

SPONSORSHIP AGREEMENT

Name (PA): LE VAN TINH Number in Family: 4 Ref. REED  
Sponsor: Khuc Minh Tho Telephone Number: 703- (O) 703- (H)  
Address: Falls Church, VA, 22043  
Employer: Arlington County Mental Health Center  
Contact #1: \_\_\_\_\_ Contact #2: \_\_\_\_\_

We are happy that you have agreed to assist in the sponsorship of refugees in the United States under the Refugee Resettlement Program.

MRS/USCC/ARLINGTON  
(Resettlement Office)

has nothing to do with the selection for resettlement of refugees or with the time when they might arrive.

We will contact you as soon as we receive any information from our New York office. We will also notify you when we receive arrival information.

I agree to assist the refugee(s) as much as possible. Specifically, I agree to:

1. Keep MRS/USCC/ARLINGTON (resettlement office) informed of my home and work telephone number and let them know when I plan to leave \_\_\_\_\_ for more than a few days. Yes X No \_\_\_\_\_  
(location)
2. Pick up the refugees at their point of arrival. Yes X No \_\_\_\_\_
3. Provide housing for \_\_\_\_\_ week(s) after arrival. Yes X No \_\_\_\_\_
4. Provide household goods. Yes X No \_\_\_\_\_
5. Provide food for \_\_\_\_\_ week(s) after arrival. Yes X No \_\_\_\_\_
6. Provide clothing. Yes X No \_\_\_\_\_
7. Provide transportation to agencies providing the following services: Social Security, School Registration, Health Screening, English Classes, and Employment Services. I will complete the necessary forms at their offices or at any other agency's involved in resettlement. Yes X No \_\_\_\_\_
8. Help find employment and encourage them to avoid the use of welfare. Yes X No \_\_\_\_\_

10. Describe in detail the plans that have been made to assist the refugees with:  
(include \$ amount and/or # of weeks provided)

amt.// of wks provided

Housing:

Food:

Utilities:

**Household Goods:**

Health Care: :

Transportation:

Clothing:

**Education:**

**Employment:-**

Other:

If at any time I feel that I will be unable to perform these duties, I will make arrangements to discuss the matter with the Case Manager.

Sponsor's signature:

Date: August 29, 1992

Case Manager's Signature: \_\_\_\_\_

Date:

SPONSORSHIP AGREEMENT

Name (PA): LE VAN TINH Number in Family: 4 Ref. REED

Sponsor: Khuc Minh Tho Telephone Number: 703- (0)  
703- (11)

Address: Falls Church, VA, 22043

Employer: Arlington County Mental Health Center

Contact #1: \_\_\_\_\_ Contact #2: \_\_\_\_\_

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8. Help find employment and encourage them to avoid the use of welfare. Yes X No \_\_\_\_\_

9. Cooperate with the Case Manager in the development and implementation of a resettlement plan. Yes X No       

10. Describe in detail the plans that have been made to assist the refugees with:  
(include \$ amount and/or # of weeks provided)

amt./# of wks provided

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Utilities:

Household Goods:

Health Care:

Transportation:

Clothing:

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