

CHECKLIST OF NEEDED VERIFICATIONS

Provide by 20/3/94

Name Phan, Cuc Kim
Address

Case Number		
Program(s)	Date	
AFDC-UP, FS, med.	1/24/97	
Worker	Telephone	
<u>K Davis</u>		533-5363

In order to receive assistance, you must provide the information checked below. We will help you obtain the information. If you cannot provide the information, or if you need help in providing the information, contact your worker. Call collect, if necessary. **IF YOU DO NOT PROVIDE THIS INFORMATION OR CONTACT THE AGENCY BY THE FOLLOWING DATES, YOUR APPLICATION MAY BE DENIED.**

AFDC: _____ FOOD STAMPS: _____

OTHER (List): _____

1. INCOME (Earned and Unearned) for _____
 - Burial plots, funds, contracts
 - Real estate property
 - Title, registration, or personal property tax receipt for motor vehicles, motor boats, motor homes
 - Life insurance policies
 - Other _____
2. WORK OR SCHOOL EXPENSES
 - Day care expenses for child or adult
 - School expenses (tuition, fees, books, supplies, transportation, or other)
 - Other _____
 - Rent or mortgage receipt
 - Real estate taxes
 - Homeowner's insurance
 - Electric bill
 - Gas/kerosene/coal/oil/wood bill
 - Water/sewage bill
 - Garbage bill
 - Phone bill
 - Initial installation charge
 - Other _____
3. AFDC-UP
 - Income for both parents for past 24 months
 - Income for _____
 - Dates unemployment received
 - Application for unemployment
 - Other Notarized statement for Phuong Van Verifying that he worked in Vietnam and when he started and stopped working in Vietnam
4. RESOURCES
 - Checking, savings, credit union, Christmas Club account statements
 - Stocks, bonds or CDs
 - Pension plans, retirement accounts, IRAs
 - Driver's license
 - Voter registration card
 - Clinic, medical card
 - Work ID, school ID, library card
 - Other _____
5. SHELTER EXPENSES
 - Other _____
6. LEGALLY RESPONSIBLE RELATIVE
 - Income verification
 - Statement of contribution
 - Child support or alimony
 - Extraordinary expenses
 - Proof of continued absence
 - Other _____
7. WORK REGISTRATION
 - Registration form
8. IDENTITY
 - Other _____
9. RESIDENCY, LIVING ARRANGEMENTS, SCHOOL ENROLLMENT
 - Verification of residence
 - Verification of child(ren) living in the home from their school
 - School enrollment
 - Separate arrangements to buy and prepare food
 - Other _____
10. DOCUMENTS
 - SSN cards/numbers
 - Application for SSN card
 - Declaration of citizenship
 - Alien documentation
 - Birth verification
 - Verification of paternity
 - Marriage certificate
 - Divorce decree
 - Death certificate
 - Deprivation statement
 - Other Birth certificate to prove relationship
11. MEDICAL INFORMATION
 - Assignment of Rights form
 - Medical form, statement
 - Pregnancy statement
 - Health insurance policies, cards
 - Medicare card
 - Health insurance premiums
 - Medical bills for _____
 - Prescription drug bills
 - Other _____

Other information or verification needed:

"LIVING WITH" VERIFICATION

TO: _____

FROM: FAIRFAX COUNTY DEPARTMENT OF SOCIAL SERVICES

12011 Government Center

Fairfax, VA. 22035

324-7500

6245 Leesburg Pike

Falls Church, VA 22044

533-5300

1850 Cameron Glen Drive

Reston, VA. 22090

481-4025

8850 Richmond Highway

Alexandria, VA. 22309

799-8400

DATE: 1-24-87

RE (Child): Hieu Trung Nguyen

WORKER: Katrina Davis

DOB 9/18/82

CASE NAME: Cuc Kim Phan

I give permission for the release of information requested below to Fairfax County Social Services.

CLIENT'S SIGNATURE: _____

DATE: _____

INSTRUCTIONS: Complete, sign and return this form by _____

For each question, circle "yes" or "no", and enter requested information in each blank space. If you have no personal information, please answer questions from your records.

1. YES NO To the best of your knowledge (according to your records) is

_____ living with _____? If yes,
(Child's Name) (Client's Name)

please provide address: _____

2. YES NO Do you know where the child's mother/father is living? If yes, please provide name and address (from your records): _____

3. YES NO Is the child currently enrolled in school? If yes, please state grade level: _____. If in the 12th grade, expected date of graduation: _____.

4. YES NO If in school, is the child currently enrolled full time?

SIGNED: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____ DATE: _____

"LIVING WITH" VERIFICATION

TO: _____

FROM: FAIRFAX COUNTY DEPARTMENT OF SOCIAL SERVICES

12011 Government Center 1850 Cameron Glen Drive
Fairfax, VA. 22035 Reston, VA. 22090
324-7500 481-4025
 6245 Leesburg Pike 8850 Richmond Highway
Falls Church, VA 22044 Alexandria, VA. 22309
533-5300 799-8400

DATE: 1-24-57

RE (child): Phuong Thao WORKER: Katrina Davis
Nguyen
CASE NAME: Cuc Kim Phan
DOB 7/3/91

I give permission for the release of information requested below to Fairfax County Social Services.

CLIENT'S SIGNATURE: _____

DATE: _____

INSTRUCTIONS: Complete, sign and return this form by _____
For each question, circle "yes" or "no", and enter requested information in each blank
space. If you have no personal information, please answer questions from your records.

1. YES NO To the best of your knowledge (according to your records) is
____ living with _____? If yes,
(Child's Name) (Client's Name)
please provide address: _____

2. YES NO Do you know where the child's mother/father is living? If yes, please provide name and address (from your records): _____

3. YES NO Is the child currently enrolled in school? If yes, please state grade level: _____ . If in the 12th grade, expected date of graduation: _____ .

4. YES NO If in school, is the child currently enrolled full time?

SIGNED: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____ DATE: _____

AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

200 PARK AVENUE SOUTH NEW YORK 10003

DATE: 21JAN97 FILE ID NO. V116555 PRESENT LOCATION: THAILAND

ETA OR ESL COMPLETION DATE:

THE FOLLOWING PERSONS:

NAME	A NUMBER	DATE OF BIRTH	SEX	POB	NL/D
NGUYEN VAN PHUONG	74519112	15 JAN 53	M	VTNM	VTNM
PHAN KIM CUC	74519113	17 AUG 57	F	VTNM	VTNM
NGUYEN TRUNG HIEU	74519114	26 SEP 82	M	VTNM	VTNM
NGUYEN DUNG PHUONG THAO	74519115	3 JUL 91	F	VTNM	VTNM

CHOK



HAVE BEEN ACCEPTED FOR SETTLEMENT UNDER THE AUSPICES OF

VOLUNTARY AGENCY

USCC
902 BROADWAY
NEW YORK, NEW YORK 10010-6093

(212) 614-1212

AIRPORT OF FINAL DESTINATION: IAD

LOCAL SPONSOR

DAVID A HERRMANN
REFUGEE SERVICES
80 NORTH 21ST ST
ARLINGTON, VA 22203
(703) 524-1130

LOCAL RELATIVE

HUYNH VAN DAH
10724 SAINT JOHNS PL
FAIRFAX, VA 22030

PLACE OF LANDING: FAIRFAX VA

SPECIAL INSTRUCTIONS

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

SIGNATURE
AUTHORIZED VOLAG REPRESENTATIVE



PASSED USPHS
QUARANTINE STATION
JAN 23 1997
INSPECTOR #14
NEW YORK, N.Y.

TO ALL CARRIERS AND IMMIGRATION OFFICIALS: DATE: 20 JAN 1997

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 or certificate of admission to the U.S. has been waived pursuant to the provisions contained in 22 CFR 42.6 (b).

VALID UNTIL: 20 FEB 1997

SIGNED:



AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

200 PARK AVENUE SOUTH NEW YORK 10003

DATE: 21JAN97 FILE ID NO. V116555 PRESENT LOCATION: THAILAND

ETA OR ESL COMPLETION DATE:

THE FOLLOWING PERSONS:

NAME	A NUMBER	DATE OF BIRTH	SEX	POB	NL/D
NGUYEN VAN PHUONG	74519112	15 JAN 53	M	VTNM	VTNM
PHAN KIM CUC	74519113	17 AUG 57	F	VTNM	VTNM
NGUYEN TRUNG HIEU	74519114	18 SEP 82	M	VTNM	VTNM
NGUYEN DUNG PHUONG THAO	74519115	25 JUL 91	F	VTNM	VTNM

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-23-2017 BY SPK

HAVE BEEN ACCEPTED FOR RESettlement UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

USCC
902 BROADWAY
NEW YORK, NEW YORK 10010-6093
(212) 614-1212

AIRPORT OF FINAL DESTINATION: IAD

LOCAL SPONSOR

DAVID A HERRMANN
REFUGEE SERVICES
80 NORTH CALLEBE RD
ARLINGTON, VA 22203
(703) 524-2130

LOCAL RELATIVE

HUYNH VAN DANG
10724 SAINT JOHNS PL
FAIRFAX, VA 22030

PLACE OF LANDING: FAIRFAX VA

SPECIAL INSTRUCTIONS

703) 273-2136

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



PASSED USPHS
QUARANTINE STATION
JAN 23 1997
INSPECTOR #14
NEW YORK, N.Y.

DATE: 20 JAN 1997

The person(s) listed on the reverse whose photograph is attached
is/are travelling to the United States under a program of the
International Organization for Migration (IOM).

The regulations of the United States Immigration
and Naturalization Service require to present a valid
immigration document or visa received pursuant to
to 22 CFR 41.12.

20 FEB 1997

STAMP



AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

200 PARK AVENUE SOUTH NEW YORK CITY 10003

DATE: 21JAN97 FILE ID NO. V116555 PRESENT LOCATION: THAILAND

ETA OR ESL COMPLETION DATE:

THE FOLLOWING PERSONS:

NAME	A NUMBER	DATE	SEX	POB	NL/D
NGUYEN VAN PHUONG	74519112	15JAN53	M	VTNM	VTNM
PHAN KIM CUC	74519113	17AUG57	F	VTNM	VTNM
NGUYEN TRUNG HIEU	74519114	18JUL82	M	VTNM	VTNM
NGUYEN DUNG PHUONG THAO	74519115	25JUL91	F	VTNM	VTNM

HAVE BEEN ACCEPTED FOR SETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

USCC
902 BROADWAY
NEW YORK, NEW YORK 10010-6093

(212) 614-1212

AIRPORT OF FINAL DESTINATION: IAD

LOCAL SPONSOR

DAVID A HERRMANN
REFUGEE SERVICES
80 NORTH BEE RD
ARLINGTON VA 22203
(703) 524-2130

LOCAL RELATIVE

BUYNH VAN DAH
10724 SAINT JOHNS PL
FAIRFAX VA 22030

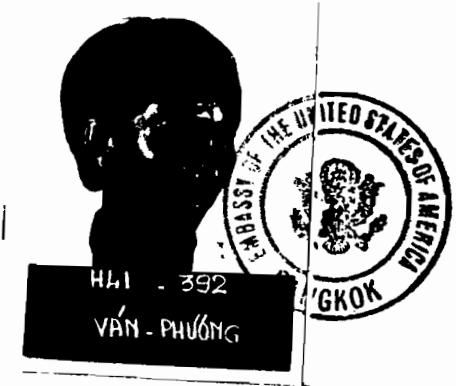
PLACE OF LANDING: FAIRFAX VA

SPECIAL INSTRUCTIONS

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

SIGNATURE

AUTHORIZED VOLAG REPRESENTATIVE



PASSED USPHS
QUARANTINE STATION
JAN 23 1997
INSPECTOR #14
NEW YORK, N.Y.

DATE: 20 JAN 1997
FOR ALL CARRIERS AND IMMIGRATION OFFICES

The person(s) listed on the reverse whose photo(s) appear above is/are travelling to the United States under the Convention of the International Organization for Migration (IOM).

The person(s) of the above is/are to present a valid visa or entry document to the United States on arrival pursuant to 8 U.S.C. 1182.

20 FEB 1997

Sig: [Signature]



Departure Number

532446274

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 AUTHORITY

NYC DATE IMM.OFF.
JAN 23 1997 NYC 2107

14. Family Name
NGUYEN

15. First (Given) Name
PHUONG VAN

16. Birth Date (Day/Mo/Yr)
15 01 53

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# 74519112 V# V116555 IV# 244835
ARLINGTON VA 22203 USCC

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

Departure Number

532446292 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.

14. Family Name NGUYEN	NYC	DATE JAN 23 1997	IMM.OFF. NYC 2107
15. First (Given) Name HIEU TRUNG			16. Birth Date (Day/Mo/Yr) 18 09 82
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# 74519114	V# V116555	IV# 244835
ARLINGTON	VA 22203	USCC

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

Departure Number

532446301 QH
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 AUTHORITY.

Immigration and
Naturalization Service
I-94
Departure Record

NYC DATE IMM.CP.

14. Family Name NGUYEN	15. First (Given) Name PHUONG THAO DUNG	16. Birth Date (Day/Mo.Yr) 03 07 91
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# 74519115	V# V116555	IV# 244835
ARLINGTON	VA 22203	USCC

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

Departure Number

532446283 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 AUTHORITY **6**.

14. Family Name PHAN	RYC DATE JAN 23 1997	U/M OFF NYC 2107
15. First (Given) Name CUC KIM	16. Birth Date (Day/Mo/Yr) 17 08 57	
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# 74519113	V# V116555	IV# 244835
ARLINGTON	VA 22203	USCC

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

ỦY BAN NHÂN DÂN
Xã, phường... Thôn Cửu Nghĩa
Huyện, Quận... Châu Thành
Tỉnh, Thành phố... Tiền Giang

CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập - Tự do - Hạnh phúc

Mẫu TP/HT 3
Số... 216.2
Quyển số... 02



GIẤY KHAI SINH (BẢN SAO)

Họ và tên... NGUYỄN TRUNG HIẾU Nam hay nữ... Nam

Ngày, tháng, năm sinh Mười bốn, tháng chín, năm ngàn chín trăm bốn mươi hai, lúc 3 giờ 45

Nơi sinh Bến Thành, Phường Thiện Lợi, Thành phố Thủ Đức, Thành phố Hồ Chí Minh
Dân tộc Kinh Quốc tịch Việt Nam Tiền Giang

Phản khai về cha, mẹ	Người mẹ	Người cha
Họ và tên	<u>PHẠM KIM CÚC</u>	<u>Nguyễn Văn Phương</u>
Tuổi	<u>Sinh năm 1957</u>	<u>Sinh năm 1953</u>
Dân tộc	<u>Kinh</u>	<u>Kinh</u>
Quốc tịch	<u>Việt Nam</u>	<u>Việt Nam</u>
Nghề nghiệp	<u>Thợ may, số 11/7</u>	<u>Thợ điện, số 28/3</u>
Nơi thường trú	<u>Ấp Ngôi Thôn, Thành Phố Thủ Đức, Thành Phố Hồ Chí Minh</u>	<u>Liường Văn Cao, K5, Phường Nghĩa, Thành Phố Hồ Chí Minh</u>

589/QĐ-UBND-HT

Họ, tên, tuổi, nơi thường trú, số giấy chứng minh thư của người đứng khai
Phan Thị Kiều Nga Sinh 1961, số 11/7 ấp Ngôi Thôn, Thành Phố Thủ Đức, Nghĩa, Châu Thành, Tiền Giang, giấy CMND số 310407999 cấp ngày 03-7-1979

Đang ký ngày 23 tháng 9 năm 1993.

T/M ỦY BAN NHÂN DÂN

Phó Công An xã
(Phó)

Nguyễn Văn Hào.

CHỨNG NHẬN SAO Y BẢN CHÍNH

Ngày 15 tháng 1 năm 1993.

T/M UBND

Chữ ký công chứng

HUẤT TÍCH

Nguyễn Văn Hào



ỦY BAN NHÂN DÂN
Xã, phường Chàm, xã Nghĩa
Huyện, Quận Chàm
Tỉnh, Thành phố Tiền Giang

CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập - Tự do - Hạnh phúc

Mẫu TP/HT 3
Số 061
Quyển số 01/93



GIẤY KHAI SINH (BẢN SAO)

Họ và tên NGUYỄN - DUNG - PHƯƠNG - THẢO Nam hay nữ
Ngày, tháng, năm sinh 03 - 07 - 1991
(Ba tháng bay một ngàn chục trăm chục mươi mét)
Nơi sinh Quận 8 thành phố Hồ Chí Minh
Dân tộc Kinh Quốc tịch Việt - Nam

Phần khai về cha, mẹ	Người mẹ	Người cha
Họ và tên	Phan - Kim - Cúc	Nguyễn - Văn - Phương
Tuổi	1951	1953
Dân tộc	Kinh	Kinh
Quốc tịch	Việt - Nam	Việt - Nam
Nghề nghiệp	Tô - May	Lâm công
Nơi thường trú	41/1 ấp Ngoại Chàm xã Thảo - 238/25A Phố - Minh - Trại tỉnh Tiền Giang	26/8 TP Hồ - Chí - Minh

Họ, tên, tuổi, nơi thường trú, số giấy chứng minh thư của người đứng khai
Nguyễn - Văn - Phương - 1953 thường trú 238/25A Phố - Minh - Trại
26/8 TP Hồ - Chí - Minh CMND /08 022430861

Đăng ký ngày 02 tháng 4 năm 1993

T/M ỦY BAN NHÂN DÂN

(đã ký)

Cham Văn Liang

CHỨNG NHẬN SAO Y BẢN CHÍNH

Ngày 15 tháng 1 năm 1993

T/M UBND

Đã kí, đóng dấu

CHỦ TỊCH



Nguyễn Văn Liang

"LIVING WITH" VERIFICATION

TO: _____

FROM: FAIRFAX COUNTY DEPARTMENT OF SOCIAL SERVICES

12011 Government Center
Fairfax, VA. 22035
324-7500
 6245 Leesburg Pike
Falls Church, VA 22044
533-5300

1850 Cameron Glen Drive
Reston, VA. 22090
481-4025
 8850 Richmond Highway
Alexandria, VA. 22309
799-8400

DATE: 1-24-91

RE (Child): Phuong Thao
Nguyen
DOB 7/3/91

WORKER: Katrina Davis

CASE NAME: Cuc Kim Phan

I give permission for the release of information requested below to Fairfax County Social Services.

CLIENT'S SIGNATURE: _____

DATE: _____

INSTRUCTIONS: Complete, sign and return this form by _____

For each question, circle "yes" or "no", and enter requested information in each blank space. If you have no personal information, please answer questions from your records.

1. YES NO To the best of your knowledge (according to your records) is

_____ living with _____? If yes,
(Child's Name) (Client's Name)

please provide address: _____

2. YES NO Do you know where the child's mother/father is living? If yes, please provide name and address (from your records): _____

3. YES NO Is the child currently enrolled in school? If yes, please state grade level: _____. If in the 12th grade, expected date of graduation: _____.

4. YES NO If in school, is the child currently enrolled full time?

SIGNED: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____ DATE: _____

OPPORTUNITY TO PARTICIPATE

Case name Phan, Cuc Kim Case # _____

If your food stamp case is being processed as an expedited case, you are entitled to be able to participate in the food stamp program by the 7th calendar day after you filed your application.

If your food stamp case is being processed with normal processing, you are entitled to participate in the food stamp program by the 30th calendar day after you file your application. To receive food stamps within 30 days, all verifications must be provided within 30 days.

I CHOOSE:

To pick up my ATP card here at the agency.

To have my ATP card mailed to me.

To have coupons mailed to me.

I understand that the agency must allow 2 days for mailing. If I choose to have the ATP or coupons mailed, they may not reach me by the 7th day or the 30th day.

I understand if I do not pick up the ATP card within 7 days or 30 days it will be mailed to me.

10/06

Cuw
Signature

1/24/97
Date

Notice of Personal Responsibility for the AFDC Program

Please Read the Following Explanations of your Personal Responsibilities Carefully

Minor Parent Residency

- If you are an unmarried minor parent and have a dependent child in your care, you must reside in a home maintained by your parent to be eligible for AFDC, unless an exception applies.
- The exceptions are: (1) you are married, (2) neither of your parents is living or their whereabouts are unknown, (3) or living with either parent will jeopardize you or your dependent child's physical or emotional health or safety.
- If an exception applies, your worker will tell you whether you may live with an adult relative, legal guardian, or an individual standing in place of your parent.
- If none of the above living arrangements exist, the agency will search for an adult-supervised supportive living arrangement for you and require you to live there.

Family Cap

- If you were receiving AFDC on July 1, 1995, and give birth to or adopt a child on or after May 1, 1996, that child will not be added to your AFDC case.
- If you applied for AFDC on or after July 1, 1995, and give birth to or adopt a child ten months after your first AFDC check is issued, that child will not be added to your AFDC case.
- If you conceive a child while you are receiving AFDC, that child will not be added to your AFDC case. If you conceive a child within 6 months of your AFDC case being closed, that child will not be eligible if you re-apply for AFDC.
- As a custodial parent, you will receive any child support collected for the child ineligible under this family cap provision. The child support will not be counted as income in your AFDC case.
- If you are a minor, an additional child you have or adopt during the time period described above will not be added to your AFDC case.

Compulsory School Attendance

- If you are a child between the ages of 5 and 18 or a minor parent under 18, you must attend school to be eligible for AFDC unless you have a high school diploma or a GED.
- The school will notify the agency if you are not attending school regularly unless you have an excused absence.
- After this notification, the worker will contact you or your caretaker to help you comply with attendance requirements.
- If you or your caretaker do not respond to or cooperate with the worker to ensure attendance, you will be ineligible for AFDC.

Immunizations

- Effective July 1, 1995, a child must have received his immunizations as required by Virginia law for you to receive your total AFDC check. A doctor, the agency, or the health department will help you comply with this requirement.
- "Shot Records" are sufficient to verify that the child has received his required immunizations. The worker can provide a form to take to the doctor or the health department if you do not have the "shot records."
- If a child has not received immunizations due to medical reasons, you must provide information from a doctor or the health department. If the child has not received immunizations for other reasons, you should tell your worker.
- Failure to meet the immunization requirements will result in the AFDC check being reduced by \$50 for one child and \$25 for each additional child until the immunization requirements are met.

The agency has explained each of the above provisions to me. By signing this form, I acknowledge that I have read this form and understand each of the above provisions.

Signature

032-03-750/1 (11/95)

Date

1/24/97

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

FOOD STAMP PROGRAM - HOTLINE INFORMATION

NAME OF APPLICANT: Phan, Cuc Kim

YOUR DATE OF APPLICATION: 1/24/92

THE DATE THE AGENCY MUST GIVE YOU
YOUR FOOD STAMPS OR DECISION: 2/23/92

IF THIS BOX IS CHECKED, YOUR APPLICATION IS ENTITLED TO EXPEDITED
SERVICE (5 DAY SERVICE).

If you don't get your food stamps or a decision by this date, you should call the Client Services Hotline for immediate help. The Hotline is open Monday through Friday, except for holidays, from 8:15 a.m. to 5:00 p.m. The numbers are:

For the Richmond Calling Area: **692-2198**

For the Rest of Virginia: **1-800-552-3431**

Once you have called this number, you must be told by the next business day that you are either eligible or ineligible. If you are told that you are eligible, food stamps will be provided the next business day. However, if you call before 3:00 p.m. on Thursday or Friday and are eligible, food stamps will be provided on the next business day.

If you are not satisfied with the action the local agency took on your application, or if there are other problems with your Food Stamp case, you may contact the local legal aid office in your area. Names and addresses of legal aid offices are on the back of this flyer.

In order to determine if you are eligible for Food Stamps, the agency may ask you to verify certain information. If you have provided the required verifications, you should either have your food stamps or receive a denial notice within 30 days from the day you filed your application.

If you are in an emergency situation, you should have your food stamps within 5 days. This is called "expedited service." Your application will be given expedited service if:

- Your household's monthly income is less than \$150, and resources are \$100 or less; or
- Total income and resources are less than your shelter bills; or
- Your household is homeless; or
- A migrant or seasonal farmworker lives in your household, and you have little or no income or resources.

K Dawn

NAME OF WORKER COMPLETING THIS FORM

533-5363

WORKER TELEPHONE

"LIVING WITH" VERIFICATION

TO: _____

FROM: FAIRFAX COUNTY DEPARTMENT OF SOCIAL SERVICES

12011 Government Center
Fairfax, VA. 22035
324-7500
 6245 Leesburg Pike
Falls Church, VA 22044
533-5300

1850 Cameron Glen Drive
Reston, VA. 22090
481-4025
 8850 Richmond Highway
Alexandria, VA. 22309
799-8400

DATE: 1-24-97

RE (Child): Hieu Trung Nguyen WORKER: Katrina Davis # 533-5363

DOB 9/18/82

CASE NAME: Cuc. Kim Phan

I give permission for the release of information requested below to Fairfax County Social Services.

CLIENT'S SIGNATURE: _____

DATE: _____

INSTRUCTIONS: Complete, sign and return this form by _____
For each question, circle "yes" or "no", and enter requested information in each blank space. If you have no personal information, please answer questions from your records.

1. YES NO To the best of your knowledge (according to your records) is

_____ living with _____? If yes,
(Child's Name) (Client's Name)
please provide address: _____

2. YES NO Do you know where the child's mother/father is living? If yes, please provide name and address (from your records): _____

3. YES NO Is the child currently enrolled in school? If yes, please state grade level: _____. If in the 12th grade, expected date of graduation: _____

4. YES NO If in school, is the child currently enrolled full time?

SIGNED: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____ DATE: _____

Đối tên LÊ NGUYEN - VAN - PHUONG, sinh ngày 15-01-1953
tại Sài Gòn.

Chuẩn Pháu Đoàn, sau khi từ trại tập trung trở về 1.10.1975, tôi sinh sống bằng nghề tự do: lái xe taxi chuyên chở mìon hàng hóa cho những người buôn bán tiểu thương ở đây. Đến năm 1990 tôi chuyển sang sinh sống bằng nghề giao báu hàng ngày cho một chủ sạp báu nhỏ tên là Nguyễn Văn Tú, một khu vực địa phương thuộc phường 6 Quận 6 TP HCM. Tôi làm công việc này cho đến ngày 10.12.1996 khi tôi xin nghỉ việc để chuẩn bị giáng tá túc trước khi đi định cư ở Hoa Kỳ.

Tôi xin trân trọng rõ những nghề nghiệp sinh sống của tôi ở Việt Nam trước kia sang định cư ở Hoa Kỳ, và tôi xin cảm ơn những quý Pháu Đoàn những điều khai trên là hoàn toàn tóm tắt thật.

Chân thật cảm ơn và rất mong nhận sự giúp đỡ của quý Pháu Đoàn.

Virginia ngày 28 tháng 01 1997

Ký Tên

NGUYEN - VAN - PHUONG

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AFFIDAVIT
CONCERNING EMPLOYMENT BACKGROUND

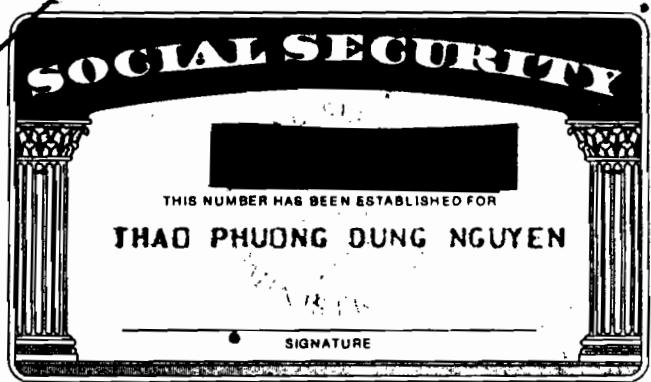
I, Nguyen Van Phuong, duly swear that the following information concerning my employment background is true and accurate:

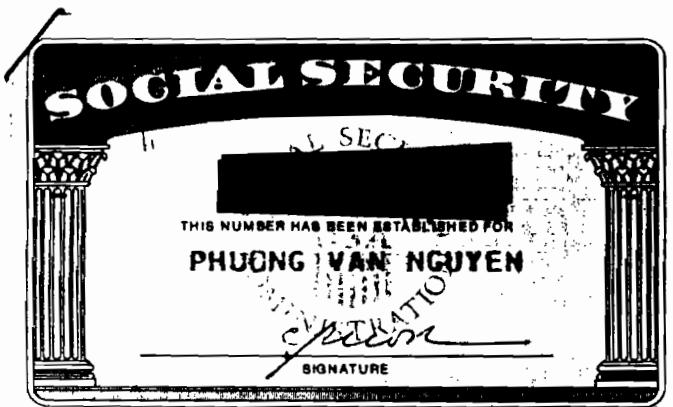
After my release from the Re-education camp on October 1, 1979, I worked as a self-employed driver delivering goods to small businesses. The average earning wage was the equivalent of \$90.00 a month.

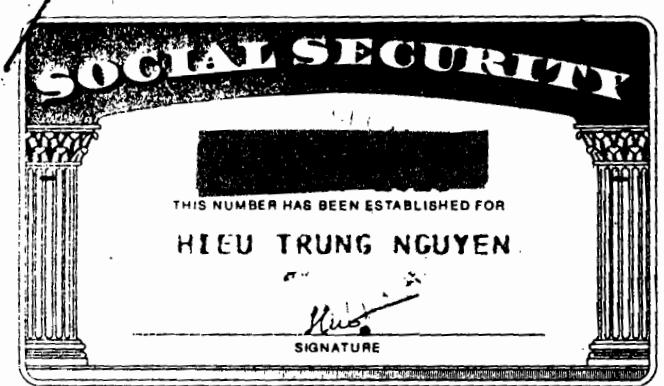
In 1990, I changed my job working as a newspaper delivery man for a private concession. My wage was equivalent of \$60.00 a month. I stopped this job in December 1996 preparing to emigrate to the U.S with my family members under the Refugee Program.

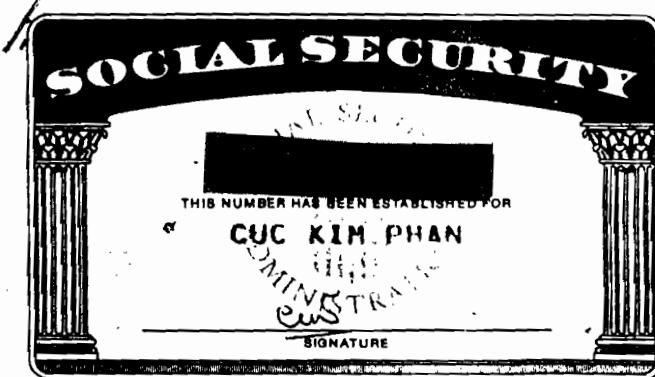
Nguyen Van Phuong

Falls Church , Va.









Pages Removed (S.S.)

4 page(s) was/were removed from the file of NGUYEN VAN PHUONG
(1-15-1953) due to containing Social Security numbers. The page(s) was/were copied
with the Social Security numbers covered up. The copy/copies was/were placed back into
the above mentioned file and the original(s) was/were placed into the Restricted/Reserved
files.

-Anna Mallett

Date: APRIL 18th 2002