▼ DETACH HERE BEFORE USING CARD ▼

**NOTICE TO RECIPIENTS: (PLEASE READ BEFORE USING THE ATTACHED CARD ABOVE)**

**FUEL ASSISTANCE**

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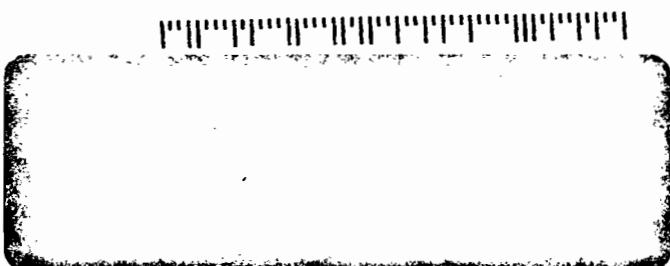
| FOLD

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FOLD

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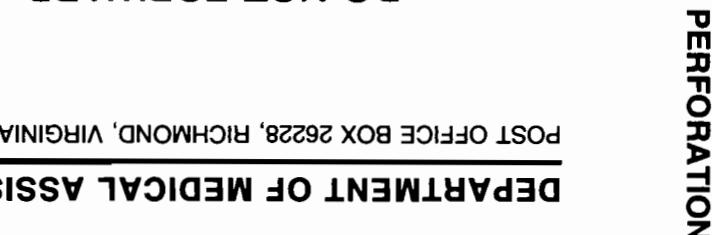
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DO NOT FORWARD



TO OPEN - TEAR ALONG PERFORATION

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TO OPEN - TEAR ALONG PERFORATION

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CASE I.D. NUMBER <b>059-188309</b>			PLUS	THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF	NOVEMBER 1996	THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
BIRTH DATE	SEX	I.D. NO.	SI	NAME		BEGIN DATE
07191984	F	04-1	A	KHUC, BAO-TRAM M		041996

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

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INSTRUCTIONS ON BACK

000069

THE C KHUC

INSURANCE INFORMATION			CD=8	C/C= 059 11/08/96
CASE I.D. NUMBER			PLUS	
CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO. / MEDICARE NO

0069

▼ DETACH HERE BEFORE USING CARD ▼

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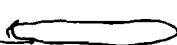
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CASE I.D. NUMBER			PLUS	
CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO. / MEDICARE NO

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▼ DETACH HERE BEFORE USING CARD ▼

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THE C KHHC

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THE C KHUC

INSURANCE INFORMATION				CD=8 C/C= 059 11/08/96
CASE I.D. NUMBER				
PLUS				
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THE C KHUC  
6132 WILSTON DR

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9  
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**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:** Dec. 2, 1996

**TO :** Jill Kneeland

**FAX #:**

**THOI KHUC**  
**FROM:** Families of Vietnamese Political Prisoners Association

**NO. OF PAGES** include cover sheet: 03

**SUBJECT:** Fuel Assistance Application

Please see the attached letter  
providing the information you need  
for my application for fuel  
assistance.

Many thanks.

THOI KHUC

Mr. Thoi Khuc

December 1, 1996

**Fairfax County**  
Department of Human Services  
Human Services Center  
12011 Government Center Parkway  
Suite 200  
ATTN: Jill Kneeland  
Fairfax, VA 22035

Dear Ms. Kneeland:

This responds to your letter of November 26, 1996, asking for information about my application for fuel assistance.

In response to your questions, my Virginia Power account number is 587-4534851. I rent my apartment for \$685.00 per month, which does not utilities. My apartment is neither section 8 or otherwise subsidized. The heating equipment used is an electric heating pump.

Thank you for your assistance.

Sincerely,



Thoi Khuc

TO:

Thoi Khué

FROM:

FAIRFAX COUNTY  
DEPARTMENT OF HUMAN DEVELOPMENT  
Human Services Center  
12011 Government Center Parkway  
Suite 200  
Fairfax, Virginia 22035  
(703) 324-7500

SUBJECT: Fuel Assistance Application

DATE

Nov. 26, 1996

To process your application I need you to call me with the needed information befor Dec 5, 1996. I need to know your account # on your Virginia Power electric bill. I need to know what equipment you use to heat your home. I also need to know your living situation. Do you own or rent? Do you live in house or apartment? Is your home Section 8 or subsidized? How much do you pay in rent? Please call me with the answers to these questions. Thank you.

SIGNED

Jill Kneeland

Mr. Thoi Khuc

December 2, 1996

**Fairfax County**  
Department of Human Services  
Human Services Center  
12011 Government Center Parkway  
Suite 200  
ATTN: Jill Kneeland  
Fairfax, VA 22035

Dear Ms. Kneeland:

This responds to your letter of November 26, 1996, asking for information about my application for fuel assistance.

In response to your questions, my Virginia Power account number is 587-4534851. I rent my apartment for \$685.00 per month, which does not utilities. My apartment is neither section 8 or otherwise subsidized. The heating equipment used is an electric heating pump.

Thank you for your assistance.

Sincerely,

Thoi Khuc

Subject: Fuel Assistance Application

Mr. Kneeland: Please see the attached letter providing the information you need for my application for fuel assistance.

December 2, 1996

Commonwealth of Virginia  
Department of Social Services  
Family Services Department  
6245 Leesburg Virginia  
Second Floor  
ATTN: Heather Bart-Williams  
Falls Church, VA 22044

Dear Ms. Bart-Williams:

Our Association is writing on behalf of the family of Thoi C. Khuc and his two children, The C. Khuc (son) and Bao-Tram M. Khuc (daughter), who reside at 6132 Wilson Drive, Apt. 101, Falls Church, VA 22044-3009. The case ID number for the family is 059-188309.

There seems to be some confusion in the names of the father, Mr. Thoi Khuc, and his wife, Thoa K. Le, who are no longer eligible for Medicaid, but his son, The C. Khuc, who is eligible for Medicaid but has not received his card. To date, only the daughter, Bao-Tram M. Khuc, has received her Medicaid card each month, addressed in the name of her brother, The C. Khuc, rather than in the name of the father, Thoi C. Khuc.

We have enclosed the form which we received from your office concerning the benefits of Mr. Thoi C. Khuc. We believe that this form should be addressed to The C. Khuc, who is the son of Mr. Thoi Khuc and Thoa K. Le.

Enclosed is a copy of the form I-94 that verifies the refugee status of The C. Khuc. Please issue a Medicaid card for The C. Khuc as soon as possible.

We appreciate your assistance in this case.

Sincerely,

Mrs. Khuc Minh Tho  
President

**Subject: Medicaid Card for Mr. The C. Khuc**

**Dear Ms. Bart-Williams:** Please see the attached letter and forms concerning the Medicaid benefits of The C. Khuc, who is the son of Mr. Thoi Khuc. Thank you for your help in this matter.

December 2, 1996

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Department of Social Services  
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6245 Leesburg Virginia  
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ATTN: Heather Bart-Williams  
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Sincerely,

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President

CASE I.D. NUMBER			THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF		
059-188309 PLUS			NOVEMBER 1996		
BIRTH DATE	SEX	I.D. NO.	SI	NAME	BEGIN DATE
07191984	F	04-1 A		KHUC, BAO-TRAM N	041996

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.

INSTRUCTIONS ON BACK

000069

INSURANCE INFORMATION			CD=8 C/C= 059 11/08/96		
CASE I.D. NUMBER			PLUS		
CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO	MEDICARE NO

9  
8  
0  
0

THE C KHUC

FOLD

▼ DETACH HERE BEFORE USING CARD ▼

533-5300  
Bart Williams

Father's name  
THOI C KHUC

CASE I.D. NUMBER			THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF		
059-188309 PLUS			NOVEMBER 1996		
BIRTH DATE	SEX	I.D. NO.	SI	NAME	BEGIN DATE
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VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

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INSTRUCTIONS ON BACK

000060

Ms. Bart. Williams  
Benefits Specialist  
Department of Development  
Fairfax County, VA

Correct name

Son's name  
(C KHUC)

needs  
medicaid  
card

DETACH HERE BEFORE USING CARD ▼

CASE I.D. NUMBER <b>059-188309</b>			PLUS	THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF	NOVEMBER 1996	THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
BIRTH DATE	SEX	I.D. NO.	SI	NAME		BEGIN DATE
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CASE I.D. NUMBER					
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CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO / MEDICARE NO.	

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THE C KHUC

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INSURANCE INFORMATION			CD=8 C/C= 059 10/24/96		
CASE I.D. NUMBER					
PLUS					
CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO / MEDICARE NO.	

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CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO. / MEDICARE NO.

THE C KHUC

0069

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FOLD

CASE I.D. NUMBER <b>059-188309</b> PLUS			THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF <b>NOVEMBER 1996</b>		THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
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CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO. / MEDICARE NO.

THE C KHUC

0060

▼ DETACH HERE BEFORE USING CARD ▼

FOLD

FC

**Subject: Fuel Assistance Application**

**Mr. Kneeland:** Please see the attached letter providing the information you need for my application for fuel assistance.

**Subject: Medicaid Card for Mr. The C. Khuc**

**Dear Ms. Bart-Williams:** Please see the attached letter and forms concerning the Medicaid benefits of The C. Khuc, who is the son of Mr. Thoi Khuc. Thank you for your help in this matter.



**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: Dec. 2, 1996  
TO : Jill Kneeland

FAX #:

THOI KHUC  
FROM: Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet: 03

SUBJECT: Fuel Assistance Application

Please see the attached letter  
providing the information you need  
for my application for fuel  
assistance.

Many thanks.

THOI KHUC

Mr. Thoi Khuc

December 1, 1996

**Fairfax County**  
Department of Human Services  
Human Services Center  
12011 Government Center Parkway  
Suite 200  
ATTN: Jill Kneeland  
Fairfax, VA 22035

Dear Ms. Kneeland:

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In response to your questions, my Virginia Power account number is 587-4534851. I rent my apartment for \$685.00 per month, which does not utilities. My apartment is neither section 8 or otherwise subsidized. The heating equipment used is an electric heating pump.

Thank you for your assistance.

Sincerely,



Thoi Khuc

TO:

Thei Khue

FROM:

FAIRFAX COUNTY  
DEPARTMENT OF HUMAN DEVELOPMENT  
Human Services Center  
12011 Government Center Parkway  
Suite 200  
Fairfax, Virginia 22035  
(703) 324-7500

SUBJECT: Fuel Assistance Application

DATE Nov. 26, 1996

To process your application I need you to call me with the needed information befor Dec 5, 1996. I need to know your account # on your Virginia Power electric bill. I need to know what equipment you use to heat your home. I also need to know your living situation. Do you own or rent? Do you live in house or apartment? Is your home Section 8 or subsidized? How much do you pay in rent? Please call me with the answers to these questions. Thank you.

SIGNED

Bill Knaeland



**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: Dec. 2, 1996

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FAX #:

THoi KHNC  
FROM: Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet: 03

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Many thanks.

THoi KHNC

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December 1, 1996

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Human Services Center  
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Suite 200  
ATTN: Jill Kneeland  
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SIGNED

Jill Knaaland



**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:** Dec. 2, 1996

**TO :** Bart. Williams

**FAX #:**

**FROM:** Families of Vietnamese Political Prisoners Association

**NO. OF PAGES** include cover sheet:

**SUBJECT:** Medicaid Card for THE C. KHUC

Please see the attached letter and forms concerning the Medicaid benefits of THE C. KHUC, who is the son of Mr. THOI C. KHUC.

Thank you for your help in this matter.

Sincerely,  
Khuc Minh Tho



# 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 QUÝNH GIAO  
NGUYỄN VĂN GIỎI  
NGUYỄN XUÂN LAN  
HIỆP LOWMAN  
TRƯỜNG THỊ LANG ANH  
TRẦN KIM DUNG  
NGUYỄN THỊ KHEN

## Ban Chấp Hành T.U. Executive Board

KHÚC MINH THƠ  
President  
NGUYỄN QUÝNH GIAO  
Vice President  
NGUYỄN VĂN GIỎI  
Secretary General  
TRƯỜNG THỊ LANG ANH  
Treasurer  
NGUYỄN THỊ KHEN  
Deputy Treasurer

## Cố Vấn Đoàn Advisory Committee

HIỆP LOWMAN  
NGUYỄN XUÂN LAN  
TRẦN KIM DUNG

December 2, 1996

Commonwealth of Virginia  
Department of Social Services  
Family Services Department  
6245 Leesburg Virginia  
Second Floor  
ATTN: Heather Bart-Williams  
Falls Church, VA 22044

Dear Ms. Bart-Williams:

Our Association is writing on behalf of the family of Thoi C. Khuc and his two children, The C. Khuc (son) and Bao-Tram M. Khuc (daughter), who reside at 6132 Wilson Drive, Apt. 101, Falls Church, VA 22044-3009. The case ID number for the family is 059-188309.

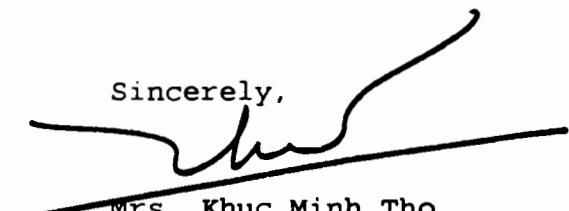
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We appreciate your assistance in this case.

Sincerely,

  
Mrs. Khuc Minh Tho  
President

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF ACTION REQUIRED FOR MEDICAID BENEFITS**

[ 721 34 059188309016 ]

COUNTY/CITY: Fairfax  
CASE NUMBER: \_\_\_\_\_

Public law 104-193 limits some alien's eligibility for Medicaid to Medicaid emergency medical services only. Our records show that your alien status is:

This status may make you ineligible for the full package of Medicaid benefits that you now receive.

**IF YOUR ALIEN STATUS IS DIFFERENT THAN THE STATUS NOTED ABOVE, ~~SHOW US A DOCUMENT THAT SHOWS YOUR CORRECT STATUS~~ (10 DAYS FROM THE DATE THIS NOTICE IS MAILED).**

You may remain eligible for full Medicaid benefits if you are a "qualified" alien AND you, your husband or wife, or your parent (if you are a dependent child):

- is a veteran of the U.S. armed forces honorably discharged not on account of alienage (DD214 form), OR
- is on active duty in the U.S. armed forces.

If you are a permanent resident alien, you may remain eligible for full Medicaid benefits if you, your husband or wife, or your parent (if you are a dependent child):

- have worked and paid Social Security taxes for at least 10 years. OR
- are a veteran of the U.S. armed forces honorably discharged not on account of alienage (DD214 form), OR
- are on active duty in the U.S. armed forces.

**PLEASE READ THE BACK OF THIS NOTICE FOR MORE INFORMATION**

Heather Fort Williams ELIGIBILITY WORKER

TELEPHONE NUMBER

Dept. of Family Services AGENCY NAME

AGENCY ADDRESS

Falls Church 22044

CASE ID NUMBER <b>059-188309</b>				PLUS	THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF	<b>NOVEMBER 1996</b>	THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
BIRTH DATE	SEX	I.D. NO.	SI	NAME			BEGIN DATE
07191984	F	04-1	A	KHUC, BAO-TRAM N			041996

**INSURANCE INFORMATION**

CASE ID NUMBER <b>059-188309</b>				PLUS	CD=8 C/C= 059 11/08/96		
CARRIER	BEGIN DATE	I.D. NO.	TYPE	POLICY NO. / MEDICARE NO.			

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD**

**DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.**

**INSTRUCTIONS ON BACK**

000069

THE C KHUC

○ ○ ○

▼ DETACH HERE BEFORE USING CARD ▼

FOLD

CASE ID NUMBER <b>059-188309</b>				PLUS	THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF	<b>NOVEMBER 1996</b>	THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
BIRTH DATE	SEX	I.D. NO.	SI	NAME			BEGIN DATE
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**INSURANCE INFORMATION**

CASE ID NUMBER <b>059-188309</b>				PLUS	CD=8 C/C= 059 10/24/96		
CARRIER	BEGIN DATE	I.D. NO.	TYPE	POLICY NO. / MEDICARE NO.			

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD**

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**INSTRUCTIONS ON BACK**

000060

THE C KHUC

○ ○ ○

▼ DETACH HERE BEFORE USING CARD ▼

FOLD

CASE ID NUMBER <b>059-188309</b>			PLUS ▼	THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF	APRIL	1996	THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM
BIRTH DATE	SEX	LD. NO.	SI	NAME		BEGIN DATE	
07061952	M	01-6	C	KHUC, THOI C		040196	
12311949	F	02-4	C	LE, THOA K		040196	
09131982	F	03-2	A	LE, THE C ► KHUC, THE C.		040196	
07191984	F	04-1	A	KHUC, BAO-TRAM M		040196	

**VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD**

**DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.**

**INSTRUCTIONS ON BACK**

THOIX KHOI

DETACH HERE BEFORE USING CARD ▼



**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:** Dec. 2, 1996

**TO :** Bart. Williams

**FAX #:**

**FROM:** Families of Vietnamese Political Prisoners Association

**NO. OF PAGES** include cover sheet:

**SUBJECT:** Medicaid Card for THE C. KHUC

Please see the attached letter and forms concerning the Medicaid benefits of THE C. KHUC, who is the son of Mr. THOI C. KHUC.

Thank you for your help in this matter.

Sincerely,  
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# 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

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Deputy Treasurer

### Cố Vấn Đoàn Advisory Committee

HIỆP LOWMAN  
NGUYỄN XUÂN LAN  
TRẦN KIM DUNG

December 2, 1996

Commonwealth of Virginia  
Department of Social Services  
Family Services Department  
6245 Leesburg Virginia  
Second Floor  
ATTN: Heather Bart-Williams  
Falls Church, VA 22044

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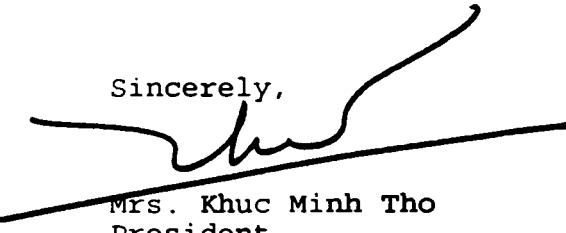
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Mrs. Khuc Minh Tho  
President

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

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721 KHUC 34 059188309016 THOI

COUNTY/CITY: Fairfax  
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Heather B. Williams ELIGIBILITY WORKER

TELEPHONE NUMBER

Dept. of Family Services AGENCY NAME

AGENCY ADDRESS

Falls Church 22044

CASE ID NUMBER <b>059-188309</b>			THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF	<b>NOVEMBER 1996</b>	THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
BIRTH DATE <b>07191984</b>	SEX <b>F</b>	I.D. NO. <b>04-1</b>	SI <b>A</b>	NAME <b>KHUC, BAO-TRAM N</b>	BEGIN DATE <b>041996</b>

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD**

DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.

INSTRUCTIONS ON BACK

**000069**

**THE C KHUC**

INSURANCE INFORMATION CASE ID NUMBER <b>CD=8 C/C= 059 11/08/96</b>			
PLUS			
CARRIER	BEGIN DATE	I.D. NO.	TYPE POLICY NO. / MEDICARE NO.

▼ DETACH HERE BEFORE USING CARD ▼

FOLD

CASE ID NUMBER <b>059-188309</b>			THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF	<b>NOVEMBER 1996</b>	THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
BIRTH DATE <b>07191984</b>	SEX <b>F</b>	I.D. NO. <b>04-1</b>	SI <b>A</b>	NAME <b>KHUC, BAO-TRAM N</b>	BEGIN DATE <b>041996</b>

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD**

DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.

INSTRUCTIONS ON BACK

**000060**

**THE C KHUC**

INSURANCE INFORMATION CASE ID NUMBER <b>CD=8 C/C= 059 10/24/96</b>			
PLUS			
CARRIER	BEGIN DATE	I.D. NO.	TYPE POLICY NO. / MEDICARE NO.

▼ DETACH HERE BEFORE USING CARD ▼

FOLD

CASE ID NUMBER <b>059-188309</b> PLUS				THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF <b>APRIL, 1996</b>	THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM
BIRTH DATE	SEX	I.D. NO.	SI	NAME	BEGIN DATE
07061952	M	01-6	C	KHUC, THOI C	040196
12311949	F	02-4	C	LE, THOA K	040196
09131982	F	03-2	A	LE, THE C, > KHUC, THE C.	040196
07191984	F	04-1	A	KHUC, BAO-TRAM N	040196

**INSURANCE INFORMATION**

CASE ID NUMBER <b>059-188309</b> PLUS				CD=8 C/C= <b>059 03/20/96</b>
CARRIER	BEGIN DATE	I.D. NO.	TYPE	POLICY NO. / MEDICARE NO.

**VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD**

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INSTRUCTIONS ON BACK

THOI KHUC

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▼ DETACH HERE BEFORE USING CARD ▼



**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:** Dec. 2, 1996

**TO :** Bart. Williams

**FAX #:**

**FROM:** Families of Vietnamese Political Prisoners Association

**NO. OF PAGES** include cover sheet:

**SUBJECT:** Medicaid Card for THE C. KHUC

Please see the attached letter and forms concerning the Medicaid benefits of THE C. KHUC, who is the son of Mr. THOI C. KHUC.

Thank you for your help in this matter.

Sincerely,  
Khuc Minh Tho



# 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

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HIỆP LOWMAN  
TRƯỜNG THỊ LANG ANH  
TRẦN KIM DUNG  
NGUYỄN THỊ KHEN

Ban Chấp Hành T.U.  
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NGUYỄN THỊ KHEN  
Deputy Treasurer

Cố Vấn Đoàn  
Advisory Committee

HIỆP LOWMAN  
NGUYỄN XUÂN LAN  
TRẦN KIM DUNG

December 2, 1996

Commonwealth of Virginia  
Department of Social Services  
Family Services Department  
6245 Leesburg Virginia  
Second Floor  
ATTN: Heather Bart-Williams  
Falls Church, VA 22044

Dear Ms. Bart-Williams:

Our Association is writing on behalf of the family of Thoi C. Khuc and his two children, The C. Khuc (son) and Bao-Tram M. Khuc (daughter), who reside at 6132 Wilson Drive, Apt. 101, Falls Church, VA 22044-3009. The case ID number for the family is 059-188309.

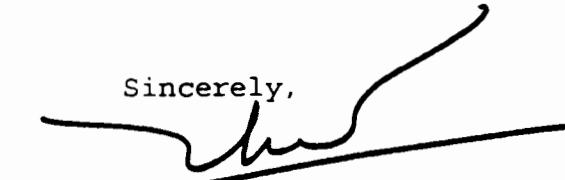
There seems to be some confusion in the names of the father, Mr. Thoi Khuc, and his wife, Thoa K. Le, who are no longer eligible for Medicaid, but his son, The C. Khuc, who is eligible for Medicaid but has not received his card. To date, only the daughter, Bao-Tram M. Khuc, has received her Medicaid card each month, addressed in the name of her brother, The C. Khuc, rather than in the name of the father, Thoi C. Khuc.

We have enclosed the form which we received from your office concerning the benefits of Mr. Thoi C. Khuc. We believe that this form should be addressed to The C. Khuc, who is the son of Mr. Thoi Khuc and Thoa K. Le.

Enclosed is a copy of the form I-94 that verifies the refugee status of The C. Khuc. Please issue a Medicaid card for The C. Khuc as soon as possible.

We appreciate your assistance in this case.

Sincerely,



Mrs. Khuc Minh Tho  
President

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF ACTION REQUIRED FOR MEDICAID BENEFITS**

721 34 059188309016 THOI

COUNTY/CITY: Fairfax  
CASE NUMBER: \_\_\_\_\_

Public law 104-193 limits some alien's eligibility for Medicaid to Medicaid emergency medical services only. Our records show that your alien status is:

This status may make you ineligible for the full package of Medicaid benefits that you now receive.

**IF YOUR ALIEN STATUS IS DIFFERENT THAN THE STATUS NOTED ABOVE, ~~you must submit documentation that shows your correct alien status~~ (10 DAYS FROM THE DATE THIS NOTICE IS MAILED).**

You may remain eligible for full Medicaid benefits if you are a "qualified" alien AND you, your husband or wife, or your parent (if you are a dependent child):

- is a veteran of the U.S. armed forces honorably discharged not on account of alienage (DD214 form), OR
- is on active duty in the U.S. armed forces.

If you are a permanent resident alien, you may remain eligible for full Medicaid benefits if you, your husband or wife, or your parent (if you are a dependent child):

- have worked and paid Social Security taxes for at least 10 years. OR
- are a veteran of the U.S. armed forces honorably discharged not on account of alienage (DD214 form), OR
- are on active duty in the U.S. armed forces.

**PLEASE READ THE BACK OF THIS NOTICE FOR MORE INFORMATION**

Heather Fort Williams ELIGIBILITY WORKER

TELEPHONE NUMBER

Dept. of Family Services AGENCY NAME

AGENCY ADDRESS

Falls Church 22044

CASE ID NUMBER <b>059-188309</b>			PLUS ▼	THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF	NOVEMBER 1996	THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
BIRTH DATE <b>07191984</b>	SEX <b>F</b>	I.D. NO. <b>04-1</b>	SI	NAME <b>KHUC, BAO-TRAM N</b>		BEGIN DATE <b>041996</b>

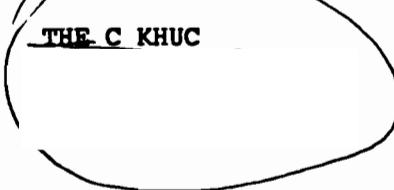
INSURANCE INFORMATION CASE ID NUMBER <b>CD=8 C/C= 059 11/08/96</b>					
PLUS ▼					
CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO. / MEDICARE NO.	

VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD

DETACH THIS CARD AT PERFORATION BELOW. FOLD INTO THREE SECTIONS, AND KEEP WITH YOU AT ALL TIMES.

INSTRUCTIONS ON BACK

000069



▼ DETACH HERE BEFORE USING CARD ▼

CASE ID NUMBER <b>059-188309</b>			PLUS ▼	THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF	NOVEMBER 1996	THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM
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INSURANCE INFORMATION CASE ID NUMBER <b>CD=8 C/C= 059 10/24/96</b>					
PLUS ▼					
CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO. / MEDICARE NO.	

VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD

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INSTRUCTIONS ON BACK

000060



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CASE ID NUMBER <b>059-188309</b> PLUS			THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF <b>APRIL, 1996</b>		
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07191984	F	04-1	A	KHUC, BAO-TRANH M	040196

INSURANCE INFORMATION CASE ID NUMBER <b>059-188309</b> PLUS			CD=8 C/C= <b>059 03/20/96</b>		
CARRIER	BEGIN DATE	ID. NO.	TYPE	POLICY NO. / MEDICARE NO.	

**VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD**

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INSTRUCTIONS ON BACK

THOI KHUC

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**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:** Dec. 2, 1996

**TO :** Bart. Williams

**FAX #:**

**FROM:** Families of Vietnamese Political Prisoners Association

**NO. OF PAGES** include cover sheet:

**SUBJECT:** Medicaid Card for THE C. KHUC

Please see the attached letter and forms concerning the Medicaid benefits of THE C. KHUC, who is the son of Mr. THOI C. KHUC.

Thank you for your help in this matter.

Sincerely,  
Khuc Minh Tho



# 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) 580-0058 \* Fax: (703) 204-0394

### **Hội Đồng Quản Trị Board of Directors**

**KHÚC MINH THƠ  
NGUYỄN QUỲNH GIAO  
NGUYỄN VĂN GIỎI  
NGUYỄN XUÂN LAN  
HIỆP LOWMAN  
TRƯỜNG 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 GIỎI  
Secretary General  
TRƯỜNG THỊ LANG ANH  
Treasurer  
NGUYỄN THỊ KHEN  
Deputy Treasurer**

### **Cố Vấn Đoàn Advisory Committee**

**HIỆP LOWMAN  
NGUYỄN XUÂN LAN  
TRẦN KIM DUNG**

December 2, 1996

Commonwealth of Virginia  
Department of Social Services  
Family Services Department  
6245 Leesburg Virginia  
Second Floor  
ATTN: Heather Bart-Williams  
Falls Church, VA 22044

Dear Ms. Bart-Williams:

Our Association is writing on behalf of the family of Thoi C. Khuc and his two children, The C. Khuc (son) and Bao-Tram M. Khuc (daughter), who reside at 6132 Wilson Drive, Apt. 101, Falls Church, VA 22044-3009. The case ID number for the family is 059-188309.

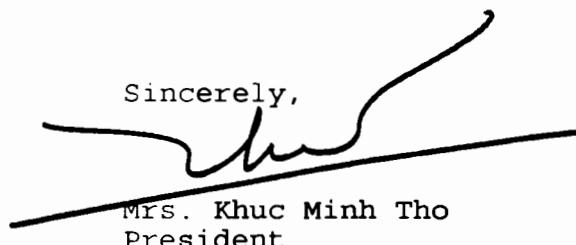
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We appreciate your assistance in this case.

Sincerely,



Mrs. Khuc Minh Tho  
President

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF ACTION REQUIRED FOR MEDICAID BENEFITS**

721 KHUC 34 059188309016 THOI

COUNTY/CITY: Fairfax  
CASE NUMBER: \_\_\_\_\_

Public law 104-193 limits some alien's eligibility for Medicaid to Medicaid emergency medical services only. Our records show that your alien status is:

This status may make you ineligible for the full package of Medicaid benefits that you now receive.

**IF YOUR ALIEN STATUS IS DIFFERENT THAN THE STATUS NOTED ABOVE, SEND US A COPY OF THE DOCUMENT THAT SHOWS YOUR CORRECT ALIEN STATUS BY 12/6/96 (10 DAYS FROM THE DATE THIS NOTICE IS MAILED).**

You may remain eligible for full Medicaid benefits if you are a "qualified" alien AND you, your husband or wife, or your parent (if you are a dependent child):

- is a veteran of the U.S. armed forces honorably discharged not on account of alienage (DD214 form), OR
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- are a veteran of the U.S. armed forces honorably discharged not on account of alienage (DD214 form), OR
- are on active duty in the U.S. armed forces.

**PLEASE READ THE BACK OF THIS NOTICE FOR MORE INFORMATION**

Debbie R. Williams ELIGIBILITY WORKER

TELEPHONE NUMBER

Dept. of Family Services AGENCY NAME

AGENCY ADDRESS

Falls Church 22044

If you ever had any of the following statuses, check the box below next to the status that you had and write the date the status was granted or established:

Refugee: date of entry into U.S. \_\_\_\_\_

Conditional entrant: date of entry into U.S. \_\_\_\_\_

Asylee: date asylum granted \_\_\_\_\_

Parolee: date parole granted \_\_\_\_\_

Deportation withheld: date withholding granted \_\_\_\_\_

**If you, your husband or wife, or your parent meet one of these requirements, check the box below that applies to you:**

I am a veteran (DD214 form) of, or am on active duty in, the U.S. armed forces.

My husband/wife is a veteran (DD214 form) of, or is on active duty in, the U.S. armed forces.

I am unmarried dependent child of a veteran (DD214 form) or person on active duty in the U.S. armed forces.

I am a permanent resident alien and I have worked and paid Social Security taxes for 10 years or more. These are my employers and the year(s) I worked for them:

I am a permanent resident alien and my husband/wife has worked and paid Social Security taxes for 10 years or more. These are my husband's/wife's employers and the year(s) he/she worked for them:

I am a permanent resident alien and my parent(s) have worked and paid Social Security taxes for 10 years or more. These are my parent(s)' employers and the year(s) worked for them:

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach a copy of the document that proves this and send this form back to me at the agency address on the other side of this form by \_\_\_\_\_ (10 days from the date this notice is mailed).**

CASE I.D. NUMBER			THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF		
059-188309 PLUS			NOVEMBER 1996		
BIRTH DATE	SEX	I.D. NO.	SI	NAME	BEGIN DATE
07191984	F	04-1	A	KHUC, BAO-TRAM M	041996

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

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INSURANCE INFORMATION			CD=8 C/C= 059 11/08/96		
CASE I.D. NUMBER			PLUS		
CARRIER	BEGIN DATE	I.D. NO.	TYP	POLICY NO. / MEDICARE NO.	

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▼ DETACH HERE BEFORE USING CARD ▼

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CASE I.D. NUMBER			THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF		
059-188309 PLUS			NOVEMBER 1996		
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CASE I.D. NUMBER			PLUS		
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**INSURANCE INFORMATION**

CASE I.D. NUMBER

**PLUS**

CD= **8** C/C= **059 03/20/96**

CARRIER	BEGIN DATE	I.D. NO.	TYPE	POLICY NO. / MEDICARE NO

**VIRGINIA DEPARTMENT  
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**THOI KHUC**

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▼ DETACH HERE BEFORE USING CARD ▼

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