

AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

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

UPDATE: 08JUL93 FILE ID NO: V083146 PRESENT LOCATION: THAILAND

ETA OR ESL COMPLETION DATE:

THE FOLLOWING PERSONS:

NAME	A NUMBER	DATE OF BIRTH	SEX	POB	NL/D
NGUYEN VAN NGUU	73278373	29MAY28	M	VTNM	VTNM

SS #

appt.

Tuesday

8/10/93

9 AM Leeburg Pike
TFA

HAVE BEEN ACCEPTED FOR RESETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

USCC
902 BROADWAY
NEW YORK, NEW YORK 10010

(212) 460-8077

LOCAL SPONSOR

DAVID HERRMANN
HOGAR HISPANO REF OF

AIRPORT OF FINAL DESTINATION: IAD

LOCAL RELATIVE

THIEU NGOC DAD

PLACE OF LANDING: BURKE VA

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



HIG - 52
VAN - NGUY

TO ALL CARRIERS AND IMMIGRATION OFFICIALS - 08 JUL 1993

The person (s) listed on the reverse whose photograph(s) is/are affixed hereto,
is/are travelling to the United States under the auspices of the
International Organization for Migration (IOM)

The provisions of the United States Immigration and Nationality Act, as
amended requiring all persons to present a valid passport at time of
admission to the U.S. has been waived pursuant to authority delegated
in 22 CFR 42.6 (f)

VALID UNTIL 08 AUG 1993





LOCKWOOD HOUSE

"Secure against the waves"

Melody Green
ASSISTANT MANAGER

FOR HEARING/SPEECH
IMPAIRED PERSONS
TDD 1-800-828-1120

QUANTUM
PROPERTY MANAGEMENT
CORPORATION

FOR HEAR
IMPAIRE
TDD 1-80

VERIFICATION OF RENT

To: Mrs. Ninh Tho

Name of Applicant: Khuc, Nguen
Address: _____

The above-named person has applied to Lockwood House for housing assistance. As part of the application, we are required by HUD and federal law to verify the information requested below. It will be used solely for the purpose of determining eligibility for occupancy in this apartment community and will be held in strict confidence.

We have enclosed a pre-addressed envelope for your convenience in replying. If you have any questions, please do not hesitate to call our rental information center at (538-6000).

Debby Green
Manager

Applicant's Release

I hereby authorize you to supply information to Community Management Corporation of Maryland for the purpose of evaluating my application for an apartment. Such information may be used to the extent deemed necessary by Community Management Corporation of Maryland to determine my eligibility for occupancy in the referenced apartment community.

Signed: Minh

Date: 7-6-94

Please Complete the Following:

I certify that the above-named person is obligated to pay \$ 300.00 per month for rent.

Name: KHUC, MINH-THO

Date: July 8, 1994

Return Both pages to: _____

7/88:vor

LOCKWOOD HOUSE
600 N. MADISON ST
ARLINGTON, VA 22214
(703) 538-6000

QUANTUM
PROPERTY MANAGEMENT
CORPORATION

FOR HEARING/SPEECH
IMPAIRED PERSONS
1-800-223-1170

LANDLORD VERIFICATION

To: President T. J. Price

Name of Applicant: President T. J. Price
Address: _____

The above-named person has applied for an apartment or presently resides at our property. We are required by HUD to verify the information requested below. It will be used solely for the purpose of determining eligibility for occupancy in our apartment community, and held in strict confidence.

We have enclosed a pre-addressed, return envelope for your convenience in replying. Should you have any questions, please call our Rental Information Center at (538-6009). Thank you for your cooperation.

T. J. Price
Manager

APPLICANT'S RELEASE

I hereby authorize you to provide the requested information to Community Management Corporation of Maryland for the purpose of determining my eligibility for occupancy in their apartment community. Such information may be used to the extent deemed necessary by Community Management Corporation of Maryland.

Signed: T. J. Price Date: 7-6-94

PLEASE COMPLETE THE FOLLOWING:

1. Does the person now live at your property? () Yes () No
a. If yes:
(1) What is the current rent? \$ 300.00
(2) Is rent paid promptly? () Yes () No
(3) Does the tenant abide by the terms of the lease?
 () Yes () No
(4) Comments: He pays on time and take good care the room.
2. If the person does not now live at your property:
a. What was the rental payment? \$ _____
b. Dates rented from you: From _____ to _____
c. Address of property rented: _____
d. Was rent paid promptly? () Yes () No
e. Did tenant abide by the terms of the Lease? () Yes () No
f. Was the apartment or house reasonably well-maintained by the tenant during his/her occupancy? () Yes () No
g. Except for normal wear and tear, in what condition did the tenant leave the apartment or house when he/she moved?
3. Would you rent an apartment or house to this person again?
 () Yes () No
4. Comments: He also take care the house like his own. He is very considerate.

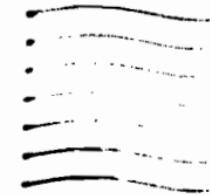
Signature: T. J. Price Phone _____

Date: July 8, 1994

Return Both pages to: _____

LOCKWOOD HOUSE

JUL 07 1994



Mr. Monk Khee
n. 11

August 11, 1993

TO WHOM IT MAY CONCERN

I am writing this letter in reference to a request that is required by your office.

Mr. Nguu Van Nguyen is presently sharing a room in my house at

and paying for July an amount of \$180.00. Beginning August Mr. Nguyen will pay \$300.00 per month for rent which includes all utilities and telephone.

Since he does not have enough money, I agree for him to pay \$200.00 and the remaining of \$100.00 for each month will be paid to me when he has money.

He also purchases, stores and prepares meals separately from me.

Sincerely,

Khuc, Minh Tho

August 11, 1993

TO WHOM IT MAY CONCERN

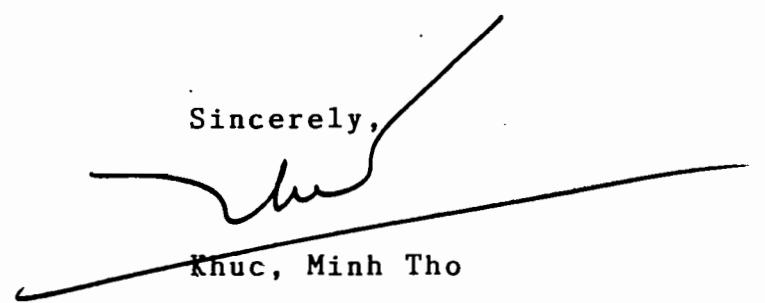
I am writing this letter in reference to a request that is required by your office.

Mr. Nguu Van Nguyen is presently sharing a room in my house at and paying for July an amount of \$180.00. Beginning August Mr. Nguyen will pay \$300.00 per month for rent which includes all utilities and telephone.

Since he does not have enough money, I agree for him to pay \$200.00 and the remaining of \$100.00 for each month will be paid to me when he has money.

He also purchases, stores and prepares meals separately from me.

Sincerely,


Khuc, Minh Tho

**Social Security Administration
Supplemental Security Income
Request for Information (IC)**

Office Address:

Office Hours: 9:00 AM - 4:00 PM

Telephone:

Date:

8/10/93

Social Security Number:

This is a very important letter that could affect whether you can get Supplemental Security Income (SSI). Please read it carefully. If there is anything you do not understand, please get in touch with us right away.

What You Need To Do

We need more information to decide if we can pay you SSI. Please do the following (only the boxes marked apply to you):

Mail or bring us the information marked under "Things We Need," along with this letter as soon as possible.

Sign and date the enclosed form(s). Return the form(s) and this letter in the enclosed envelope as soon as possible.

We have set up an appointment for you on _____ at _____.
On that date:

Call us at _____ and ask for _____.

We will call you at _____. Let us know if this number is wrong.

Come to see us at _____ and ask for _____.

If We Do Not Hear From You

We may deny your application for SSI if you don't respond to this request or contact us by 8/10/93 to tell us why.

If we deny your application, we will send you another letter to explain our decision. The letter will also explain your right to appeal.

Information About Medicaid

In many States, applying for SSI means you also are applying for Medicaid. If we deny your SSI application, you cannot get Medicaid based on SSI.

See Next Page

Things We Need

We need to see all of the items checked for _____ to the present.
Even if you don't have all of the information, we need to hear from you.
 We will help you get anything you do not have.

- Bank statements: savings and checking accounts, and any other bank statements for _____
- Pension records from: the Department of Veterans Affairs, Railroad Retirement Board, Civil Service, State, military, private pensions for _____
- Pay stubs from work since _____ for _____
- For self-employment, last year's income tax return; if not available, all records that show last year's business income and expenses for _____
- Unemployment compensation payment records for _____
- Worker's compensation award letter for _____
- Life insurance policies for _____
- Birth certificate for _____
- Citizenship papers for _____
- Burial contract agreement for _____

Other *Proof of Refugee Income*

*2. Letter from Landlord regarding your
 monthly rent amount and the money you owe her
 in back rent. She should also state if you purchase
 and furnish, prepare your meals separately from her.*

We must see the original document(s) or a certified copy of these items(s). We cannot accept photocopies. We will return these items to you.

If you call or come in, please have this letter with you.

If You Have Any Questions

If you have any questions or need help, please call us at the number shown at the top of this letter and ask for *Ms. Engiola*.

*Ms. Engiola
 Mr. Smolenski
 Manager*

Enclosure(s):



HOI GIA-DINH TU-NHAN CHINH-TRI VIETNAM
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION
P.O. BOX 5435, Arlington, VA 22205-0635
Tel: 1

FAX COVER SHEET

DATE: July 9, 1993

TO : Mr. Khanh

FAX #:

FROM: Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet: 05

SUBJECT: Hồ sơ của Ông Nguyễn Văn Ngưu

- Xin aus gởi bài để nói thêm
về aus và việc cho' ô aus
Ngưu. Cám ơn aus nhiều.
Tho

- Xin aus trao cho chi 1 aus
tho Bộ Ngoại Giao dùn bài.

Departure Number

243262609 02

Immigration and
Naturalization Service

I-94
Departure Record

Admitted as a refugee pursuant to
Sec. 207 of the I & N Act.
EMPLOYMENT AUTHORIZED

SEA JUL 08 1993 607

If you depart the U.S. you will need
prior permission from INS to return.

14. Family Name
NGUYEN

15. First (Given) Name
NGUU VAN

16. Birth Date (Day/Mo/Yr)
29 05 28

17. Country of Citizenship
VIETNAM

See Other Side

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# 73278373 V# V083146 IV# 215684
—ARLINGTON— VA 22204 USCC

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

PROMISSORY NOTE

IOM/HCMV/USCC/3357-93

Quote TL No
IOM Travel Loan Note / Phiếu Ký Ngữ Di Chuyển IOM

Amount of Loan Note / Số tiền cho vay trong Phiếu này \$ 896.00

USS

Mỹ Kim

1. I am an individual or as head of family.

NGUYEN VAN NGUU

acknowledge that at my request the International Organization for Migration, now designated International Organization for Migration (IOM), has paid with funds originally made available by the United States Government, for the expenses associated with my (our) transportation and related processing services from HCMV/VIETNAM

to the United States I (we) agree that IOM's payment of these expenses represents a

EIGHT HUNDRED NINETY SIX

US dollar loan to myself (ourselves) from IOM, for collection by the following refugee resettlement

agency USCC or such other person, including the United States Government, as is subsequently designated by IOM. Hereinafter in this note, the above - named refugee resettlement agency or such other person designated by IOM shall each be considered the "designated agency".

1. Tôi (chủ hộ của gia đình)!..... nhin nhận rằng với sự yêu cầu của tôi, Ủy Ban Di Dân Âu-Çâu Quốc Tế - hiện mang tên Ủy Ban Di Dân Quốc Tế (IOM) với số quỹ do Chính Phủ Hoa-Kỳ dài hạn đã trả giùm cho tôi (chung tôi) số tiền chuyển vận và những chi phí làm thủ tục trong chuyến di trú sang Hoa-Kỳ. Số tiền này tổng cộng là Mỹ Kim. Tôi (chung tôi) đồng ý rằng IOM chỉ cho tôi vay số tiền này, và họ đã nhò hoặc những con quan trả giúp người ty nạn định cư, bao gồm Chính Phủ Hoa-Kỳ, thâu lại số nợ này. Sau đây, những con quan nói trên được gửi bằng "Có Quan Ủy Nhiệm" (CQUN).

2. I (we) agree to repay the IOM loan through regular payments made to the designated agency within forty-two (42) months after my (our) arrival in the United States or within the time schedule agreed upon with IOM or the designated agency. The obligation to repay the loan will remain until the full amount of the loan specified above has been received by the designated agency. Unless otherwise notified by IOM or

the designated agency, loan payments shall be made to USCC located at 902 BROADWAY 8/F NEW YORK 10010

The monthly amount of US dollars to be paid

\$35.00 FOR 25 MONTHS & \$21.00 ON THE 26TH MONTH

is based on a payment schedule established by IOM considering the total amount owed and the number of people receiving transportation services I (we) agree to pay this amount without interest, in monthly installments on the first day of each month, with the first instalment to be paid not later than six (6) months after my (our) arrival in the United States.

2. Tôi (chung tôi) đồng ý rằng trong vòng bốn mươi hai tháng sau khi đến Hoa-Kỳ, hoặc trong vòng thời gian đã hiệp định với IOM hoặc CQUN, tôi sẽ trả góp số nợ này cho CQUN. Nhiệm vụ trả nợ này sẽ tiếp tục mãi cho đến khi CQUN thâu hết tổng số nợ. Nếu không có thông báo riêng của IOM hoặc CQUN, số nợ này phải trả góp bằng tháng cho tại mỗi tháng phải trả дол-ia Mỹ. Số tiền này được định bởi IOM, căn cứ vào tổng số tiền cho vay và số người trong hộ tôi được hưởng những phương tiện chuyển chở. Tôi (chung tôi) đồng ý rằng vào ngày thứ nhất của mỗi tháng tôi (chung tôi) phải trả góp số nợ miên lì nợ này, và lần trả góp đầu tiên phải thực hành trong vòng sáu tháng sau khi đến Hoa-Kỳ.

3. I (we) agree to keep the designated agency informed of my (our) address(es) after arrival in the United States until such time as this loan is repaid in full I (we) understand that it is my (our) responsibility to inform the designated agency in writing if, because of financial hardship, I am (we are) unable to comply with the payment schedule and terms established in this note. At its option and upon my (our) written request, IOM, through the designated agency, may extend and/or modify the payment schedule of this loan. Such an extension or modification will not take effect until confirmed in writing by IOM, through the designated agency.

3. Tôi đồng ý rằng sau khi đến Hoa-Kỳ tôi (chung tôi) sẽ thường xuyên liên lạc với CQUN cho đến khi số nợ này hoàn toàn thanh toán. Và tôi hiểu rằng trong trường hợp vỡ vịnh trang khố khăn kinh tế tôi không thể tuân hành thời hạn trả nợ hoặc những điều khoản nào trong Phiếu Ký Ngữ này, tôi (chung tôi) có bản phận là trả đơn thông báo cho CQUN biết. Với sự yêu cầu trong lá đơn của tôi (chung tôi), IOM, thông qua CQUN, có lẽ sẽ cùu xét cho triều hoàn hoặc sửa đổi thời hạn trả nợ. Việc triều hoàn hoặc sửa đổi này chỉ có hiệu quả khi được IOM, thông qua CQUN, chấp thuận bằng văn thư.

4. I (we) agree that if I (we) fail to make full payment within forty-two (42) months after arrival in the United States, or if any monthly payment on this note remains unpaid and past due for four (4) months or more, and I (we) have not received a written extension or modification of the payment schedule in accordance with paragraph 3 above, the designated agency may so inform IOM.

In addition, if I (we) fail to make full payment within forty-six (46) months after arrival in the United States, or if any monthly payment on this note remains unpaid and past due for four (4) months or more, and I (we) have not received a written extension or modification of the payment schedule in accordance with paragraph 3 above, I (we) agree that IOM may declare in writing that the loan is in default, accelerate payment and demand immediate repayment of the entire unpaid indebtedness including charges, if any, for my (our) failure to make the scheduled repayments I (we) agree that I (we) may be required to pay all attorney's fees and other collection costs and charges associated with collecting on this loan.

4. Tôi (chung tôi) đồng ý rằng nếu trong vòng bốn mươi hai tháng sau khi đến Hoa-Kỳ tôi (chung tôi) không trả hết số nợ này, hoặc tiền góp mỗi tháng bị trả hạn bốn tháng hay trả lén, mà trong thời gian này tôi không nhận được sự chấp thuận cho triều hoàn trả nợ của IOM bằng văn thư (theo như đoạn thứ ba trên đã nêu ra), thì CQUN sẽ báo cho IOM biết về chuyện này.

Ngoài ra, tôi (chung tôi) đồng ý rằng nếu trong vòng bốn mươi hai tháng sau khi đến Hoa-Kỳ tôi (chung tôi) không chấp hành đúng những điều khoản nêu trong Phiếu Ngữ này, và có quyền yêu cầu tôi (chung tôi) lập tức thanh toán tổng số nợ còn lại, kể cả tiền phạt, nếu có, và không trả nợ đúng hạn. Tôi (chung tôi) đồng ý rằng tôi (chung tôi) có thể bị bắt buộc trả tiền luật sư và chi phí dòi nợ cùng những lê phí khác liên quan đến việc đòi nợ này.

PHIẾU HÓA TRÀ NGÙ DI CHUYỂN

5. I (we) understand that IOM may request the assistance of the United States Government or any other designated entity in collecting this loan at any time after any monthly payment is past due and owing and I (we) have not received a written modification or extension of the payment schedule in accordance with paragraph 3 above. I (we) also agree that all legal means may be used to collect any amounts owing on the loan for which a written modification or extension has not been received

5. Tôi (chung tôi) đồng ý rằng nếu tiền góp mỗi tháng trả hạn không trả mà đồng thời tôi chưa được IOM chấp thuận bằng văn thư cho triều hạn trả nợ thì họ sẽ có quyền nhò sự giúp đỡ của Chính Phủ Hoa-Kỳ hoặc những đơn vị chỉ định thâu lại số nợ này vào bất cứ lúc nào theo như đoạn 3 kể trên. và nếu cần họ có quyền truy lại số nợ này bằng mọi đường lối pháp luật.

6. I (we) agree that, in the event IOM has declared this loan note to be in default it may choose at its option, and without limitation, on other actions it may take, to refer that note to the United States Government for collection or to assign that note to the United States Government. Whether the note is assigned or referred to it for collection, the United States Government may use all legal means to collect amounts past due and payable. I (we) also agree that in the case of an assignment to the United States Government, the United States Government may charge interest from the date of assignment at a rate established by United States Federal Law on the entire unpaid indebtedness.

6. Tôi (chung tôi) đồng ý rằng trong trường hợp IOM đã tuyên bố rằng tôi (chung tôi) không chấp hành những điều khoản trên Phiếu Ký Ngữ này, họ có thể xúi dắt bất cứ biện pháp nào chẳng hạn như chuyển Phiếu Ký Ngữ này cho Chính Phủ Hoa-Kỳ để thâu nợ, hay giao quyền xử lý án nợ này cho Chính Phủ Hoa-Kỳ. Một khi nhận được Phiếu Ký Ngữ này hay quyền xử lý án nợ, Chính Phủ Hoa-Kỳ có quyền thâu lại số nợ còn lại bằng mọi đường lối pháp luật. Tôi cũng đồng ý rằng nếu như được quyền xử lý án nợ, Chính Phủ Hoa-Kỳ có quyền đòi tôi trả tiền lì dì của số nợ còn lại cho họ. Tiền lì dì được tính từ ngày nhận quyền xử lý án nợ, với một tỷ suất do luật pháp của Liên Bang Hoa-Kỳ đặt ra.

7. In the event IOM declares this note to be in default, any payments received in accordance with this note will be credited as of the date received, first to any interest which may be imposed in accordance with paragraph 6 above and, second, to the outstanding principal sum, including any costs which may have been imposed in accordance with this note.

7. Trong trường hợp IOM tuyên bố rằng tôi (chung tôi) không chấp hành đúng những điều khoản trên Phiếu này, số tiền trả lại cho họ sẽ được khấu trừ từ số nợ chưa trả nhưng trước tiên phải tính bồi từ tiền lì dì nếu ở đoạn thứ 6, rồi sau đó đến số tiền nợ chánh chua thanh toán kể cả các lê phí có thể phải trả theo đúng các điều khoản trong Phiếu Ký Ngữ này.

8. If any monthly payment is past due and owing and I (we) have not received a written extension or modification in accordance with paragraph 3 above, I (we) understand that this fact and other relevant information may be reported to a consumer reporting agency, credit bureau organization, or to an agency of the United States Government.

8. Nếu trong tháng nào tôi không trả tiền góp tháng, và đồng thời chưa được IOM chấp thuận bằng văn thư cho triều hoãn hoặc sửa đổi thời hạn trả nợ theo như đoạn 3 kể trên thì IOM sẽ báo việc thiếu nợ này, và luôn những tài liệu có liên quan đến việc này cho Ủy Ban Người Tiêu Thủ, Liên Hội Tù Ván Dài Thờ hoặc cơ quan của Chính quyền Hoa-Kỳ.

9. I (we) agree that this note shall be governed by the laws of the district of Columbia and that any actions with respect to this note shall be heard in a court of competent jurisdiction within the United States.

9. Tôi (chung tôi) đồng ý rằng Phiếu Ký Ngữ này là dưới sự quản thúc của Luật Pháp Đặc Khu Hành Chính Columbia Hoa-Kỳ, và bất cứ án kiện nào có liên quan đến Phiếu Ký Ngữ này đều phải do tòa án nằm trong phạm vi quyền hạn của Chính Phủ Hoa-Kỳ xét xử.

10. Each of the undersigned hereby accepts full responsibility for the repayment of the total funds provided under the conditions outlined above.

10. Những người ký tên dưới đây chịu hoàn toàn trách nhiệm trả hết tổng cộng số nợ cho vay với những điều kiện kể trên.

SIGNED KÝ TÊN

Address in the United States

ĐỊA CHỈ TẠI HOA-KỲ

THIẾU NGƯỜI DÀI

NAME (PRINTED) NGUYEN VAN NGUU

TÊN HỌ (BẰNG CHỮ HOA)

Date

NGÀY

Witnessed

NGƯỜI CHỨNG

Date and point of departure

NGÀY VÀ NƠI XUẤT CẢM

Name of carrier BI. (BI 2301/SET)

CHUYỂN BAY 03 (09.10.1993.)

PF No

Số PF 3/10347

LOCAL RELATIVE:

FAMILY MEMBERS:



Andy Davis (FYI)

United States Department of State

Washington, D.C. 20520

June 30, 1993

Mrs. Khuc Minh Tho
President
Families of Vietnamese Political Prisoners Association
P.O. Box 5435
Arlington, VA 22205-0635

Dear Mrs. Tho:

On the occasion of the annual convention of the Families of Vietnamese Political Prisoners Association, let me express my appreciation for the activities of the Association and best wishes for a successful convention.

We have much cause for satisfaction over our progress this past year in promoting the reunification of the families of former political prisoners. In Fiscal Year 1992 (October 1, 1991 to September 30, 1993), 22,629 former political prisoners were admitted to the U.S. as refugees under the Orderly Departure Program. This was a significant increase from the 21,272 FPP's admitted as refugees in FY-91, and the 8,238 admitted in FY-90. An additional 23,294 Vietnamese, including many FPP's, were admitted on immigrant visas, along with 17,920 accompanying family members under Public Interest Parole. 17,646 persons were admitted under the Amerasian program.

For FY-93, we expect a total of about 24,000 former political prisoners to be admitted as refugees. In FY-94, we plan to interview over 30,000 FPP's for admission.

Regarding the possibility of a pilot pre-arrival training program for FPP's at the Philippine Refugee Processing Center at Bataan, we regret to report that the proposal has been dropped, and that all approved FPP's will continue to travel from Vietnam directly to the U.S.

Again, please convey my best regards to the participants at the convention, along with my assurances that the Department will continue to work with the members of your organization to promote the reunification of FPP families as soon as is humanly possible.

Sincerely,

Priscilla Clapp

Priscilla A. Clapp
Deputy Assistant Secretary
Bureau for Refugee Programs



HOI GIA-DINH TU-NHAN CHINH-TRI VIETNAM
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION
P.O. BOX 5435, Arlington, VA 22205-0635
Tel: (

FAX COVER SHEET

DATE: July 9, 1993

TO : Mr. Khanh

FAX #:

FROM: Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet: 05

SUBJECT: Hồ sơ của Ông Nguyễn Văn Ngẫu

1) Hồ sơ máy bay -

3 goi toi neu anh can
anh Ngau hien dang o tam

2) I - 94

3 Lane
1, VA. 22043

Fax

Khánh

neu.

Tho



HOI GIA-DINH TU-NHAN CHINH-TRI VIETNAM
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION
P.O. BOX 5435, Arlington, VA 22205-0635
Tel:

FAX COVER SHEET

DATE: July 9, 1993

TO : Mr. Khanh FAX : 024 3822 1111

FROM: Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet: 05

SUBJECT: Hồ sơ của Ông Nguyễn Văn Ngẫu

Xin anh Khanh vui long goi toi neu anh can
them chi tiet. Anh Nguu hien dang o tam
nha toi :

7813 Marthas Lane
Falls Church, VA. 22043
Tel.

Cám ơn anh nhiều.

Tho

AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

200 PARK AVENUE SOUTH NEW YORK, NY 10003

DATE: 08 JUL 93 FILE ID NO: V083146 PRESENT LOCATION: THAILAND

ETA OR ESL COMPLETION DATE:

THE FOLLOWING PERSONS:

NAME	A NUMBER	DATE OF BIRTH	SEX	POB	NL/D
NGUYEN VAN NGUU	73278373	29MAY28	M	VTNM	VTNM

HAVE BEEN ACCEPTED FOR RESETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

USCC
902 BROADWAY
NEW YORK, NEW YORK 10010

(212) 460-8077

AIRPORT OF FINAL DESTINATION: IAD

PLACE OF LANDING: BURKE VA

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 *B. Hause*
AUTHORIZED VOLAG REPRESENTATIVE



ALL CARRIERS AND IMMIGRATION OFFICIALS

DATE: 08 JUL 1993

TO ALL CARRIERS AND IMMIGRATION OFFICIALS: - 08 JUL 1993 -

The person (s) listed on the reverse whose photograph(s) is/are affixed hereto,
is/are travelling to the United States under the auspices of the
International Organization for Migration (IOM).

The provisions of the United States Immigration and Nationality Act, as
amended, requiring all persons to present a valid passport at time of
arrival to the U.S. has been waived pursuant to authority of
10 C.R. 4-6 (f).

VALID UNTIL: 08 AUG 1993



**MEDICAL EXAMINATION OF APPLICANTS
FOR UNITED STATES VISAS**

International Organization for Migration

IOM

IMMUNIZATION RECORD

1. Your child must meet immunization requirements to be enrolled in schools, day-care centers, and kindergartens in the United States.
2. Show this card to your sponsor who should arrange an appointment for your child to visit a doctor or clinic to complete the immunization series.

RETAIN THIS DOCUMENT

1. Trẻ em phải được chích ngừa các thứ bệnh, đây đủ theo luật định, để sau này có thể được chấp-nhận cho ghi tên vào các trường học, các viện dưỡng-nhi, và các lớp mầm-giáo tại Mỹ-quốc.
2. Yêu cầu quý Vị đưa thẻ này cho người bảo-trợ để nhớ giới-thiệu con của quý Vị đến một Bác-Sỹ hoặc bệnh-viện, để tiếp-tục chích ngừa cho đến khi đã được chích đầy-đủ.

ĐIỀU CẦN NÊN CHÚ-Y

1. **Trẻ em phải được chích ngừa các thứ bệnh, đây đủ theo luật định, để sau này có thể được chấp-nhận cho ghi tên vào các trường học, các viện dưỡng-nhi, và các lớp mầm-giáo tại Mỹ-quốc.**
2. **Yêu cầu quý Vị đưa thẻ này cho người bảo-trợ để nhớ giới-thiệu con của quý Vị đến một Bác-Sỹ hoặc bệnh-viện, để tiếp-tục chích ngừa cho đến khi đã được chích đầy-đủ.**

1. **Trẻ em phải được chích ngừa các thứ bệnh, đây đủ theo luật định, để sau này có thể được chấp-nhận cho ghi tên vào các trường học, các viện dưỡng-nhi, và các lớp mầm-giáo tại Mỹ-quốc.**
2. **Yêu cầu quý Vị đưa thẻ này cho người bảo-trợ để nhớ giới-thiệu con của quý Vị đến một Bác-Sỹ hoặc bệnh-viện, để tiếp-tục chích ngừa cho đến khi đã được chích đầy-đủ.**

THÔNG TIN LÝ LUẬN:

1. Nyob raus hauv'as me liv kas teb chawg mas nej cov me nyuam txhua txhua tus yuav tsum xav tshuaj tso ma luag mam pub mus kawm ntawv.
2. Nej muab daim ntawv no raus nej cov som pa saw saib kom lawv coj nej cov me nyuam mus xav tshuaj.

KHAWG DAIM NTAAWV NO CIA

- 1/ 您的孩子必须接受各种注射或服用药物，
每年免疫的抗体，才能在美国的学校，把
児童或幼稚园注册。
- 2/ 请将本卡片出示给保证人，他会替你向医
生或门诊预约时间为您的孩子作一系列的
免疫。

措施
此件保留



INTERNATIONAL ORGANIZATION FOR MIGRATION

TELEPHONE: (415) 391-9796 (24 hour)

TELEX:172824 FAX:415-391-1694

PROFLIGHT# 310347 SERIAL# 65

1. WHOM IT MAY CONCERN:

My name is NGUYEN VAN NGUYU. I am an Indochinese refugee and I do not speak English. My sponsor has not come to pick me up. I would appreciate it if you would call him for me. His number is _____ or _____ if it is after business hours. You may also call the above I.O.M telephone number (415) 391-9796 collect if necessary. I am connecting from (flight) AI 608/16 SEP 1980/1648 TO NLG 134/5 AD 1810/2131. Thank you for your help.

NẾU KHÔNG CÓ AI ĐÓN ĐẠN Ở PHÍ TRƯỜNG THÌ
HÃY GỬA TÔ MÌ CHÚ MĀY CHO MÁT CỦ NHÂN VIÊN HĀNG KHÔNG
VÀO Ở PHÍ TRƯỜNG ĐỂ HỌ ĐIỆN THOẠI CHO NGƯỜI ĐÃO TẠO
CỦA ĐẠN.

ក៏ ! ឬ ជីវិតមារបច្ចោ តើ ហេណុយុប្តិ —————
ឬ ហេណុយុប្តិ រុណុយុប្តិ ឬ ហេណុយុប្តិ ប្រវត្តការបុណ្យ ឬ ឬ
ឬ ហេណុយុប្តិ រុណុយុប្តិ ឬ ហេណុយុប្តិ ប្រវត្តការបុណ្យ ឬ ឬ
ឬ ហេណុយុប្តិ រុណុយុប្តិ ឬ ហេណុយុប្តិ ប្រវត្តការបុណ្យ ឬ ឬ

Departure Number

243262609 02

Immigration and
Naturalization Service

I-94
Departure Record

Admitted as a refugee pursuant to
Sec. 207 of the I & N Act.
EMPLOYMENT AUTHORIZED

SEA JUL 08 1993 607

If you depart the U.S. you will need
prior permission from INS to return.

14. Family Name
NGUYEN

15. First (Given) Name
NGUU VAN

16. Birth Date (Day/Mo/Yr)
29 05 28

17. Country of Citizenship
VIETNAM

See Other Side

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#	73278373	V#	V083146	IV#	215684
ARLINGTON		VA 22204		USCC	

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

THE FOLLOWING FILE(S) ERASED

FILE	FILE TYPE	OPTION	TEL NO.	PAGE	RESULT
041	TRANSMISSION		95539548	05	OK

ERRORS

1) HANG UP OR LINE FAIL 2) BUSY 3) NO ANSWER 4) NO FACSIMILE CONNECTION