

Provide by 2/3/94

CHECKLIST OF NEEDED VERIFICATIONS

Name Phan, Cue Kim
Address _____

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

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 _____
 - Pay stubs
 - Statement from employer
 - Self-employment records
 - Social Security/SSI benefits
 - VA benefits
 - Retirement income
 - Child support, alimony
 - Unemployment benefits
 - Workers' Compensation benefits
 - Loans (personal or education)
 - Scholarships, (BEOG, PELL, SEOG, CSAP, or other)
 - Work-study pay stubs
 - Other _____
- 2. WORK OR SCHOOL EXPENSES
 - Day care expenses for child or adult
 - School expenses (tuition, fees, books, supplies, transportation, or other)
 - Other _____
- 3. AFDC-UP
 - Income for both parents for past 24 months
 - Income for _____
- 4. RESOURCES
 - Checking, savings, credit union, Christmas Club account statements
 - Stocks, bonds or CDs
 - Pension plans, retirement accounts, IRAs
- 5. SHELTER EXPENSES
 - 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 _____
- 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
 - Driver's license
 - Voter registration card
 - Clinic, medical card
 - Work ID, school ID, library card
 - 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: 1-24-90

RE (Child): Hieu Trung Nguyen
DOB 9/18/82

WORKER: Katrina Dawis

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
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): 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: _____

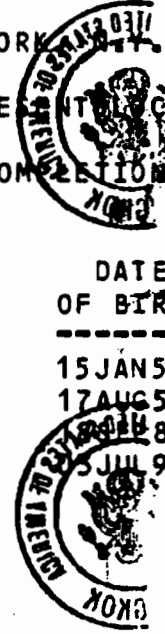
TELEPHONE: _____ DATE: _____

AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

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

DATE: 21 JAN 97 FILE ID NO. V116555 PRESENT NATIONALITY: 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	17 JUL 82	M	VTNM	VTNM
NGUYEN DUNG PHUONG THAO	74519115	5 JUL 91	F	VTNM	VTNM



NEW YORK, N.Y. INSPECTION STATION
JAN 21 1997
PASSED USPHS
QUARANTINE STATION

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 WILHELM RD
ARLINGTON VA 22203
(703) 441-1330

LOCAL RELATIVE

HUYNH VAN DANH
10724 SAINT JOHNS PL
FAIRFAX VA 22030

PLACE OF LANDING: FAIRFAX VA

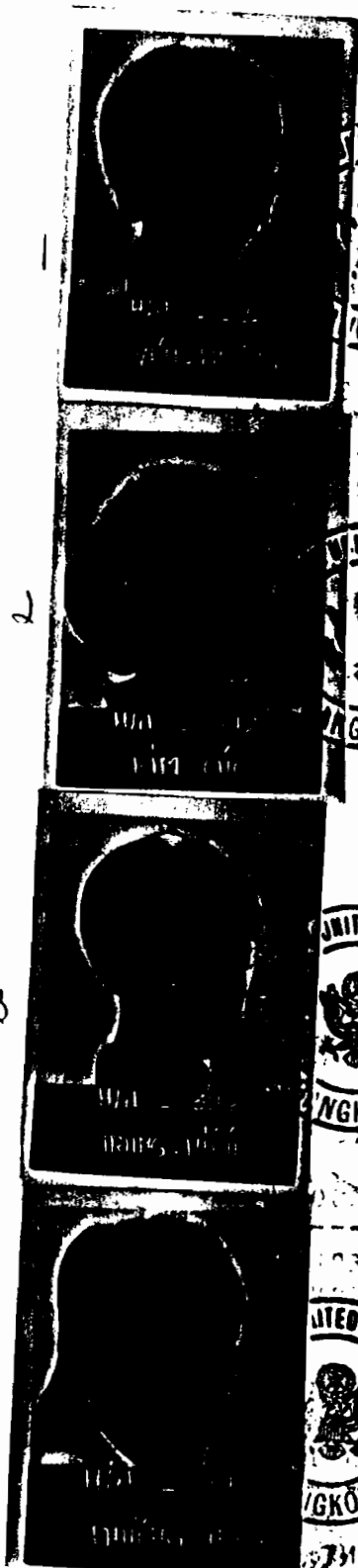
SPECIAL INSTRUCTIONS

(703) 273-2136

As a condition of the grant of the visa, the applicant must agree to assist the principal refugee named above to obtain employment and housing for himself and family, if any.

THIS PERSON 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
FOR ALL CARRIERS AND IMMIGRATION OFFICIALS: 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 for admission to the U.S. has been waived pursuant to
in 22 CFR 42.6.(f).

VALID UNTIL 20 FEB 1997



[Handwritten signature]

AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

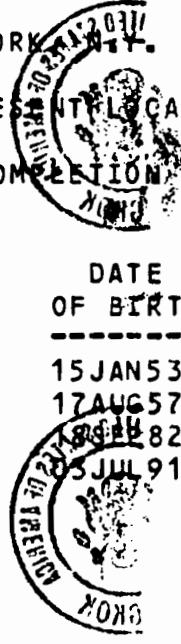
200 PARK AVENUE SOUTH NEW YORK, N.Y. 10003

DATE: 21 JAN 97 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	28 FEB 82	M	VTNM	VTNM
NGUYEN DUNG PHUONG THAO	74519115	25 JUL 91	F	VTNM	VTNM



PASSED
 QUARANTINE STATION
 JAN 21 1997
 NEW YORK, N.Y. INSPECTION

HAVE BEEN ACCEPTED FOR SETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

USCC
902 BROADWAY
NEW YORK, NEW YORK 10010-6093

(212) 614-1212

LOCAL SPONSOR

DAVID A HERRMANN
REFUGEE SERVICES
80 NORTH EBE RD
ARLINGTON VA 22203
(703) 274-1130

AIRPORT OF FINAL DESTINATION: IAD

LOCAL RELATIVE

HUYNH VAN DANG
10724 SAINT JOHNS PL
FAIRFAX VA 22030

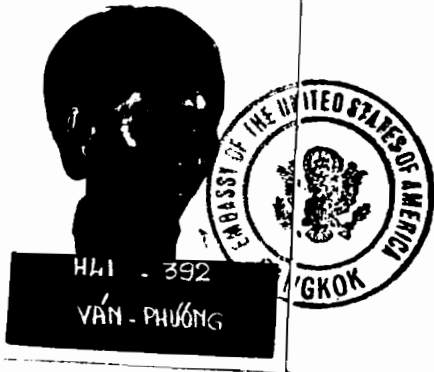
PLACE OF LANDING: FAIRFAX VA

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



HAI - 392
VAN - PHUONG



HAI - 392
KIM - CUC



HAI - 392
TRUNG - HIEU



HAI - 392
PHUONG - THAO

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

DATE
FOR ALL CARRIERS AND IMMIGRATION OFFICERS: 20 JAN 1997

The person(s) listed on the reverse whose photograph(s) are affixed to this card 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, are hereby waived to prevent a valid visa from being issued pursuant to the provisions of the Act.

20 FEB 1997



AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

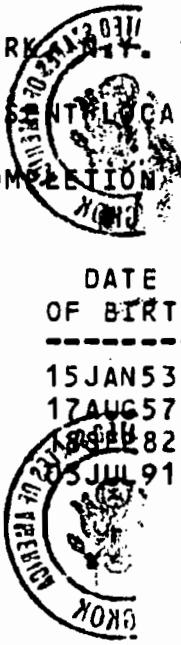
200 PARK AVENUE SOUTH NEW YORK, N.Y. 10003

DATE: 21 JAN 97 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 FEB 82	M	VTNM	VTNM
NGUYEN DUNG PHUONG THAO	74519115	5 JUL 91	F	VTNM	VTNM



HAVE BEEN ACCEPTED FOR RESSETLEMENT 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 LEBE RD
ARLINGTON VA 22203
(703) 273-2130

LOCAL RELATIVE

HUYNH VAN DACH
10724 SAINT JOHNS PL
FAIRFAX VA 22030

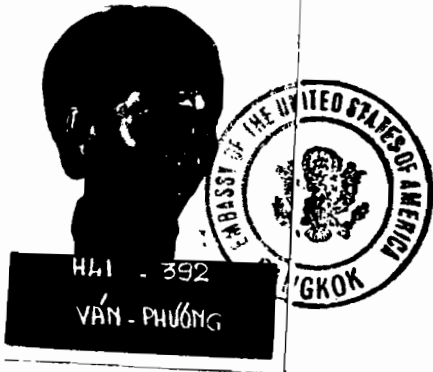
PLACE OF LANDING: FAIRFAX VA

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 25 1997
INSPECTOR #14
NEW YORK, N.Y.

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

The persons listed on the reverse whose photographs are attached
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, authorize the Department of Homeland Security to prevent a valid
visa from being issued to any person who has been determined
to be inadmissible under the provisions of the Act.

20 FEB 1997



Departure Number

532446274

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 IRS TO
RETURN.
EMPLOYMENT AUTHOR.

Immigration and
Naturalization Service
I-94
Departure Record

NYC DATE IMM.OFF.
JAN 23 1997 NYC 2107

14. Family Name NGUYEN		16. Birth Date (Day/Mo Yr) 15, 01, 53
15. First (Given) Name PHUONG VAN		
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

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 IMMOFF.

14. Family Name NGUYEN		JAN 23 1997	NYC 2107
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 AUTHORIZED.

14. Family Name PHAN	NYC JAN 23 1997	DATE JAN 23 1997	IMM.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.

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- 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, CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM
 Xã, phường Thôn Cửu Nghĩa Độc lập - Tự do - Hạnh phúc
 Huyện, Quận Châu Thành
 Tỉnh, Thành phố Tiền Giang

Mẫu TP/HT 3
 Số 2162
 Quyền số 02



GIẤY KHAI SINH
 (BẢN SAO)

Họ và tên NGUYỄN TRUNG HIẾU Nam hay nữ Nam
 Ngày, tháng, năm sinh Mười tám tháng chín, một nghìn chín trăm tám
mười hai, lúc 3 giờ 45
 Nơi sinh Bến Thành PHƯỚC THIÊN thị trấn Tân Hiệp, Châu Thành, Tiền
 Dân tộc Kinh Quốc tịch Việt Nam [Giống]

Phần khai về cha, mẹ	Người mẹ	Người cha
Họ và tên	<u>PHAN 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 ngụ Số 41/7</u>	<u>thợ điện ngụ Số 28/3</u>
Nơi thường trú	<u>ấp Ngõ Thuận, Thôn Cửu Nghĩa, Châu Thành, Tiền Giang</u>	<u>Lương Văn Sơn, K 5, phường 19 thành phố Hồ Chí Minh</u>

589 QB 26/QB-HT

Họ, tên, tuổi, nơi thường trú, số giấy chứng minh thư của người đứng khai
Phan Thị Kiều Nga Sinh 1961 ngụ Số 41/7 ấp Ngõ Thuận, Thôn Cửu Nghĩa, Châu Thành, Tiền Giang, giấy CMND Số 310407999 cấp
ngày 03-7-1979 Đăng ký ngày 23 tháng 9 năm 1982
 Người đứng khai

T/M ỦY BAN NHÂN DÂN
 Phó Công An Xã
 (Đã ký)
Nguyễn Văn Hòa

CHỨNG NHẬN SAO Y BẢN CHÍNH
 Ngày 10 tháng 1 năm 1993

T/M UBND
 Ủy ban Công đồng
 HỮU TỊCH

Nguyễn Văn Phương

ỦY BAN NHÂN DÂN
Xã, phường Chân Cầm Nghĩa
Huyện, Quận Chân 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 061
Quyển số 01/93



GIẤY KHAI SINH

(BẢN SAO)

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

Phần khai về cha, mẹ	Người mẹ	Người cha
Họ và tên	<u>Phan - Kim - Quý</u>	<u>Nguyễn - Văn - Phương</u>
Tuổi	<u>1954</u>	<u>1953</u>
Dân tộc	<u>Hinh</u>	<u>Hinh</u>
Quốc tịch	<u>Việt - Nam</u>	<u>Việt - Nam</u>
Nghề nghiệp	<u>Che - May</u>	<u>Làm công</u>
Nơi thường trú	<u>Ấp Ngã Chuồn xã Thới</u>	<u>238/25A Bưu - Minh - Trung</u>
	<u>Ấm Nghĩa tỉnh Tiền Giang</u>	<u>26 Q8 TP Hồ - Chí - Minh</u>

5/85 QĐ 26/UB - HT

Họ, tên, tuổi, nơi thường trú, số giấy chứng minh thư của người đứng khai

Nguyễn - Văn - Phương - 1953 thường trú 238/25A Bưu - Minh - Trung
26 Q8 TP Hồ Chí Minh CMND số 022430861

Đăng ký ngày 02 tháng 4 năm 1993

T/M ỦY BAN NHÂN DÂN

(Đã ký)

Người đứng khai

[Signature]

Tham Văn Lương

CHỨNG NHẬN SAO Y BẢN CHÍNH

Ngày 03 tháng 4 năm 1993

T/M UBND



Đã ký, đóng dấu

CHỦ-TỊCH

[Signature]
Tham Văn Lương

"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 Cue 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

CW
Signature

1/24/97
Date

yes

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

Date

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

CLIENT COPY

FOOD STAMP PROGRAM - HOTLINE INFORMATION

NAME OF APPLICANT:

Phan, Cuc Kim

YOUR DATE OF APPLICATION:

1/24/97

THE DATE THE AGENCY MUST GIVE YOU
YOUR FOOD STAMPS OR DECISION:

2/23/97

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.

KDawn

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: 1-24-90

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: _____

Cô tên là NGUYEN - VAN - PHUONG, sinh ngày 15-01-1953 tại Sài Gòn.

Chủ Pháo Đoàn, sau khi từ trại tập trung trở về 1.10.1979, tôi sinh sống bằng nghề tự do: dùng xe đạp chuyên chở mìn nhúng hóa cho những người buôn bán tiểu thương ở chợ. Đến năm 1990 tôi chuyển sang sinh sống bằng nghề giao báo hằng ngày cho một chủ sạp báo nhỏ tư nhân ở tại một khu vực địa phương thuộc phường 6 Quận 6 TP HCM. Tôi làm công việc này cho đến ngày 10.12.1996 thì tôi xin nghỉ việc để chuẩn bị giấy tờ thủ tục trước khi đi định cư ở Hoa Kỳ.

Cô kính xin trình bày rõ những nghề nghiệp sinh sống của tôi ở Việt Nam trước khi sang định cư ở Hoa Kỳ, và tôi xin cảm ơn trước Quý Pháo Đoàn những điều khai trên là hoàn toàn đúng sự thật.

Chân thật cảm ơn và rất mong nhận sự giúp đỡ của Quý Pháo Đoàn.

VùngVua ngày 28 tháng 01 1997

Ký Tên

NGUYEN - VAN - PHUONG



Chức vụ là Giám đốc - Văn phòng, Thủ phủ, ...

Chức vụ này, sau đó là ... 1.10.1995. ...

Chức vụ này là ...

Chức vụ này là ...

... 1995

...

...

ATTACHED

DECLARATION OF INTEREST

I, [Name], do hereby declare that I am not a member of any organization...

and I do not have any financial interest in any business, firm, or corporation...

in which I am engaged, and I do not have any financial interest in any...

Witness my hand and seal this 1st day of August, 1918.

AFFIDAVIT
CONCERNING EMPLOYMENT BACKGROUND

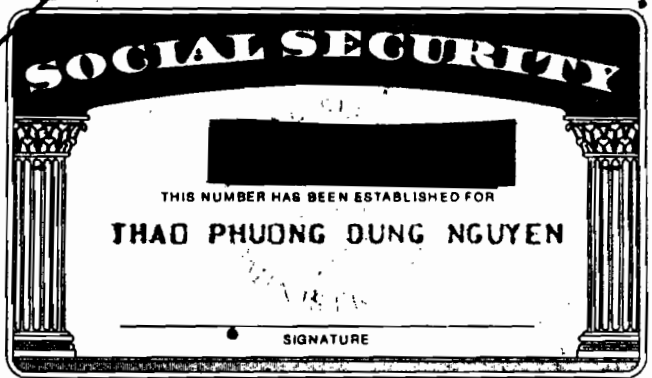
I, Nguyen Van Phuong, duly swear that the following information concerning my employment background is true and accurate:

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.



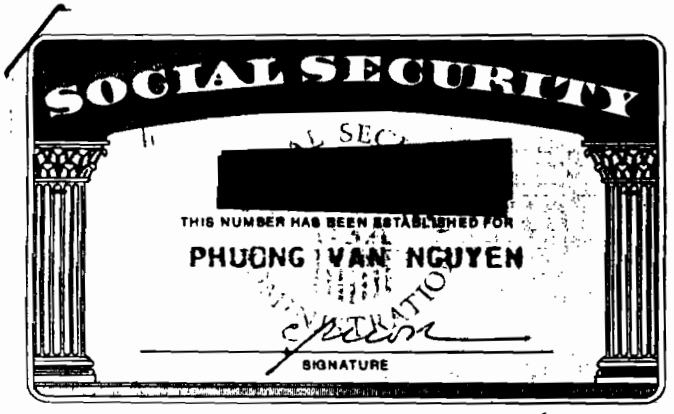
SOCIAL SECURITY



THIS NUMBER HAS BEEN ESTABLISHED FOR

THAO PHUONG DUNG NGUYEN

SIGNATURE



SOCIAL SECURITY

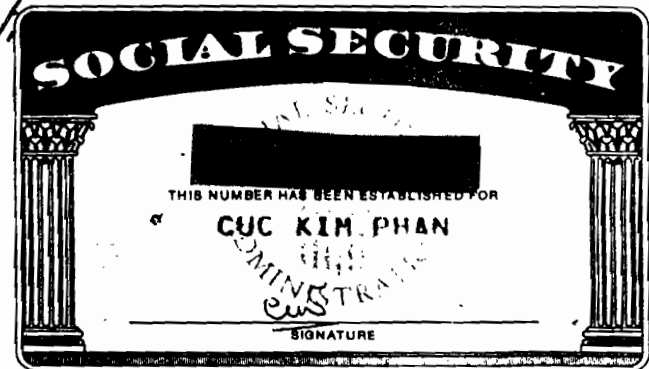
[REDACTED]

THIS NUMBER HAS BEEN ESTABLISHED FOR

HIEU TRUNG NGUYEN

Hieu

SIGNATURE



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 2008