

Saigon ngày 27/9/93

Chị Thảo

Tôi đã được phiên báo chuyến bay (đúng đêm). Tôi sẽ lên đường ngày 17/11/93. Tôi phải bay qua Seoul, đổi máy bay, bay qua Los Angeles hay San Francisco, sau đó đi máy bay nội địa bay qua Chi. Tôi sẽ khởi hành từ Saigon. 0500g ngày 17/11/93. Ở bất cứ đâu và chi Ba đón gĩa. Đứng ở đâu? nếu được đón tại CALI thì tốt lắm. Anh lo sớm mai gửi cho chị có đến tôi 2 lần, từ hồi ngày tôi đi mà tôi vẫn xin từ chị. Theo chương trình, thì tôi phải nộp bản kê khai hàng lý mạng theo vào ngày 7/11/93. Anh ấy có hẹn trong tháng 10/93 sẽ tới lại. Ở bất cứ đâu có đúng hẹn ở? Chi cho chi Ba tiết hay đồ của chi gửi qua bên ấy, tính vài ngày nữa cháu của chi sẽ đến, nếu ở đến tôi sẽ đến nhà này. Nó với chị yên tâm đi. Cái gì của chi và của chi Ba là ưu tiên 1, và lại tôi còn cái gì mà đem theo. Anh Trần. Chi Thắm đi ngày 5-8-93 có cho tôi biết tiền lo di chuyển và tiền sinh hoạt lo cho chuyến đi phải tốn đến 1 triệu sáu ngàn. Tôi nghe mà giật mình. Theo lời anh nói đó là cần kiệm lắm, chi đúng chỗ chi, còn gĩa. Đỉnh 4 người thì có 1 triệu rưỡi. Anh Thắm có thể xem người yêu lớn tôi. Còn tôi chi như bạn bè, còn con cái thì làm giúp tôi. Có lúc tôi còn phải lo cho nó, con cháu tôi dễ - ngọc - Diệp làm luật sư bên Mỹ ở Cali, lần rồi tôi ở nhân đưa sự giúp đỡ của nó. Bà con tôi bên này, ở con ai, lớp chết, lớp đi. Vậy một lần chốt, nhờ chi kêu gọi sự giúp của anh em bên bên này, giúp tôi được đỡ nào hay đỡ này. Ngô - Lê - Tuệ đã phone cho chi rồi. Anh Thắm còn hiền tình của gia đình tôi hơn anh Tuệ, vì tôi ở

gần và qua lại thường anh thăm như anh anh Tuấn. Tôi  
nhớ anh Tuấn; trước khi ra đi, anh ấy cho tôi rất nhiều đồ  
mã lệnh giờ tôi và con đang sử dụng, có cả máy chiếu phim,  
máy slide mà tôi phải nhờ anh em thanh toán mới có tiền  
chỉ tiêu. Tôi ở nói ngoa và về với giờ hết; chỉ cần biết đến  
ít như về tính tôi. Tôi rất mừng được về giúp đỡ của anh.

Đến đây về người ta cho biết ~~những~~ người được mang theo  
3.000 đô, 1 lỉnh vãng v.v. hỏi tôi đem theo bao nhiêu? Tôi cười  
và trả lời 1 đô cũng có làm gì có 3.000 đô.

It hàng châu chi và các anh em ở bên đó. Xin bạn  
gặp lại trong tháng 11/93

Tôi,

hume

# PHIẾU BÁO CHUYẾN BAY

Nếu không có gì thay đổi

Hộ: H 26.6u.8

Gồm: 04 người

Được xếp chuyến bay ngày: 18. 1/

Đến nước:

tg

DO HUU SAM

PLACENTIA, CA 92670



Mrs KHUC MINH THO

Falls Church, VA 22043

Mrs & Mrung  
Dien 11/17/93

OCT 17 2 1993

## MISCELLANEOUS MESSAGES

|                                      |  |
|--------------------------------------|--|
| INVALID,<br>PLEASE<br>RE-ENTER       | To many or too few digits<br>have been entered.                                  |
| INVALID                              | Service requested is not<br>a valid service.                                     |
| SYSTEM NOT<br>AVAILABLE              | The system is down during<br>its daily back-up.                                  |
| ONLY INQUIRY<br>SERVICE<br>AVAILABLE | The system is up but off-line,<br>so monetary transactions are<br>not permitted. |

## REQUESTING A TRANSACTION

|                  |   |
|------------------|---|
| NOT<br>AVAILABLE | Funds in the account are<br>insufficient to complete the<br>requested transaction.                  |
| INVALID          | The loan payment amount entered<br>is too little to cover late charges<br>or more than one payment. |

## SPECIAL FUNCTION KEYS

|     |  |
|-----|--|
| #   | After entering a response, hit #<br>to signal the end of your response. If no<br>response has been entered prior to<br>hitting #, the call will be disconnected. |
| ★★  | Repeat the last prompt.  |
| ★ # | Erase the last response and start<br>the transaction over.   |
| ★0★ | Backspace over the last digit entered.   |
| 9#  | Verify the transaction request.  |
| 6#  | Cancel the transaction request..   |

## ARLINGTON COUNTY EMPLOYEES CREDIT UNION

|                   |                |
|-------------------|----------------|
| Main Office       | (703) 820-0102 |
| Hospital Branch   | (703) 558-6295 |
| Courthouse Branch | (703) 358-3309 |



**PRIVATE LINE**

**ARLINGTON COUNTY EMPLOYEES  
CREDIT UNION**

## Welcome To **PRIVATE LINE**

Arlington County Employees Credit Union is pleased to introduce to you our new audio response telephone service. With **PRIVATE LINE** you can access your account 7 days a week - around the clock.

Use **PRIVATE LINE** for inquiries on your savings, checking and loan balances, for transfers between your shares and checking, or transferring loan payments, authorizing check withdrawals by mail, verifying which checks have cleared and more.

To use **PRIVATE LINE**, you must use your member (account) number, four digit password and the two digit share or loan ID. **You must end each entry with #.**

### CALL FORMAT

On a touch tone phone dial **(703) 931-2112:**  
When the system prompts, enter your member number and password.

Example: Member (account) no. 1234567  
Password: 1234  
Enter: 12345671234#

Next the system will ask you to enter the service desired. Enter two-digit service code.

Then the system will ask for your share or loan ID. Enter two-digit ID using the following list:

|                |     |
|----------------|-----|
| Regular Shares | 00# |
| Drafts         | 10# |
| Money Market   | 35# |
| Christmas Club | 61# |
| Loan 21        | 21# |
| Loan 22        | 22# |
| Loan 23        | 23# |
| Loan 26        | 26# |
| etc.           |     |

## TELEPHONE SERVICE CODES

| ALPHA<br>NUMERIC | SERVICE                    | DESCRIPTION   |    |   |
|------------------|----------------------------|---|----|---|
| SB               | (172#) SHARE BALANCE       | Gives the actual balance and the available balance.   | TD | (83#) TOTAL DEPOSITS<br>Gives all deposits made beginning with most recent deposit.   |
| DB               | (32#) DRAFT BALANCE        | Gives the actual checking balance and the available balance.  | LT | (58#) LOAN TOTAL PAYOFF<br>The system asks for the 2-digit loan number and the payoff date in MMDDYY format.                                    |
| TS               | (87#) TOTAL SHARE BALANCES | Gives balance for each share type. After each account is reported the ARU prompts "enter 9 to continue".    | YL | (95#) YEARLY LOAN INTEREST<br>(The system will ask for 2 digit loan number) Gives present and prior years' interest paid on the specified loan. |
| DI               | (34#) DRAFT INQUIRY        | Tells you if a draft (check) has cleared your account.  | CD | (23#) CURRENT DIVIDEND<br>Gives most recent dividend posting.   |
| LB               | (52#) LOAN BALANCE         | (The system asks for the loan number). Provides the loan balance, the payment amount due and the due date.  | YD | (93#) YEARLY DIVIDENDS<br>Gives the present and previous years' dividends paid on the account.  |
| TL               | (85#) TOTAL LOAN BALANCES  | Gives balance for each loan. ARU will prompt you to "enter 9 to continue" after each loan balance.          | CL | (25#) CREDIT LINE<br>Gives the available funds on the first available line of credit loan on the account given.                                 |
| SD               | (73#) SHARE-DRAFT TRANSFER | To move money from savings to checking.   | MI | (64#) MACHINE TRANSACTION INQUIRY<br>Gives the two most recent ATM transactions.  |
| DS               | (37#) DRAFT-SHARE TRANSFER | To move money from checking to savings.   | NA | (62#) NEXT ACCOUNT<br>Can go to another account without hanging up and recalling ARU.   |
| SW               | (79#) SHARE WITHDRAWAL     | A check is mailed to the address on the account (payable to the primary member) the following business day. | GB | (42#) GOOD-BYE<br>Ends Call. Line disconnects.  |
| SL               | (75#) SHARE-LOAN TRANSFER  | To make loan payment.   | Y  | (9#) VERIFY ENTRY<br>Tells the system that your entry was correct.  |
| DL               | (35#) DRAFT-LOAN TRANSFER  | To make loan payment (The system will ask for 2 digit loan number).   | N  | (6#) CANCEL ENTRY<br>Tells the system to cancel your entry.   |
| PI               | (74#) PAYROLL INQUIRY      | Give the last three payroll deposits and dates.   |    |   |

## MISCELLANEOUS MESSAGES

|                                      |  |
|--------------------------------------|--|
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|          |                             |   |
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DAVID L. WISEMAN

KEY WEST, FLORIDA 33041

MRS. KHAC MINH THO  
P.O. BOX 5435  
Arlington, VA  
22205-0545



DAVID L. WISEMAN

3446 RIVIERA DRIVE, KEY WEST, FLORIDA 33041  
(305) 293-0751

November 11, 1993

Mrs. Khuc Minh Tho  
P.O. Box 5435  
Arlington, VA 22205-0645

Dear Mrs. Tho:

Good to hear from you. I miss my friends in the VN community and hope to be visiting soon for a few days.

Thank you for the campaign contribution. Unfortunately it came a bit late....I had already lost in the primary. Since I closed my campaign account, I am required by law to return it. The next time I run for office, I will be sure to ask again.

Sincerely,

A handwritten signature in cursive script, appearing to read 'David', is written below the word 'Sincerely,'.

MINH-THO KHUC  
MINH-PHUONG T. NGUYEN  
PH. \_\_\_\_\_

FALLS CHURCH, VIRGINIA 22043

Oct. 2 19 92 770  
80-947/219

PAY TO THE  
ORDER OF

David L. Wiseman Campaign Fund \$ 15.00

- Fifteen and  $\frac{00}{100}$

DOLLARS



ARLINGTON COUNTY EMPLOYEES  
CREDIT UNION INC. 3580  
2310 S. Walter Reed Drive  
Arlington, Virginia 22206  
Payable Thru Nationar Hartsdale, NY

MEMO \_\_\_\_\_

*[Handwritten signature]*

V<sup>c</sup> - mid-Vy

534 63 69

6 207

# 201

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**NOTICE TO CLIENT OF ACTION**

Mr Tihn V Le

Falls Church Va 22044

|                               |                                    |
|-------------------------------|------------------------------------|
| COUNTY/CITY<br><b>FAIRFAX</b> |                                    |
| CASE NUMBER<br><b>059-</b>    | TYPE OF ASSISTANCE<br><b>GR/21</b> |

THIS IS TO NOTIFY YOU OF THE ACTION TAKEN BY THE DEPARTMENT. PLEASE LOOK AT THE BLOCK OR BLOCKS CHECKED BELOW. THE STATEMENT FOLLOWING THE CHECKED BLOCK APPLIES TO YOU.

|   |                      |                |                |
|---|----------------------|----------------|----------------|
| <input checked="" type="checkbox"/> YOUR APPLICATION FOR ASSISTANCE WAS APPROVED ON <u>11/1/93</u> DATE YOU WILL RECEIVE A PAYMENT OF \$ <u>327.00</u> FOR THE MONTH OF <u>10/93</u> YOU WILL RECEIVE A MONTHLY PAYMENT OF \$ <u>327.00</u> BEGINNING <u>11/93</u> DATE |                      |                |                |
| <input type="checkbox"/> YOUR APPLICATION WAS APPROVED PENDING RECEIPT OF SOCIAL SECURITY NUMBERS FOR _____   |                      |                |                |
| IT IS YOUR RESPONSIBILITY TO CONTACT YOUR ELIGIBILITY WORKER BY THE NEXT WORKING DAY AFTER THE NUMBERS ARE RECEIVED.  |                      |                |                |
| <input type="checkbox"/> YOUR APPLICATION FOR ASSISTANCE WAS DENIED ON _____ DATE   |                      |                |                |
| <input type="checkbox"/> YOUR GRANT WAS INCREASED   | FROM                 | TO             | BEGINNING DATE |
| <input type="checkbox"/> YOUR GRANT WAS REINSTATED  | AMOUNT               | BEGINNING DATE |                |
| <input type="checkbox"/> A ONE MONTH ONLY PAYMENT WAS MADE FOR  | AMOUNT               | TO (PAYEE)     |                |
| <input type="checkbox"/> YOUR SUPPLEMENTAL (HOLD HARMLESS) PAYMENT WAS INCREASED  | FROM                 | TO             | BEGINNING DATE |
| <input type="checkbox"/> ACTION WAS NOT TAKEN ON YOUR APPLICATION FOR ASSISTANCE WITHIN 45 DAYS AFTER IT WAS MADE ON  | DATE (MO., DAY, YR.) |                |                |
| <input type="checkbox"/> THE INCREASE YOU REQUESTED IN WRITING WAS DENIED   | DATE OF YOUR REQUEST |                |                |
| <input type="checkbox"/> THE INCREASE YOU REQUESTED IN WRITING WAS NOT ACTED ON   | DATE OF YOUR REQUEST |                |                |
| <input type="checkbox"/> A CHANGE WAS MADE IN PAYEE, CARETAKER, OR NUMBER OF ELIGIBLE PERSONS   | BEGINNING DATE       |                |                |
| <input type="checkbox"/> A PROTECTIVE OR VENDOR PAYMENT IS TO BE MADE ON YOUR BEHALF TO   | PAYEE                |                |                |

☐ BEGINNING \_\_\_\_\_ YOU ARE REQUIRED TO:  
1. SEND ALL MONEY YOU RECEIVE FROM THE ABSENT PARENT OF THE CHILDREN (FOR WHOM YOU RECEIVE ASSISTANCE) TO THE DIVISION OF CHILD SUPPORT ENFORCEMENT PROGRAMS.  
2. SEND ALL MONEY YOU RECEIVE FROM YOUR ABSENT SPOUSE (IF YOU RECEIVE ASSISTANCE) TO THE DIVISION OF CHILD SUPPORT ENFORCEMENT PROGRAMS.  
**ALL PAYMENTS SHOULD BE SENT TO: DIVISION OF CHILD SUPPORT ENFORCEMENT PROGRAMS  
P.O. BOX K-199  
RICHMOND, VA 23288**

☐ IF THERE IS SOMEONE WHO IS SUPPOSED TO BE MAKING CHILD SUPPORT PAYMENTS TO YOU OR YOUR DEPENDENT AND IS NOT DOING SO, YOU MAY WISH TO APPLY FOR SUPPORT ENFORCEMENT SERVICES. IF YOU ARE INTERESTED, YOU SHOULD CONTACT THE LOCAL CHILD SUPPORT ENFORCEMENT OFFICE SERVING YOUR AREA. THE TELEPHONE NUMBER AND ADDRESS CAN BE OBTAINED FROM YOUR LOCAL SOCIAL SERVICES OFFICE.

☒ OTHER Your new worker is Judy Flynn Phone: 533-5321

REASONS FOR ACTION OR FAILURE TO ACT  
*Your assistance will end 6/94*

If you disagree with the action taken, you may ask for a conference with your worker whose name, address and telephone number appear on the bottom of the page or ask for a fair hearing before the Virginia Department of Social Services. The information on the reverse of this form explains your right to appeal and explains how to ask for a fair hearing.

If you are eligible for assistance, the law requires you to notify this Department timely (the day the change occurs or the next work day your social services office is open) of any change in your income, support, living arrangements, or other circumstances which would affect your eligibility or the amount of assistance.

|  |                           |                                    |   |
|--|---------------------------|------------------------------------|---|
| ELIGIBILITY WORKER<br><b>Lily Rosario</b>              | TELEPHONE NUMBER<br>_____ | DATE OF MAILING<br><b>11/01/93</b> | IF YOU WANT FREE LEGAL ADVICE, CALL<br><b>246-4500</b>                        |
| MAILING ADDRESS<br><b>Falls Church, Virginia 22044</b> |                           |                                    | THIS NUMBER IS A LOCAL LEGAL SERVICES AGENCY, NOT THE DEPT OF SOCIAL SERVICES |

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

STATE AND LOCAL HOSPITALIZATION CLIENT NOTIFICATION

Dear Ms Tam T Doan  
First MI Last

Address: \_\_\_\_\_  
\_\_\_\_\_  
Falls Church Va 22044  
City State Zip

Your application for State and Local Hospitalization (SLH) was:  
Approved by HHS. *Do not send with you for to receive use of SLH*

☒ Denied. Reason: Failed to provide a signed assignment of rights

Action was not taken on your application for SLH within 30 days after application was made. Reason: \_\_\_\_\_

You will be notified of the action on your application at a future date.

FOR ADDITIONAL INFORMATION ABOUT YOUR RIGHTS UNDER THE STATE AND LOCAL HOSPITALIZATION PROGRAM, TURN THIS FORM OVER AND READ THE INFORMATION ON THE BACK OF THIS PAGE.

Lily Rosario 11/01/93  
Eligibility Worker Signatures Date

FOR LOCAL AGENCY USE ONLY

059-

ID Number: 059 City/County: 059 Case Work: G747 SSN

Race: 4 Sex: 2 Birth: 04/12/42

COVERAGE DATES

| BEGIN      | END        | PD        | CANCEL RSN/DT | APPLICATION DATE: |
|------------|------------|-----------|---------------|-------------------|
| <u>/ /</u> | <u>/ /</u> | <u>03</u> | <u>88 / /</u> | <u>09/07/93</u>   |

| MEDICAL RESOURCES: Type | Insur. | Policy Number | Begin Date | End Date |
|-------------------------|--------|---------------|------------|----------|
| XXX                     |        |               |            |          |
|                         |        |               |            |          |
|                         |        |               |            |          |
|                         |        |               |            |          |

Treatment Needed: (check applicable services)

|   |                      |
|---|----------------------|
| Inpatient Hospital, Name: _____           | No. of days: _____   |
| Outpatient Hospital, Name: _____          | No. of visits: _____ |
| Ambulatory Surgical Services, Name: _____ | No. of visits: _____ |
| Public Health Clinic, Name: _____         | No. of visits: _____ |

FAIRFAX COUNTY, VIRGINIA  
DEPARTMENT OF HUMAN DEVELOPMENT

GENERAL RELIEF IDENTIFICATION LETTER

Case Name: Tihn Le Case Number: 0 5 9 -

Social Security #: \_\_\_\_\_ Review Date: 06/94

Address: \_\_\_\_\_  
Falls Church Va 22044

Additional Dependent Names: (In case of blank entries for dependent information print "XXXXXXXXXX" in those spaces.)

Name: Tam Doan SSN: \_\_\_\_\_  
Name: XXXXXXXXXXXXXXXXXXXX SSN: XXXXXXXXXXXX

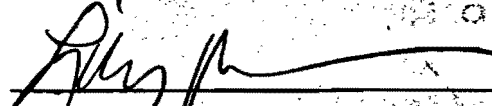
This letter is official notice that the person(s) listed above has been found eligible for General Relief Assistance, and is eligible for medical services available through the Community Health Care Network. This period of eligibility is from 11/1/93 through 11/30/93.  
month/day/year month/day/year

**NOTE TO CLIENTS:** Medical care for General Relief recipients is provided at the Fairfax County Health Department, Community Health Care Network. There are two centers in the County. A health center has been assigned to you based on your Zip Code number. Please refer to the back of this form for Zip Code Division, location, and telephone numbers of the centers.

If you need medical care, you should contact the appropriate Community Health Care Network directly, and bring this letter with you to your appointment.

APPOINTMENTS MUST BE MADE 24 HOURS IN ADVANCE. If you have been under the care of a private doctor, your medical record should be transferred to the appropriate health center prior to your appointment.

A small co-payment by patients is required. The co-payment for GR clients is a \$2.00 fee for each health center visit and a \$3.00 - \$10.00 fee for each prescription dispensed at the health centers for pharmacies.

Worker signature:   
Worker Number: Lily Rosario 747

Date: 11/01/93  
Tel. #: 533-5342

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

STATE AND LOCAL HOSPITALIZATION CLIENT NOTIFICATION

Dear Mr Tihn V Le :  
First MI Last  
Address: \_\_\_\_\_

Falls Church Va 22044  
City State Zip

Your application for State and Local Hospitalization (SLH) was:

☒ Approved.

☐ Denied. Reason: \_\_\_\_\_

☐ Action was not taken on your application for SLH within 30 days after application was made. Reason: \_\_\_\_\_

☐ You will be notified of the action on your application at a future date.

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Lily Rosario  
Eligibility Worker Signature

11/01/93  
Date

FOR LOCAL AGENCY USE ONLY

059-15466201

ID Number: 059 City/County: 059 Case Work: G744 SSN: \_\_\_\_\_

Race: 4 Sex: 1 Birth: 04/30/29

COVERAGE DATES

BEGIN END PD CANCEL APPLICATION DATE: 09/07/93  
RSN/DT  
09/07/93 03/05/94 03 88 03/05/94

| MEDICAL RESOURCES: Type | Insur. | Policy Number | Begin Date | End Date |
|-------------------------|--------|---------------|------------|----------|
| XXX                     |        |               |            |          |
|                         |        |               |            |          |
|                         |        |               |            |          |
|                         |        |               |            |          |

Treatment Needed: (check applicable services)

☐ Inpatient Hospital, Name: \_\_\_\_\_ No. of days: \_\_\_\_\_

☐ Outpatient Hospital, Name: \_\_\_\_\_ No. of visits: \_\_\_\_\_

☐ Ambulatory Surgical Services, Name: \_\_\_\_\_ No. of visits: \_\_\_\_\_

☐ Public Health Clinic, Name: \_\_\_\_\_ No. of visits: \_\_\_\_\_

4 pages were removed from the file of Le Van Tinh (4-30-1929) due to containing Social Security card numbers and health records. The three pages with the Social Security numbers were copied with the Social Security number covered up. The copies were placed into the file of Le Van Tinh. The three originals and the one page medical record were placed into the Restricted/Reserved files.

-Anna Mallett  
June 27, 2007