



**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>~~10~~, 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 HC 's case)

Khuê Hùng Thọ



**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

December 2, 1996

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

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

### 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

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.

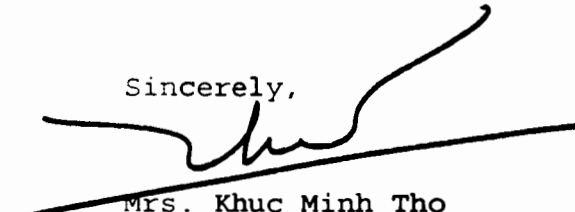
There seems to be some confusion in the names of the father, Mr. Thoi Khuc, and his wife, Thoa K. Le, who are no longer eligible for Medicaid, but his son, The C. Khuc, who is eligible for Medicaid but has not received his card. To date, only the daughter, Bao-Tram M. Khuc, has received her Medicaid 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 |  
KHUC 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 2/27/96 (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 Port Williams

ELIGIBILITY WORKER

TELEPHONE NUMBER

Dept. of Social Services

AGENCY NAME

AGENCY ADDRESS

| CASE ID NUMBER  |     | THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF |    | THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM |            |
|-----------------|-----|--|----|---|------------|
| 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     |

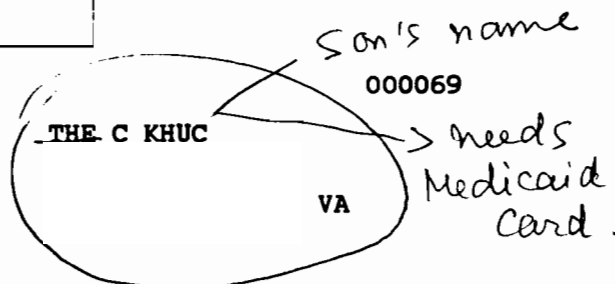
VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD

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 11/08/96 |     |
|-----------------------|------------|------------------------|-----|
| CASE ID NUMBER        |            |                        |     |
| CARRIER               | BEGIN DATE | I.D. NO.               | TYP |
|                       |            |                        |     |

000069



▼ DETACH HERE BEFORE USING CARD ▼

FOLD

| CASE ID NUMBER  |     | THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF |    | THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM |            |
|-----------------|-----|--|----|---|------------|
| 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     |

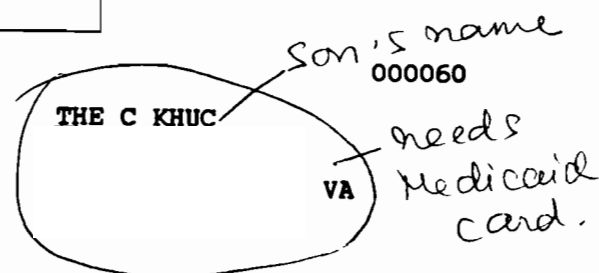
VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD

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 10/24/96 |     |
|-----------------------|------------|------------------------|-----|
| CASE ID NUMBER        |            |                        |     |
| CARRIER               | BEGIN DATE | I.D. NO.               | TYP |
|                       |            |                        |     |

000060



▼ DETACH HERE BEFORE USING CARD ▼

FC

| CASE I.D. NUMBER |     |          |    | THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF |            | THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM |  |
|------------------|-----|----------|----|--|------------|---|--|
| 059-188309 PLUS  |     |          |    | APRIL  |            | 1996  |  |
| 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 H   | 040196     |   |  |

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

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INSTRUCTIONS ON BACK

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

006813

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<br>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 | 13SEP82          | M   | VTNM | VTNM |
| KHUC MINH BAO TRAM | 74498054 | 19JUL84          | 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

PLACE OF LANDING: FALLS CHURCH VA

KHUC MINH THO

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



INSPECTOR #18  
SEP 26 1995  
QUARANTINE STATION  
NEW YORK, N.Y.



DATE 24 SEP 1995  
TO: ALL CARRIERS AND IMMIGRATION OFFICIALS:

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 requiring all persons to present a valid passport for admission to the U.S. has been waived pursuant to authority in 22 CFR 43.6 (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<br>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 BAO 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

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24 OCT 1995  
VALID UNTIL



Departure Number

532625574 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

DATE

IMM.OFF.

9-26-95 2658

14. Family Name

KHUC

15. First (Given) Name

THOI CHANH

16. Birth Date (Day, Mo, Yr)

06 102 152

17. Country of Citizenship

VIETNAM

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  
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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

17. Country of Citizenship

VIETNAM

16. Birth Date (Day, Mo, Yr)

31 1 12 1 49

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:

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

DATE

2658  
IMM.OFF.

14. Family Name

KHUC

15. First (Given) Name

THE CHANH

16. Birth Date (Day/Mo/Yr)

13 09 82

17. Country of Citizenship

VIETNAM

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

532625601.04

Immigration and  
Naturalization Service

I-94

Departure Record

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PURSUANT TO SECTION 207 OF  
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RETURN.  
EMPLOYMENT AUTHORIZED.

NYC

DATE

IMM.OFF.

9-26-95 2652

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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|           |          |    |         |      |       |
|-----------|----------|----|---------|------|-------|
| 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) 560-0058 \* Fax: (703) 204-0394

### Hội Đồng Quản Trị Board of Directors

December 2, 1996

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

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

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

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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

Dear Ms. Bart-Williams:

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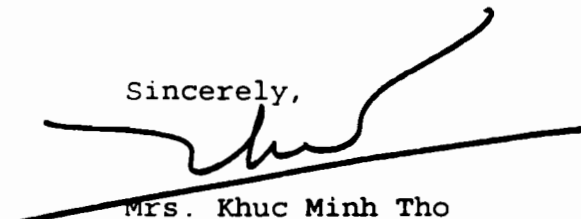
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We appreciate your assistance in this case.

Sincerely,



Mrs. Khuc Minh Tho  
President

| CASE I.D. NUMBER |     |          | THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF |                  | THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM |
|------------------|-----|----------|--|------------------|---|
| 059-188309 PLUS  |     |          | APRIL  |                  | 1996  |
| 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 H | 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

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

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

006813

THOI KHUC

▼ DETACH HERE BEFORE USING CARD ▼



| CASE I.D. NUMBER |     |          |    | THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF |            | THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM |  |
|------------------|-----|----------|----|--|------------|---|--|
| 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

DETACH THIS CARD AT PER-  
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INSTRUCTIONS ON BACK

INSURANCE INFORMATION CD=8 C/C= 059 11/08/96

000069

| CASE I.D. NUMBER |            |          |     | POLICY NO. - MEDICARE NO. |  |
|------------------|------------|----------|-----|---------------------------|--|
| 059-188309 PLUS  |            |          |     |                           |  |
| CARRIER          | BEGIN DATE | I.D. NO. | TYP |                           |  |
|                  |            |          |     |                           |  |

0000

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.

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#### NOTE TO NON-CITIZENS

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| CASE I.D. NUMBER |     |          |    | THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF |            | THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM |  |
|------------------|-----|----------|----|--|------------|---|--|
| 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

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

INSTRUCTIONS ON BACK

INSURANCE INFORMATION CD=8 C/C= 059 10/24/96

000060

| CASE I.D. NUMBER |            |          |     | POLICY NO. - MEDICARE NO. |  |
|------------------|------------|----------|-----|---------------------------|--|
| 059-188309 PLUS  |            |          |     |                           |  |
| CARRIER          | BEGIN DATE | I.D. NO. | TYP |                           |  |
|                  |            |          |     |                           |  |

0000

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

▼ DETACH HERE BEFORE USING CARD ▼

| CASE I.D. NUMBER |     |          | THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF |                  | THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM |  |
|------------------|-----|----------|--|------------------|---|--|
| 059-188309       |     |          | APRIL  |                  | 1996  |  |
| 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                                      |  |

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

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INSTRUCTIONS ON BACK

**INSURANCE INFORMATION**

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

**CASE I.D. NUMBER**

| PLUS    |            |          |                         |
|---------|------------|----------|-------------------------|
| CARRIER | BEGIN DATE | I.D. NO. | POLICY NO / MEDICARE NO |
|         |            |          |                         |

006813

THOI KHUC

▼ DETACH HERE BEFORE USING CARD ▼

## CASE I.D. NUMBER

059-188399



THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF

APRIL

1996

THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM

VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD

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INSTRUCTIONS ON BACK

| 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, THIE C       | 040196     |
| 07191984   | F   | 04-1    | A  | KHUC, BAO-TRAN H | 040196     |

## INSURANCE INFORMATION

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

## CASE I.D. NUMBER



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

THOI KHUC

004813

▼ DETACH HERE BEFORE USING CARD ▼

FOLD

## INSTRUCTIONS TO RECIPIENTS

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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 will make the offender liable to prosecution under federal and state laws.

FOLD

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## 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

1. Be sure to see the card each time service is provided.
2. Another form of identification may be requested to verify the recipient's identification.
3. This card is valid for the dates indicated.
4. Only those persons listed on this card are eligible for benefits.
5. A provider must be currently enrolled with the Department of Medical Assistance Services to receive payment.
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

| CASE I.D. NUMBER  |     |          |    | THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF |            | THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM |  |
|-------------------|-----|----------|----|--|------------|---|--|
| <b>059-188309</b> |     |          |    | <b>PLUS</b><br>→ <b>APRIL</b> , <b>1996</b>                    |            |   |  |
| 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

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

| CASE I.D. NUMBER |            |          |      | POLICY NO. / MEDICARE NO. |  |
|------------------|------------|----------|------|---------------------------|--|
| <b>PLUS</b>      |            |          |      |                           |  |
| CARRIER          | BEGIN DATE | I.D. NO. | TYPE |                           |  |
|                  |            |          |      |                           |  |

004813

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**INSURANCE INFORMATION**

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

**CASE I.D. NUMBER**

PLUS

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

004813

THOI KHUC

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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) 580-0058 \* 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.Ư. 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

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



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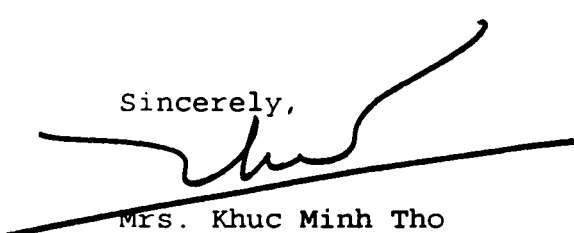
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**VIRGINIA DEPARTMENT  
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SERVICES ELIGIBILITY CARD**

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INSTRUCTIONS ON BACK

**INSURANCE INFORMATION**

CD=8 C/C= 059 11/08/96

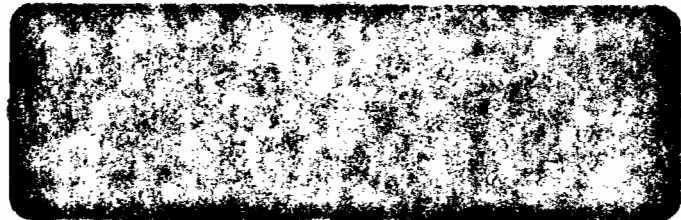
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| CASE I.D. NUMBER |            |          |      |                           |
|------------------|------------|----------|------|---------------------------|
| PLUS             |            |          |      |                           |
| CARRIER          | BEGIN DATE | I.D. NO. | TYPE | POLICY NO. / MEDICARE NO. |
|                  |            |          |      |                           |

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

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FOLD  
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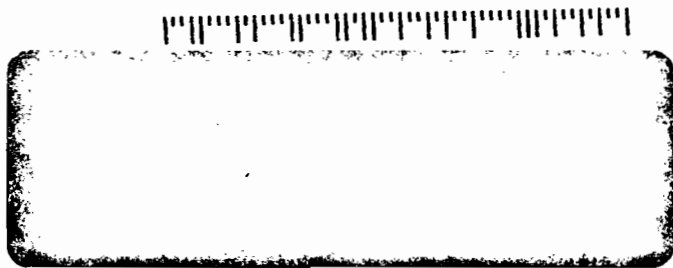
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0815812

DO NOT FORWARD

FIRST CLASS MAIL  
 U.S. POSTAGE  
 PAID  
 PERMIT NO. 176  
 RICHMOND, VA.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

POST OFFICE BOX 26228, RICHMOND, VIRGINIA 23260

FOLD

TO OPEN - TEAR ALONG PERFORATION

TO OPEN - TEAR ALONG PERFORATION

| CASE I.D. NUMBER |     |          |    | THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF |  | THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM |  |
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SERVICES ELIGIBILITY CARD**

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**INSURANCE INFORMATION** CD=8 C/C= 059 11/08/96

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

000069

THE C KHUC

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THE C KHUC

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FC

THE C KHC

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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 |     | THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF |    | THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM |            |
|------------------|-----|--|----|---|------------|
| 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

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 |            | THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF |      | THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM |  |
|------------------|------------|--|------|---|--|
| 059-188309 PLUS  |            | NOVEMBER 1996  |      |   |  |
| CARRIER          | BEGIN DATE | I.D. NO.   | TYPE | POLICY NO. / MEDICARE NO.                 |  |
|                  |            |  |      |   |  |

THE C KHUC

▼ DETACH HERE BEFORE USING CARD ▼

5  
L.I. ♦ 221912F  
DUPLIX PRODUCTS

| CASE I.D. NUMBER |     |          |    | THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF |  | THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM |  |
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|-----------------------|------------|----------|-----|--------------------------|--|
| CASE I.D. NUMBER      |            |          |     |                          |  |
|                       |            |          |     |                          |  |
| CARRIER               | BEGIN DATE | I.D. NO. | TYP | POLICY NO / MEDICARE NO. |  |
|                       |            |          |     |                          |  |

000069

THE C KHUC

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OF MEDICAL ASSISTANCE  
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|                       |            |          |     |                          |  |
| CARRIER               | BEGIN DATE | I.D. NO. | TYP | POLICY NO / MEDICARE NO. |  |
|                       |            |          |     |                          |  |

000060

THE C KHUC  
6132 WILSTON DR



**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,

A handwritten signature in black ink, appearing to read 'Thoi Khuc', with a long horizontal flourish extending to the right.

Thoi Khuc



TO:

Thoi 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 before 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 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.

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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

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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Sincerely,

Mrs. Khuc Minh Tho  
President

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| 059-188309 PLUS  |     |          |    | NOVEMBER 1996  |            |   |  |
| BIRTH DATE       | SEX | I.D. NO. | SI | NAME   | BEGIN DATE |   |  |
| 07191984         | F   | 04-1     | A  | KHUC, BAO-TRAN M   | 041996     |   |  |

VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
SERVICES ELIGIBILITY CARD

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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. | TYPE | POLICY NO.             | MEDICARE NO. |
|                       |            |          |      |                        |              |

THE C KHUC

0000

▼ 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 |            | THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM |  |
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INSTRUCTIONS ON BACK

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

Son's name  
E C KHUC

000060

needs  
medicaid  
card

DETACH HERE BEFORE USING CARD ▼

| CASE I.D. NUMBER |     |          | THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF |                  | THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM |  |
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**INSURANCE INFORMATION** CD=8 C/C= 059 10/24/96

| CASE I.D. NUMBER |            |          |      |                           |
|------------------|------------|----------|------|---------------------------|
| PLUS             |            |          |      |                           |
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FOLD

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THE C KHUC

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FC

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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

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providing the information you need  
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Many thanks.

THOI KHUC

Mr. Thoi Khuc

December 1, 1996

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Department of Human Services  
Human Services Center  
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ATTN: Jill Kneeland  
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Thoi Khuc

TO:

Thoi 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

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SIGNED

Bill Kneeland



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**FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION**

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**FAX COVER SHEET**

DATE: Dec. 2, 1996

TO : Jill Kneeland

FAX #:

THOI KHWC  
FROM: <sup>for</sup> Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet: 03

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THOI KHWC

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December 1, 1996

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12011 Government Center Parkway  
Suite 200  
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Thoi Khuc



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Thoi Khvé

FROM:

FAIRFAX COUNTY  
DEPARTMENT OF HUMAN DEVELOPMENT  
Human Services Center  
12011 Government Center Parkway  
Suite 200  
Fairfax, Virginia 22035  
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SUBJECT:

Fuel Assistance Application

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Bill Kneeland



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**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 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

December 2, 1996

Commonwealth of Virginia  
Department of Social Services  
Family Services Department  
6245 Leesburg Virginia  
Second Floor  
ATTN: Heather Bart-Williams  
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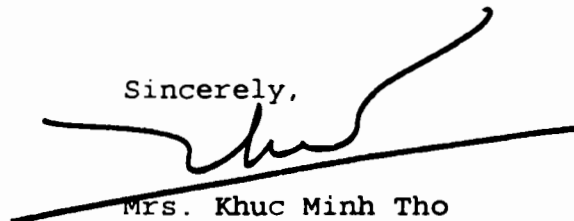
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We appreciate your assistance in this case.

Sincerely,



Mrs. Khuc Minh Tho  
President

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

NOTICE OF ACTION REQUIRED FOR MEDICAID BENEFITS

721 34 059188309016  
VIRG THOT

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~~  
~~PROVIDE DOCUMENTATION THAT SHOWS YOUR CORRECTED STATUS WITHIN~~  
~~(10 DAYS FROM THE DATE THIS NOTICE IS MAILED).~~**

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

Heather Port Williams

ELIGIBILITY WORKER

TELEPHONE NUMBER

Dept. of Family Services

AGENCY NAME

AGENCY ADDRESS

Falls Church VA 22044

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

INSURANCE INFORMATION CD=8 C/C= 059 11/08/96

| CASE ID NUMBER |            |          |      |                           |
|----------------|------------|----------|------|---------------------------|
| PLUS           |            |          |      |                           |
| CARRIER        | BEGIN DATE | I.D. NO. | TYPE | POLICY NO. / MEDICARE NO. |
|                |            |          |      |                           |

000069

THE C KHUC

▼ DETACH HERE BEFORE USING CARD ▼

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OF MEDICAL ASSISTANCE  
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INSURANCE INFORMATION CD=8 C/C= 059 10/24/96

| CASE ID NUMBER |            |          |      |                           |
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| PLUS           |            |          |      |                           |
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|                |            |          |      |                           |

000060

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| CARRIER        | BEGIN DATE | LD. NO.                   | TYPE |
|                |            |                           |      |

004813

THOI KHUC

▼ 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



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P.O. BOX 5435, ARLINGTON, VA. 22205-0635

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

### Hội Đồng Quản Trị Board of Directors

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NGUYỄN QUỲNH GIAO  
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HIỆP LOWMAN  
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TRƯƠNG THỊ LANG ANH  
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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

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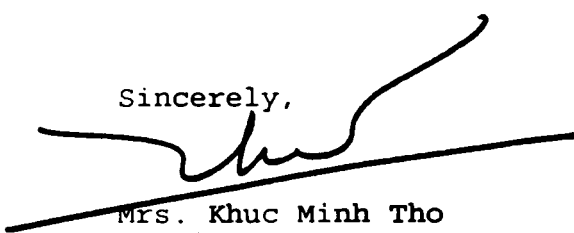
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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

NOTICE OF ACTION REQUIRED FOR MEDICAID BENEFITS

[ 721 34 059188309016 |  
KHUC THOI  
| ]

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

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\_\_\_\_\_  
TELEPHONE NUMBER

Dept. of Family Services AGENCY NAME

AGENCY ADDRESS

Falls Church VA 22044

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| 059-188309 PLUS |     |          | NOVEMBER 1996  |                  |   |
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| 07191984        | F   | 04-1     | A  | KHUC, BAO-TRAM M | 041996                                    |

VIRGINIA DEPARTMENT  
OF MEDICAL ASSISTANCE  
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INSTRUCTIONS ON BACK

INSURANCE INFORMATION CD=8 C/C= 059 11/08/96

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

00069

THE C KHUC

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FOLD

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00060

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| CARRIER        | BEGIN DATE | I.D. NO.                  | TYPE |
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004813

THOI KHUC

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**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

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Sincerely,  
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Telephone: (703) 580-0058 \* Fax: (703) 204-0394

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### Cố Vấn Đoàn Advisory Committee

HIỆP LOWMAN  
NGUYỄN XUÂN LAN  
TRẦN KIM DUNG

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Department of Social Services  
Family Services Department  
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Second Floor  
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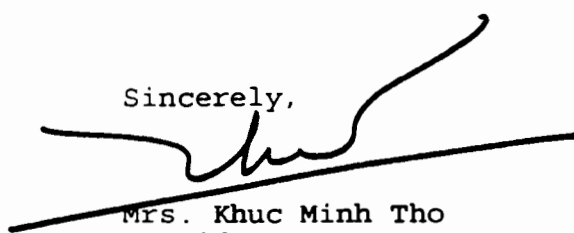
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[ 721 34 059188309016 |  
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COUNTY/CITY: Fairfax

CASE NUMBER: \_\_\_\_\_

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TELEPHONE NUMBER \_\_\_\_\_

Dept. of Family Services AGENCY NAME

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Falls Church VA 22044

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INSURANCE INFORMATION CD=8 C/C= 059 11/08/96

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000069

THE C KHUC

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NGUYỄN QUỲNH GIAO  
Vice President  
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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.

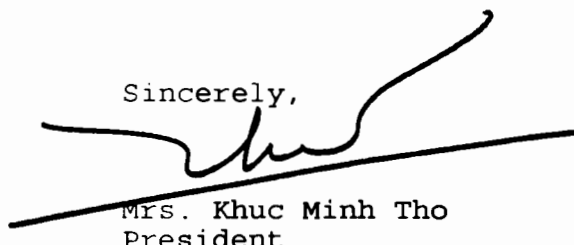
There seems to be some confusion in the names of the father, Mr. Thoi Khuc, and his wife, Thoa K. Le, who are no longer eligible for Medicaid, but his son, The C. Khuc, who is eligible for Medicaid but has not received his card. To date, only the daughter, Bao-Tram M. Khuc, has received her Medicaid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

ELIGIBILITY WORKER

TELEPHONE NUMBER

Dept. of Family Services

AGENCY NAME

AGENCY ADDRESS

Falls Church VA 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 |                  | THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM |  |
|------------------|-----|----------|--|------------------|---|--|
| 059-188309       |     |          | 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**

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 11/08/96

| CASE I.D. NUMBER |            |          |      |                           |
|------------------|------------|----------|------|---------------------------|
| PLUS             |            |          |      |                           |
| CARRIER          | BEGIN DATE | I.D. NO. | TYPE | POLICY NO. / MEDICARE NO. |
|                  |            |          |      |                           |

000069

THE C KHUC

▼ DETACH HERE BEFORE USING CARD ▼

| CASE I.D. NUMBER |     |          | THE FOLLOWING INDIVIDUAL IS ELIGIBLE THROUGH THE LAST DAY OF |                  | THE FOLLOWING INDIVIDUAL IS ELIGIBLE FROM |  |
|------------------|-----|----------|--|------------------|---|--|
| 059-188309       |     |          | 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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INSTRUCTIONS ON BACK

**INSURANCE INFORMATION** CD=8 C/C= 059 10/24/96

| CASE I.D. NUMBER |            |          |      |                           |
|------------------|------------|----------|------|---------------------------|
| PLUS             |            |          |      |                           |
| CARRIER          | BEGIN DATE | I.D. NO. | TYPE | POLICY NO. / MEDICARE NO. |
|                  |            |          |      |                           |

000060

THE C KHUC

▼ DETACH HERE BEFORE USING CARD ▼

| CASE I.D. NUMBER |     | THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF |    | THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM |            |
|------------------|-----|--|----|---|------------|
| 059-188309       |     | APRIL  |    | 1996  |            |
| 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     |

**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

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

THOI KHUC

004813

▼ DETACH HERE BEFORE USING CARD ▼

fax

Kim Chi  
237-4759

VU Medicaid

ok  
07

o owner or

o house or opt

o 8th or selected

o meeting went for - #685

File

324-7310  
Called  
1:20pm  
12/2

Theo

The. C. Khue (h