

Environmental Report

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Name
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FAIRFAX COUNTY DEPARTMENT OF HUMAN DEVELOPMENT
INTERVIEW CHECKLIST

Minh-Tho Khuc,

The form attached needs to be signed and dated. I went over this form in the interview but I could not find it, so please have Minh Tran sign, date and return to my office.

The form explains the rights and procedures and if you have any questions please call me.

Thanks,

Javier Fernandez

Also,

the foodstamps and refugee \$ should be arriving soon!

Sign here



* you can keep the
bottom, yellow copy

FAIRFAX COUNTY DEPARTMENT OF HUMAN DEVELOPMENT
INTERVIEW CHECKLIST

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bottom, yellow copy



HOI GIA-DINH TU-NHAN CHINH-TRI VIETNAM
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION
P.O. BOX 5435, Arlington, VA 22205-0635
Tel: (703) 560-0058 - FAX: (703) 204-0394

FAX COVER SHEET

DATE: April 28, 1995

TO : J. Fernandez **FAX #:** 533-5525
Eligibility Worker

FROM: Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet: 04

SUBJECT: Lease of Dat Minh Tran's family

This is to report that Mrs. Dat Minh Tran's family has been moved to

If you need further information, please give me a call.

Thank you very much.

Khuc, Minh-Tho

AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

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

DATE: 20/08/95 FILE ID NO. V100197 PRESENT LOCATION: THAILAND

ETA OR EOL COMPLETION DATE:

THE FOLLOWING PERSON(S):

NAME	A. NUMBER	DATE OF BIRTH	SEX	POB	NL/D
PHAN HUU PHUOC	74475165	21MARS1	M	VTNM	VTNM
NGUYEN THI MINH NHAT	74475166	24SEP93	F	VTNM	VTNM
PHAM NGUYEN PHUCNG KHANH	74475167	22NOV68	F	VTNM	VTNM

USPHS
QUARANTINE STATION

FEB 28 1995

ARRIVAL DATE
LOS ANGELES, CA

HAVE BEEN ACCEPTED FOR RESETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

DEMIS
315 2ND AVENUE
NEW YORK, NY 10017
(212) 407-9454

LOCAL SPONSOR

CIO OF VIRGINIA
VIRGINIA COUNCIL OF CHURCH
1214 W GRAHAM RD APT 3
RICHMOND VA 23220
(804)977-0350

AIRPORT OF FINAL DESTINATION: LAX

LOCAL RELATIVE

PLACE OF LANDING: LEESBURG VA

CARES
C/O THE REV CORKY SHIFFLETT
335 LEE AVE S N
LEESBURG VA 22075
H (703)777-4322
W (703)333-4374

SPECIAL INSTRUCTIONS:

ACROSS AFRICA

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

SIGNATURE *[Signature]*
AUTHORIZED BY THE REPRESENTATIVE
ACROSS AFRICA

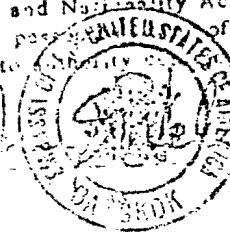


DATE 27 FEB 1995
TO: ALL CARRIERS AND IMMIGRATION OFFICIALS:

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 authority of in 22 CFR 42.6 (f).

VALID UNTIL 27 MAR 1995



AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTUS)

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

DATE: 10/08/95 FILE ID NO. V100197 PRESENT LOCATION: THAILAND

ETA OR ESL COMPLETION DATE:

THE FOLLOWING PERSON(S):

NAME	A NUMBER	DATE OF BIRTH	SEX	POB	NL/D
PHAN HUU PHUOC	74475165	21MARCH51	M	VTNM	VTNM
NGUYEN THI MINH NHAT	74475166	24SEP53	F	VTNM	VTNM
PHAM NGUYEN PHUONG KHANH	74475167	22NOV53	F	VTNM	VTNM

USPHS
QUARANTINE STATION

FEB 8 1995

ARRIVAL DATE
LOS ANGELES, CA

HAVE BEEN ACCEPTED FOR RESETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

LOCAL SPONSOR

DFMS
613 2ND AVENUE
NEW YORK, NY 10017
(212) 637-9454

CIO OF VIRGINIA
VIRGINIA COUNCIL OF CHURCH
121- W GRAHAM RD APT 3
RICHMOND VA 23220
(804)977-0357

AIRPORT OF FINAL DESTINATION: LAD

LOCAL RELATIVE

PLACE OF LANDING: LEESBURG VA

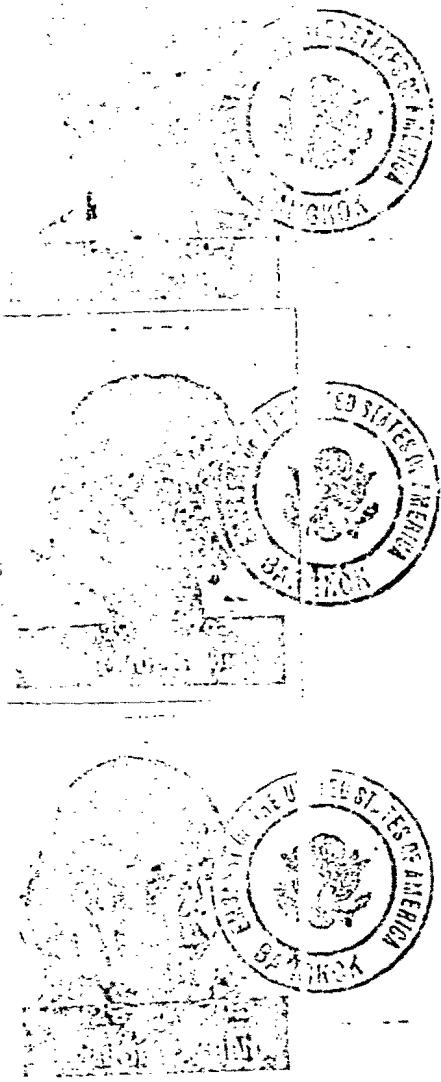
CARES
C/O THE REV DORKY SHIFFLETT
333 LEE AVE S W
LEESBURG VA 22075
H (703)777-4322
W (703)333-4374

SPECIAL INSTRUCTIONS:

ALL INFORMATION

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TO OBTAIN EMPLOYMENT AND HOUSING FOR HIM/HERSELF AND FAMILY, IF ANY.

SIGNATURE *[Signature]*
AUTHORIZED VISA REFERENTATIVE



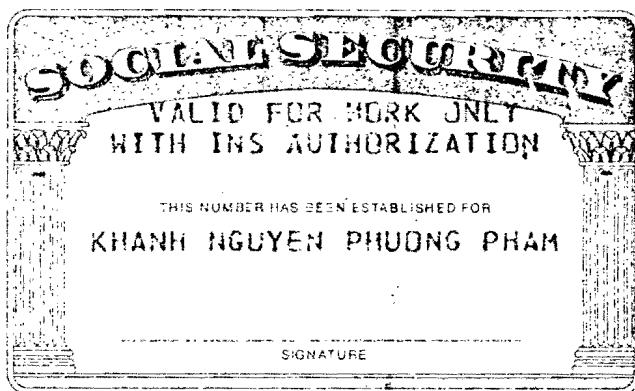
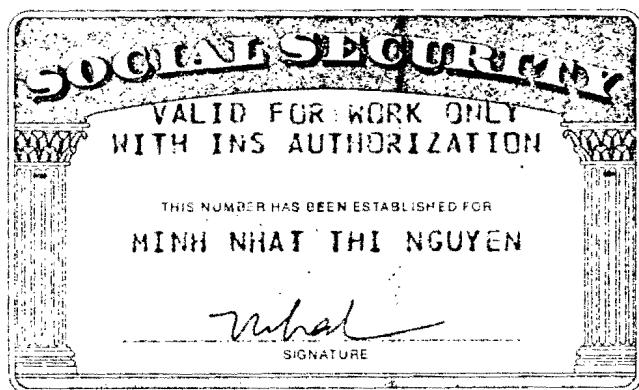
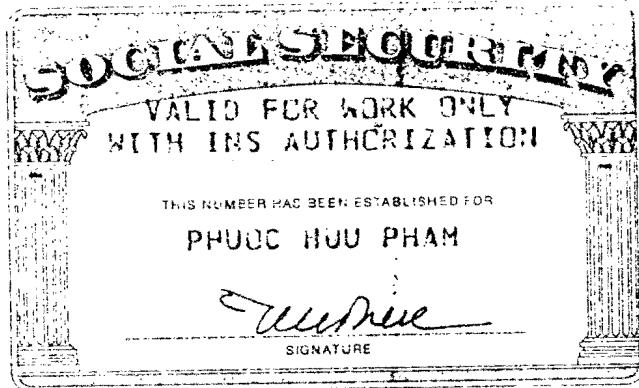
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VALID UNTIL 27 MAR 1995





Departure Number

929712026 03

Immigration and
Naturalization Service

I-94
Departure Record

U.S.A. Comm. Off.

14. Family Name PHAM	16. Birth Date (Day Mo Yr) 21 03 51
15. First (Given) Name PHUOC HUU	16. Birth Date (Day Mo Yr) 21 03 51
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.

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- 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# 74475165 V# V100197 IV# 225619

RICHMOND VA 23220 DFMS

Port: **RICHMOND** Departure Record

Date:

Carrier:

Flight #/Ship Name:

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

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A# 74475167 V# V100197 IV# 225619

RICHMOND VA 23220 DFMS

Port: **RICHMOND** Departure Record

Date:

Carrier:

Flight #/Ship Name:

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

Departure Number

929712044 03

Immigration and
Naturalization Service

I-94
Departure Record

STAPLE HERE

14. Family Name PHAM	16. Birth Date (Day Mo Yr) 22 11 88
15. First (Given) Name PHUONG KHANH NGUYEN	16. Birth Date (Day Mo Yr) 22 11 88
17. Country of Citizenship VIETNAM	

See Other Side

STAPLE HERE

SAIGON FAX

TO: NGUYEN THI MINH PHUONG

FROM: PHAM HUU PHUOC

ADDRESS:

address: 94 Lau I A DIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VN

TEL:

Dear Mo Tu:

When we got your news that we go to resettle in Richmond, Virginia we are so scared and concerned because there is no relatives living in that area.

Please reconsider our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family members want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

Anxiously to hear from you very soon.

Sincerely,

September 27, 1994

IRSA

Dear Ealaine:

On April 7, 1994, I have submitted Affidavit of Relationship to sponsor my nephew-in-law - IV 225019 and his family to join me here in Falls Church, Virginia.

Now I learn that they are leaving the country in the near future but I do not hear anything from you, my niece whose is the wife of PHAM HUU PHUOC and the whole family are eagerly to reunify with me here.

Greatly appreciate if you let me know the date of their arrival in order I can arrange their housing and their well-being resettlement of their new home.

Thank you very much for your prompt assistance in this matter.

Sincerely,



Khuc Minh Tho

Re: PHAM HUU PHUOC (3)
v 100197

DATE: 4/11/95
WORKER IBM No. 705

NAME: Minh Nhat Nguyen

ADDRESS: _____

SHARED SHELTER FORM

I. SHARED RENT - Total Rent: \$ _____. Please provide proof of total bill - (i.e. rent receipt, copy of lease):

	Household Members Who Pay Rent	Amount of Rent Paid 1/4; <u>1/2</u> ; 1/3	Signature of All Who Pay Rent
1.	PHUOC HUU PHAM		<u>Minh Nhat</u>
2.	MINH-NHAT THI NGUYEN		<u>Minh Nhat</u>
3.	KHANH NGUYEN PHUONG PHAM		
4.	THO DINH PHAM		<u>Minh Nhat</u>
5.	DAI-MINH THI TRAN		<u>Minh Nhat</u>
6.	TRIET MINH PHAM		<u>Minh Nhat</u>
7.			

Rent Total _____

II. SHARED UTILITY - Type (circle): Electric Gas Oil Other: _____
In order to receive the utility standard, you must provide proof of expenses for oil, electricity, or gas. In order to receive actual utility expenses, you must provide all of your most recent bills.

	Household Members	Amount	Portion of Bill Paid (All; 1/2; 1/3; Etc.)	Signature of All Who Pay Utilities
1.				
2.				
3.				
4.				
5.				
6.				
7.				

If you do not provide the above, you may get less food stamps.

DATE: 4/11/95
WORKER IBM No. 705

NAME: Minh Nhat Nguyen

ADDRESS: _____

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2.	MINH-NHAT THI NGUYEN		<u>Minh Nhat</u>
3.	KHANH NGUYEN PHUONG PHAM		
4.	THO DINH PHAM		<u>Minh Nhat</u>
5.	DAT-MINH THI TRAN		<u>Minh Nhat</u>
6.	TRIET MINH PHAM		<u>Minh Nhat</u>
7.			

Rent Total _____

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3.	KHANH NGUYEN PHUONG PHAM		
4.	THO DINH PHAM		<u>Minh Nhat</u>
5.	DAI-MINH THI TRAN		<u>Minh Nhat</u>
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2.				
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4.				
5.				
6.				
7.				

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107-029012

APRIL 1995

03211951	M	01-5	C	PHAM, PHUCC H
09241953	F	02-3	C	NGUYEN, NHAT T
11221988	F	03-1	A	PHAM, KHANH N

030195
030195
030195

17.000.000.000.000.
17.000.000.000.000.
17.000.000.000.000.

CHIPPING OR BACK

RECORDED IN 1995. 307 314 107 03/24/95

0000065

177

PHUOC H PHAM
911 EDW FERRY RD NE

LEESBURG VA
22075-0000

3. DETACH HERE BEFORE USING CARD 7

NOTICE TO RECRUITERS: ATTENTION READ BEFORE HAVING THE ALTAIR® SYSTEM INSTALLED

THIS MESSAGE IS FOR YOU IF YOU ARE OVER THE AGE 64, YOU ARE BLIND, OR DISABLED.

MEDALLION, THE MANAGED CARE PROGRAM FOR MEDICAID, WILL BE REPLACING YOUR CURRENT MEDICAID COVERAGE BETWEEN MAY 1 AND JUNE 1.

THIS WILL NOT AFFECT YOU IF YOU HAVE MEDICARE OR OTHER PRIVATE INSURANCE, OR IF YOU ARE IN A NURSING HOME, OR IF YOU RECEIVE PERSONAL CARE AT HOME! FOR THOSE PEOPLE, MEDICAID CONTINUES UNCHANGED. ASK YOUR MAIN DOCTOR IF HE IS PLANNING TO JOIN MEDALLION. IF YOU DO NOT HAVE A PERSONAL DOCTOR, YOU WILL BE ASKED TO CHOOSE ONE. YOU WILL GET MORE INFORMATION ABOUT MEDALLION IN THE MAIL BEFORE MAY 1. THE MOVE FROM MEDICAID TO MEDALLION WILL NOT AFFECT WHAT MEDICAL SERVICES ARE COVERED.

PLEASE REMEMBER
REPORT ALL CHANGES AND DIRECT QUESTIONS ABOUT YOUR
ELIGIBILITY TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES.

AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

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

DATE: 08FEB95 FILE ID NO. V1JC197 PRESENT LOCATION: THAILAND

ETA OR ESL COMPLETION DATE:

THE FOLLOWING PERSONS:

NAME	A NUMBER	DATE OF BIRTH	SEX	POB	NL/D
PHAM HUU PHUOC	74475165	21MAR51	M	VTNM	VTNM
NGUYEN THI MINH NHAT	74475166	24SEP53	F	VTNM	VTNM
PHAM NGUYEN PHUCNG KHANH	74475167	22NOV53	F	VTNM	VTNM

USPHS
QUARANTINE STATION

FEB 28 1995

ARRIVAL DATE
LOS ANGELES, CA

HAVE BEEN ACCEPTED FOR RESETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

DFMS
415 2ND AVENUE
NEW YORK, NY 10017
(212) 807-9454

LOCAL SPONSOR

CIO OF VIRGINIA
VIRGINIA COUNCIL OF CHURCH
1214 W GRAHAM RD APT 3
RICHMOND VA 23220
(804)977-3359

AIRPORT OF FINAL DESTINATION: IAD

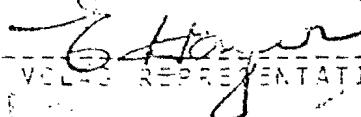
LOCAL RELATIVE

PLACE OF LANDING: LEEBURG VA

CARES
C/O THE REV CORKY SHIFFLETT
335 LEE AVE S W
LEESBURG VA 22075
H (703)777-4222
W (703)338-4374

SPECIAL INSTRUCTIONS:

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TO OBTAIN EMPLOYMENT AND HOUSING FOR HIM/HERSELF AND FAMILY, IF ANY.

SIGNATURE 
AUTHORIZED VCLAS REPRESENTATIVE

929712036 03

Immigration and
Naturalization ServiceI-94
Departure Record14 Family Name
PHAM15 First (Given) Name
PHUOC HUU17 Country of Citizenship
VIETNAM16 Birth Date (Day/Mo/Yr)
21 03 51

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.

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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# 74475165 V# V100197 IV# 225619

RICHMOND VA 23220 DFMS

Port: Departure Record

Date:

Carrier:

Flight #/Ship Name:

See Other Side

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

Departure Number

929712035 03

Immigration and
Naturalization ServiceI-94
Departure Record14 Family Name
NGUYEN15 First (Given) Name
MINH NHAT THE17 Country of Citizenship
VIETNAM16 Birth Date (Day/Mo/Yr)
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A# 74475166 V# V100197 IV# 225619

RICHMOND VA 23220 DFMS

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Flight #/Ship Name:

See Other Side

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Washington, D.C. 20402

Departure Number

929712044 03

Immigration and
Naturalization ServiceI-94
Departure Record14 Family Name
PHAM15 First (Given) Name
PHUONG KHANH NGUYEN17 Country of Citizenship
VIETNAM16 Birth Date (Day/Mo/Yr)
22 11 88

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Port: Departure Record

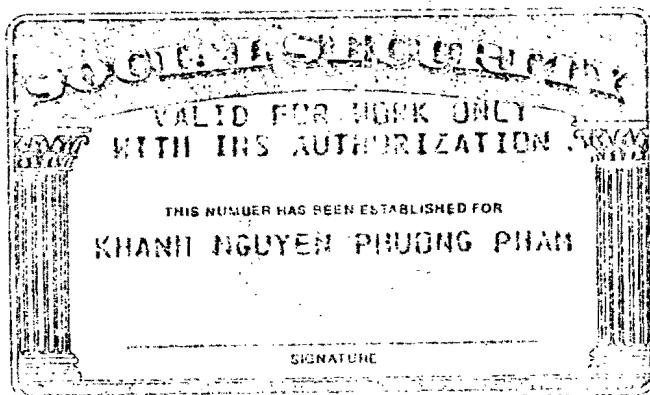
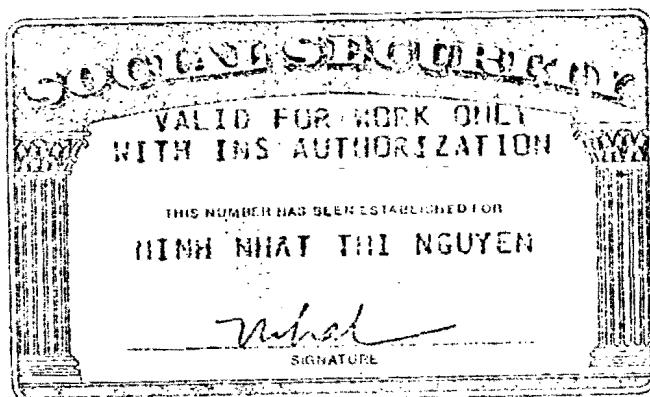
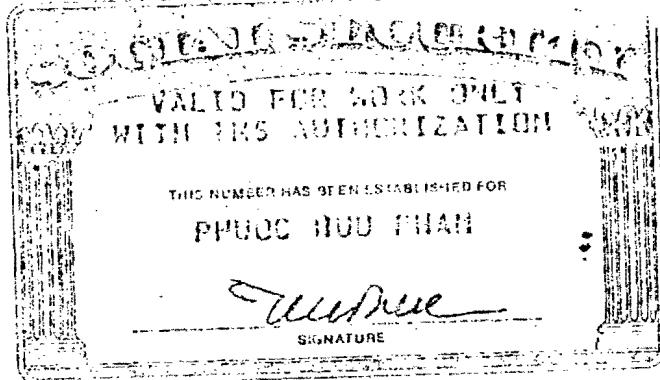
Date:

Carrier:

Flight #/Ship Name:

See Other Side

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
NOTICE OF ACTION ON MEDICAID

COUNTY/CITY: Staunton
CASE NUMBER: FC-0000612477
CASE NAME: Erica Blue Phane

Phase I Blue Phane

ACTION ON YOUR MEDICAID APPLICATION WAS TAKEN
BY THE DEPARTMENT OF SOCIAL SERVICES ON
3/1/93. THE STATEMENT FOLLOWING
THE CHECKED BLOCK EXPLAINS THE ACTION TAKEN.

<input checked="" type="checkbox"/>	APPROVED FULL MEDICAID COVERAGE. BEGINS <u>3/1/93</u> . PERSONS ELIGIBLE: <u>Phase I Blue Phane</u>
<input type="checkbox"/>	APPROVED LIMITED MEDICAID COVERAGE (QMB <u> </u> SLMB <u> </u> EMERGENCY ONLY <u> </u>). BEGINS <u> </u> . PERSONS ELIGIBLE: <u> </u>
<input type="checkbox"/>	MEDICAID COVERAGE WILL END <u>6/30/93</u> UNLESS YOU BECOME INELIGIBLE BEFORE THIS DATE.
<input type="checkbox"/>	APPROVED RETROACTIVE COVERAGE FOR THE MONTHS OF <u> </u> PERSONS ELIGIBLE: <u> </u>
<input type="checkbox"/>	DID NOT APPROVE RETROACTIVE COVERAGE FOR THE MONTHS OF <u> </u> REASON: <u> </u> MANUAL REFERENCE: <u> </u>
<input type="checkbox"/>	DID NOT EVALUATE RETROACTIVE COVERAGE BECAUSE IT WAS NOT REQUESTED OR APPLICATION WAS WITHDRAWN.
<input type="checkbox"/>	DENIED FULL MEDICAID COVERAGE BECAUSE INCOME EXCEEDS THE INCOME LEVEL. IF MEDICAL OR DENTAL EXPENSES OF \$ <u> </u> ARE INCURRED ON OR BEFORE <u> </u> BRING BILLS TO THE AGENCY AND ELIGIBILITY FOR FULL COVERAGE WILL BE REEVALUATED.
<input type="checkbox"/>	DENIED MEDICAID COVERAGE FOR <u> </u> BECAUSE <u> </u> MANUAL REFERENCE: <u> </u>
<input type="checkbox"/>	ACTION WAS NOT TAKEN ON YOUR MEDICAID APPLICATION DATED <u> </u> WITHIN TEN DAYS FOR A PREGNANT WOMAN. WITHIN 45 DAYS (90 DAYS IF DISABILITY DETERMINATION REQUIRED). REASON: <u> </u>
<input type="checkbox"/>	YOU WILL RECEIVE A NEW MEDICAID CARD BECAUSE THE FOLLOWING PEOPLE ARE NOW ELIGIBLE: <u> </u>
<input checked="" type="checkbox"/>	OTHER: <u>Erica Blue Phane</u>

IF YOU DISAGREE WITH THE ACTION TAKEN, YOU HAVE THE RIGHT TO APPEAL TO THE STATE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES, 600 E. BROAD ST., SUITE 1300, RICHMOND VA 23219. THE APPEAL MUST BE MADE WITHIN 30 DAYS OF THE RECEIPT OF THIS NOTICE. FORMS TO APPEAL WILL BE PROVIDED BY THE LOCAL SOCIAL SERVICES DEPARTMENT OR THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES.

7/2/93 *Erica Blue Phane* *3/1/93* *032-00-008/7 (6/93)*

(DATE MAILED) (WORKER NAME)

(TITLE)

(PHONE #)

NOTICE OF ACTION

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR FOOD STAMP APPLICATION OR CASE.

CASE NUMBER

107-0290126057

DATE

4/1/95

COUNTY/CITY

Loudoun

Phone, New Phone

SECTION 1. ACTION ON APPLICATION DATED

Approved for following months _____
 Amount first month \$ _____ Month covered _____ Amount for following months \$ _____
 You selected _____ as Head of Household. If all adult members do not agree, contact your worker within 10 days.
 NOTE: If you applied for both Food Stamps and AFDC or GR at the same time, and then are approved for AFDC or GR benefits, your food stamp amount may be reduced without advance notice.

If this box is checked, your application was approved even though some verification was postponed. We need the following information or verification from you: _____
 If we do not receive these by _____ your case will be closed effective _____
 If this verification results in changes in your household's eligibility or amount of benefits, we will make such changes without advance notice.

Denied. See Section 3

Continue to hold application pending. The cause for the delay is:
 Agency delay. Your application will be processed as soon as possible.
 Client delay.
 We are waiting for the following information from you: _____
 We must have this information by _____ or your application will be denied.

SECTION 2. ACTION ON FOOD STAMP CASE

Changed from \$ 500 to \$ 600 effective 5/1/95
 If this box is checked, we must receive the following verification from you:
 We must receive this verification by _____ If your allotment was increased but we do not receive this verification,
 your benefits will go back to the amount of \$ _____ effective _____ without advance notice.

Reinstated -- Amount \$ _____ effective _____
 Supplemented -- Amount \$ _____ for the month of _____
 Terminated effective _____

SECTION 3. REASON FOR ACTION, EXPLANATION OR COMMENTS

*Participant earned income from work and child support
 upon loss of the child support credit due to self employment*

If you are approved for food stamps and you have children in public school, they may be eligible for free meals. For more information, contact your school.

You must report within 10 days required changes in the persons in your household and in your financial situation. If necessary, you may call collect. Food stamps or an ATP card not received in the mail or destroyed after receipt may be replaced if the loss is reported right away.

If you do not agree with the action we have taken or the amount of food stamps you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. To request a fair hearing, you may call me at the number below or write to the Virginia Department of Social Services, Attention: Manager, Appeals & Fair Hearings, 730 East Broad Street, Richmond, Virginia 23219-1849. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your fair hearing within the next 90 days. If you appeal the action on your case before _____ assistance may continue. However, if assistance is continued, you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action. For additional information about appeals and fair hearings, please see the back of this notice.

Worker <i>D. Y. D.</i>	Telephone Number 7177-6317	For Free Legal Advice Call 7177-7413
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Transmit Confirmation Report

No.	:	006
Receiver	:	DSS BAILEYS CROS
Transmitter	:	KHUC MINH-THO / FVPPA
Date	:	Apr 17.95
Time	:	22:55
Mode	:	04-07 Norm
Pages	:	05
Result	:	OK



HOI GIA-DINH TU-NHAN CHINH-TRI VIETNAM
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION
P.O. BOX 5435, Arlington, VA 22205-0635
Tel: (703) 560-0058 - FAX: (703) 204-0394

FAX COVER SHEET

DATE: April 17, 1995

TO : Ms. Waleska
Eligibility Worker

FAX #: 533-5525

FROM: Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet: 05

SUBJECT: Verification of resident of Minh-Nhat Nguyen.

Please give me a call if you need more
information.

Thank you very much for your help.

Khuc, Minh-Tho

DATE: 4/11/95
WORKER IBM No. 705

NAME: Minh Nhat Nguyen
ADDRESS: _____

SHARED SHELTER FORM

I. SHARED RENT - Total Rent: \$ _____. Please provide proof of total bill - (i.e. rent receipt, copy of lease):

	Household Members Who Pay Rent	Amount of Rent Paid 1/4; 1/2; 1/3	Signature of All Who Pay Rent
1.	PHUOC HUU PHAM		<u>Minh Nhat</u>
2.	MINH-NHAT THI NGUYEN	}\$ 347.50	<u>Minh Nhat</u>
3.	KHANH NGUYEN PHUONG PHAM		
4.	THO DINH PHAM		<u>Minh Nhat</u>
5.	DAT-MINH THI TRAN	}\$ 347.50	<u>Minh Nhat</u>
6.	TRIET MINH PHAM		<u>Minh Nhat</u>
7.			

Rent Total \$ 695.00

II. SHARED UTILITY - Type (circle): Electric Gas Oil Other: Telephone
In order to receive the utility standard, you must provide proof of expenses for oil, electricity, or gas. In order to receive actual utility expenses, you must provide all of your most recent bills.

	Household Members	Amount	Portion of Bill Paid (All; 1/2; 1/3; Etc.)	Signature of All Who Pay Utilities
1.				
2.				
3.				
4.				
5.				
6.				
7.				

If you do not provide the above, you may get less food stamps.

(9) If at any time during the tenancy hereby created any repairs or services shall become necessary to the premises hereby leased, or in any other part of the building, which shall necessitate entering the premises hereby leased for the purpose of making repairs or services, permission for such purposes is hereby given by Lessee; and the Lessor shall not be liable for any damage by reason of such entry or the making of such repairs, nor for any damage to any property in, upon or about the demised premises at any time, however caused, whether through the carelessness or negligence of the agent of the Lessor or otherwise; and all claims for such damage are hereby released to the Lessor or its assigns who may plead this release in bar thereof in any and every suit, demand and claim for the same. It is further agreed that during the last thirty days that this lease is in effect, the Lessor or its agents shall have free access to the Apartment at all reasonable hours for the purpose of displaying Apartment for reassignment to other Parties, or inspecting same.

(10) The Lessee will not place anything in or upon the balconies or windows of the premises hereby leased without written permission from the Lessor first had and obtained.

(11) If Lessee shall desire to remove from the premises at the expiration of the term hereof, he shall give Lessor notice in writing of his intention to remove at least thirty (30) days prior to the expiration of the term hereof.

(12) Lessee will not keep gasoline or any other explosives or highly inflammable material in the building which will increase the rate of fire insurance beyond the ordinary risk, or do any act or thing upon the premises or in or about the building which may make void or voidable any insurance on the said premises or building against fire, or that may be contrary to the management's ruling.

(13) Said Lessee will give said Lessor prompt notice of any defects in or accidents to the water or steam pipes, electric wiring, heating apparatus, or any other part of said demised premises, in order that the same may be repaired with due diligence, but the said Lessor shall not be liable in any manner for any interruption to any services, such as heat, water, or the like, nor shall the said Lessor be liable for any loss or damage to the person or property of said Lessee, or of any person using or occupying said demised premises arising from any cause in or about said building or said demised premises, unless caused by willful negligence of the Lessor.

(14) Lessee agrees that, in the event of the failure of the Lessor to deliver possession of said demised premises at the time herein agrees as the date of commencement of the term hereof, then neither the Lessor or its agent shall be liable for any damage thereby nor shall this lease be void or voidable, but in this event the Lessee shall not be liable for rent until such time as the Lessor delivers possession.

(15) In the event Lessee is adjudicated a bankrupt, or makes an assignment for the benefit of creditors this agreement shall, at the option of the Lessor, cease and determine, and said premises shall be surrendered to Lessor, who hereby reserves the right in either of said events, to forthwith re-enter and repossess said premises.

(16) All goods and personal property of every kind in and upon the said leased premises shall be at the sole risk and hazard of the Lessee or those claiming by, through or under him, or the owner thereof.

(17) Lessee will not make any structural changes or alterations in the premises hereby let, nor paint the interior of the premises without express written permission from Lessor nor will the Lessee install any washing or drying machines, air-conditioning machines, manglers, ironers (other than small hand irons) or any other equipment or machinery of any kind or nature whatsoever that will or may necessitate any change or additions to, or require the use of, the water system, heating system, or the electric system of the premises hereby let, or the building in which said premises are located, other than such small household appliances normally used in an apartment of this character.

(18) No radio or television aerials or lead-in wires shall be strung or erected upon or about the roof or windows of the leased premises, or the building of which the leased premises is a part. Radios or television sets are to be operated only between 7:30 A.M. and 12:00 midnight, but under no circumstances shall they be operated in a loud manner so as to disturb other tenants.

(19) Lessee will not drive nails, except approved picture hooks, into the walls of said demised premises, attach drapery or curtain fixtures, except in the manner approved by the Lessor, nor in any manner deface or injure the walls, windows, or woodwork; and should defacement or injury occur by accident, or otherwise, within the demised premises, the Lessee agrees to immediately repair the damage at his own expense. All picture hooks to remain attached to walls.

(20) Lessee will conform to all rules and regulations from time to time made by Lessor for the use, government and management of said building and its appurtenances.

(21) It is agreed that the Lessor tenders and the Lessee accepts this agreement on the basis of representations contained in the application submitted to Lessor by Lessee for the purpose of inducing Lessor to enter into this agreement with Lessee. The Lessor reserves the right to cancel this agreement and repossess the said premises should any of the said representations be misleading, inaccurate or untrue.

(22) To assure the performance by Lessee of all his covenants and agreements herein contained, Lessee herewith deposits with the Lessor the sum of ~~one thousand dollars~~ and hereby waives ~~one thousand dollars~~ homestead exemption as to their obligation. Lessor shall have forty-five (45) days to inspect premises and return deposit following termination of this lease, less any expense caused by the breach of any covenant or agreement of this lease; less any damages to the property other than ordinary wear and tear; plus any sums due from the Lessee; when Lessee has fulfilled his obligation to this lease and thoroughly cleaned the stove, refrigerator, kitchen, bath room, venetian blinds, all floors and windows in these premises. If the Lessee fails to do so, Lessor shall have the right to retain said deposit as fixed and liquidated damages for the breach of this agreement by the Lessee. It is understood and agreed by the Lessee that this Security Deposit cannot be used or applied by the Lessee as a substitute for rent.

(23) Lessee to furnish the following utilities: None

(23a) No water beds allowed in this apartment.

(24) Military Clause: In the event the Lessee is or hereafter becomes a member of the United States Armed Forces, Lessee may terminate this lease upon the occurrence of any of the following events in the manner set forth below: 1. Receipt of orders to report to active duty at a station located more than fifty miles from the leased premises. 2. Receipt of permanent change of station orders to a station located more than fifty miles from the leased premises. 3. Receipt of orders discharging Lessee from active duty. Manner of Termination: Lessee may terminate this lease by written notice accompanied by a copy of the Lessee's orders delivered to the Lessor. Said termination shall become effective thirty (30) days after the receipt of said notice by the Lessor.

(25) The failure of the Lessor to exercise any of the rights granted to it herein or to enforce any of the restrictions imposed upon the Lessee herein shall not be deemed to be a waiver on the part of the Lessor so as to preclude it from exercising said rights in the future or to preclude it from subsequent enforcement of the restrictions contained herein.

IN WITNESS WHEREOF, the Lessor and Lessee have signed and sealed this lease the day and year first above written.

M-G APARTMENTS

Lessor

By: M. McLean

Lessee

Lessee

Make checks payable to: 'M-G Apartments'

Mail to: M-G Apartments
P. O. Drawer 1217
McLean, Va. 22101

M.G. Apartments

P. O. DRAWER 1217

McLEAN, VA. 22101

THIS DEED OF LEASE, made this 15th day of April in the year 1995, between M-G APARTMENTS, lessor and Tho Dinh Phan, Minh Trax, Phuoc Hieu Phan, Minh Nhat Ngan ~~hereinafter~~ called the lessee.

WITNESSETH:

That in consideration of the rent herein reserved and of the covenants herein contained and by the said Lessee to be performed, the said Lessor does hereby lease to said Lessee the premises in the State of Virginia, known as 2906 John Marshall Dr. #101 Falls Church 22044 for the term of 1 year, commencing on the 1st day of the month following the signing hereof for the monthly rental of six hundred ninety five (695.00) Dollars, payable in advance without deduction or demand, at the office of the Lessor, or at such other place designated by the Lessor, on the FIRST day of each and every month during the said term, the first payment of which is to be made upon the signing hereof as rent in advance for the first month of said term.

COVENANTS OF LEASE

(1) And the Lessee for himself, his heirs, executors and administrators, does hereby covenant to and with the said Lessor, its successors and assigns, that the Lessee shall and will during the said term pay unto the Lessor the rent hereby reserved in the manner hereinbefore mentioned without any deduction whatsoever and without any obligation on the part of the Lessor to make any demand for same: and further that the Lessee will not use said premises for any unlawful purposes or in any manner which will disturb neighbors, but will occupy the same only as a dwelling and will not sublet said premises or any part thereof, nor assign this lease, nor transfer possession thereof, to any person, persons or corporation, nor carry on any business therein; and further that the Lessee will, at the end of the said term, deliver up the said premises to the Lessor in the like good order in which they now are, ordinary wear and tear excepted. Lessee further agrees not to keep or maintain any dog, cat or other pet in the demised premises without the written consent of Lessor first had and obtained, which consent, if given either verbally or in writing may be revoked by Lessor at any time.

(2) If the Lessee shall not immediately surrender said premises on the day of the end of said term, the Lessee shall by virtue of this agreement, at the option of the Lessor, become a tenant by the month at the rental per month of the monthly installments of rent to be paid as aforesaid, commencing said monthly tenancy with the first day next after the end of the term above demised: said Lessee, as a monthly tenant shall be subject to all conditions and covenants of the said lease as though the same had originally been a monthly tenancy and the Lessee shall give the Lessor at least thirty (30) days' written notice of any intention to remove from said premises, said notice to expire on the day of the month from which the tenancy commenced to run, and Lessee shall be entitled to thirty (30) days' written notice to quit said premises, except in the event of non-payment of rent in advance, in which event the Lessee shall not be entitled to any notice to quit, the usual thirty (30) days' notice being hereby expressly waived.

(3) The storage spaces in the basement of said building, if provided by Lessor, are provided by Lessor only as an accommodation to the tenants for the storage of trunks, lockers, and luggage only subject to the rules and regulations governing such use as imposed by the Lessor, with the express understanding by Lessee that the said storage spaces are provided gratuitously by the Lessor; the tenants using the same for any purpose do so at their own risk and upon the express stipulation and agreement that the Lessor shall not be liable for any loss of property therein, or for any damage or injury whatsoever, whether such loss or damage is incurred in said storage space or any portion of the building or any place appurtenant thereto. It is also further agreed and understood that employees of the Lessor are prohibited as such from in any way storing, moving or handling articles or for such storage or any laundry room, and if any such employee does, at the request of the Lessee take part in storing, moving, handling, opening or removing anything in, to, or from such laundry or storage room, he or she so doing shall be the agent of the Lessee and not an agent of the Lessor.

(4) If Lessor shall set apart outside parking space for the parking of automobiles, the Lessee may, at his own risk, use for the purpose of parking reasonable space therein, if available, provided, however, that if any employee or Lessor shall, at the request of Lessee, member of his family or household, take part in moving, handling or removing anything in, or from such parking space, including the driving or operating of such automobile, such employee in so doing, shall be the agent of the Lessee, and not the agent of Lessor. And Lessee further agrees that if any goods, merchandise, property of automobiles of any kind shall be given, entrusted or placed in the hands or custody of any of the employees of the Lessor for safekeeping, or for delivery to Lessee, or to any person for Lessee, then such employee shall be deemed the agent of Lessee, and Lessor is hereby expressly released from any and all loss, damage, or expense in connection therewith.

(5) Lessee agrees that no more than four persons shall be permitted to occupy the aforementioned premises as living quarters nor shall the Lessee utilize the demised premises as a location to provide for the care of those who do not physically reside at the demised premises: failure to comply with this limitation shall constitute a breach of covenant by the Lessee herein.

(6) Garage accommodations are not included in the rental, nor are garage accommodations to be furnished to the Lessee unless a separate express agreement in writing with respect thereto is made between Lessee and Lessor.

(7) If during the continuance of said term, or if after the commencement of said monthly tenancy, if any arise as aforementioned, Lessee shall fail to pay any of said monthly installments of rent reserved as aforesaid when and as the same shall respectively become due and payable, although no demand may have been made for the same, or if Lessee shall in any other manner or respect fail to keep or shall violate any one of the covenants and agreements herein made by the said Lessee, then it shall be lawful for the Lessor, or its assigns, at its or their election and option, to re-enter and take possession of said premises forthwith, without process, or by any legal processes in force in State of Virginia governing proceedings between Landlords and Tenants, and without any previous demand for possession or notice, the said Lessee hereby expressly waiving all right to claim a thirty (30) days' notice or other notice to remove from the said premises, in the event it should become necessary for Lessor to proceed legally to collect the rent, get possession or enforce any other terms and conditions of this lease; the Lessee hereby agrees to pay a service charge of fifty dollars (\$50.00), plus Attorney fees, if any. Lessee agrees to pay a service charge of \$10.00 each on any installment of rent that should not be paid within five (5) days from the rental due date and in the event that any such installment remains unpaid for ten (10) days after the rental due date, an additional service charge of ten dollars (\$10.00).

(8) And it is further provided that if under the provisions of this lease summary proceedings or any proceedings are taken by the Lessor seeking to recover possession of said premises, and a compromise or settlement should be made either before or after judgment, whereby the said Lessee shall be allowed to retain said premises, such proceedings shall not constitute a waiver of any covenant herein contained, or the lease itself, or the monthly tenancy if that be in force at such time or times: and it is further understood and agreed that the covenants and agreements contained in the within agreement to be performed by the respective parties are binding on the said parties and the successors and the legal representative or representatives of the said Lessor and Lessee, respectively, and that no waiver of, nor any breach of any covenant herein shall be construed to be a waiver of the covenant itself or of any subsequent breach thereof, or of this agreement.

M.G. Apartments

P. O. DRAWER 1217

McLEAN, VA. 22101

THIS DEED OF LEASE, made this 15th day of April in the year 1995, between M-G APARTMENTS, lessor and Phu Nhien Phan, Minh Han, Phuoc Huu Phan, Minh Nhien Nguyen, called the lessee.

WITNESSETH:

That in consideration of the rent herein reserved and of the covenants herein contained and by the said Lessee to be performed, the said Lessor does hereby lease to said Lessee the premises in the State of Virginia, known as

for the term of 1 year, commencing on the 1st day of the month following the signing hereof for the monthly rental of Six hundred ninety five (\$695.00) Dollars, payable in advance without deduction or demand, at the office of the Lessor, or at such other place designated by the Lessor, on the FIRST day of each and every month during the said term, the first payment of which is to be made upon the signing hereof as rent in advance for the first month of said term.

COVENANTS OF LEASE

(1) And the Lessee for himself, his heirs, executors and administrators, does hereby covenant to and with the said Lessor, its successors and assigns, that the Lessee shall and will during the said term pay unto the Lessor the rent hereby reserved in the manner hereinbefore mentioned without any deduction whatsoever and without any obligation on the part of the Lessor to make any demand for same; and further that the Lessee will not use said premises for any unlawful purposes or in any manner which will disturb neighbors, but will occupy the same only as a dwelling and will not sublet said premises or any part thereof, nor assign this lease, nor transfer possession thereof, to any person, persons or corporation, nor carry on any business therein; and further that the Lessee will, at the end of the said term, deliver up the said premises to the Lessor in the like good order in which they now are, ordinary wear and tear excepted. Lessee further agrees not to keep or maintain any dog, cat or other pet in the demised premises without the written consent of Lessor first had and obtained, which consent, if given either verbally or in writing may be revoked by Lessor at any time.

(2) If the Lessee shall not immediately surrender said premises on the day of the end of said term, the Lessee shall by virtue of this agreement, at the option of the Lessor, become a tenant by the month at the rental per month of the monthly installments of rent to be paid as aforesaid, commencing said monthly tenancy with the first day next after the end of the term above demised; said Lessee, as a monthly tenant shall be subject to all conditions and covenants of the said lease as though the same had originally been a monthly tenancy and the Lessee shall give the Lessor at least thirty (30) days' written notice of any intention to remove from said premises, said notice to expire on the day of the month from which the tenancy commenced to run, and Lessee shall be entitled to thirty (30) days' written notice to quit said premises, except in the event of non-payment of rent in advance, in which event the Lessee shall not be entitled to any notice to quit, the usual thirty (30) days' notice being hereby expressly waived.

(3) The storage spaces in the basement of said building, if provided by Lessor, are provided by Lessor only as an accommodation to the tenants for the storage of trunks, lockers, and luggage only subject to the rules and regulations governing such use as imposed by the Lessor, with the express understanding by Lessee that the said storage spaces are provided gratuitously by the Lessor; the tenants using the same for any purpose do so at their own risk and upon the express stipulation and agreement that the Lessor shall not be liable for any loss of property therein, or for any damage or injury whatsoever, whether such loss or damage is incurred in said storage space or any portion of the building or any place appurtenant thereto. It is also further agreed and understood that employees of the Lessor are prohibited as such from in any way storing, moving or handling articles or for such storage or any laundry room, and if any such employee does, at the request of the Lessee take part in storing, moving, handling, opening or removing anything in, to, or from such laundry or storage room, he or she so doing shall be the agent of the Lessee and not an agent of the Lessor.

(4) If Lessor shall set apart outside parking space for the parking of automobiles, the Lessee may, at his own risk, use for the purpose of parking reasonable space therein, if available, provided, however, that if any employee or Lessor shall, at the request of Lessee, member of his family or household, take part in moving, handling or removing anything in, or from such parking space, including the driving or operating of such automobile, such employee in so doing, shall be the agent of the Lessee, and not the agent of Lessor. And Lessee further agrees that if any goods, merchandise, property of automobiles of any kind shall be given, entrusted or placed in the hands or custody of any of the employees of the Lessor for safekeeping, or for delivery to Lessee, or to any person for Lessee, then such employee shall be deemed the agent of Lessee, and Lessor is hereby expressly released from any and all loss, damage, or expense in connection therewith.

(5) Lessee agrees that no more than four persons shall be permitted to occupy the aforementioned premises as living quarters nor shall the Lessee utilize the demised premises as a location to provide for the care of those who do not physically reside at the demised premises; failure to comply with this limitation shall constitute a breach of covenant by the Lessee herein.

(6) Garage accommodations are not included in the rental, nor are garage accommodations to be furnished to the Lessee unless a separate express agreement in writing with respect thereto is made between Lessee and Lessor.

(7) If during the continuance of said term, or if after the commencement of said monthly tenancy, if any arise as aforementioned, Lessee shall fail to pay any of said monthly installments of rent reserved as aforesaid when and as the same shall respectively become due and payable, although no demand may have been made for the same, or if Lessee shall in any other manner or respect fail to keep or shall violate any one of the covenants and agreements herein made by the said Lessee, then it shall be lawful for the Lessor, or its assigns, at its or their election and option, to re-enter and take possession of said premises forthwith, without process, or by any legal processes in force in State of Virginia governing proceedings between Landlords and Tenants, and without any previous demand for possession or notice, the said Lessee hereby expressly waiving all right to claim a thirty (30) days' notice or other notice to remove from the said premises, in the event it should become necessary for Lessor to proceed legally to collect the rent, get possession or enforce any other terms and conditions of this lease; the Lessee hereby agrees to pay a service charge of fifty dollars (\$50.00), plus Attorney fees, if any. Lessee agrees to pay a service charge of \$10.00 each on any installment of rent that should not be paid within five (5) days from the rental due date and in the event that any such installment remains unpaid for ten (10) days after the rental due date, an additional service charge of ten dollars (\$10.00).

(8) And it is further provided that if under the provisions of this lease summary proceedings or any proceedings are taken by the Lessor seeking to recover possession of said premises, and a compromise or settlement should be made either before or after judgment, whereby the said Lessee shall be allowed to retain said premises, such proceedings shall not constitute a waiver of any covenant herein contained, or the lease itself, or the monthly tenancy if that be in force at such time or times; and it is further understood and agreed that the covenants and agreements contained in the within agreement to be performed by the respective parties are binding on the said parties and the successors and the legal representative or representatives of the said Lessor and Lessee, respectively, and that no waiver of, nor any breach of any covenant herein shall be construed to be a waiver of the covenant itself or of any subsequent breach thereof, or of this agreement.

(9) If at any time during the tenancy hereby created any repairs or services shall become necessary to the premises hereby leased, or in any other part of the building, which shall necessitate entering the premises hereby leased for the purpose of making repairs or services, permission for such purposes is hereby given by Lessee; and the Lessor shall not be liable for any damage by reason of such entry or the making of such repairs, nor for any damage to any property in, upon or about the demised premises at any time, however caused, whether through the carelessness or negligence of the agent of the Lessor or otherwise; and all claims for such damage are hereby released to the Lessor or its assigns who may plead this release in bar thereof in any and every suit, demand and claim for the same. It is further agreed that during the last thirty days that this lease is in effect, the Lessor or its agents shall have free access to the Apartment at all reasonable hours for the purpose of displaying Apartment for reassignment to other Parties, or inspecting same.

(10) The Lessee will not place anything in or upon the balconies or windows of the premises hereby leased without written permission from the Lessor first had and obtained.

(11) If Lessee shall desire to remove from the premises at the expiration of the term hereof, he shall give Lessor notice in writing of his intention to remove at least thirty (30) days prior to the expiration of the term hereof.

(12) Lessee will not keep gasoline or any other explosives or highly inflammable material in the building which will increase the rate of fire insurance beyond the ordinary risk, or do any act or thing upon the premises or in or about the building which may make void or voidable any insurance on the said premises or building against fire, or that may be contrary to the management's ruling.

(13) Said Lessee will give said Lessor prompt notice of any defects in or accidents to the water or steam pipes, electric wiring, heating apparatus, or any other part of said demised premises, in order that the same may be repaired with due diligence, but the said Lessor shall not be liable in any manner for any interruption to any services, such as heat, water, or the like, nor shall the said Lessor be liable for any loss or damage to the person or property of said Lessee, or of any person using or occupying said demised premises arising from any cause in or about said building or said demised premises, unless caused by willful negligence of the Lessor.

(14) Lessee agrees that, in the event of the failure of the Lessor to deliver possession of said demised premises at the time herein agrees as the date of commencement of the term hereof, then neither the Lessor or its agent shall be liable for any damage thereby nor shall this lease be void or voidable, but in this event the Lessee shall not be liable for rent until such time as the Lessor delivers possession.

(15) In the event Lessee is adjudicated a bankrupt, or makes an assignment for the benefit of creditors this agreement shall, at the option of the Lessor, cease and determine, and said premises shall be surrendered to Lessor, who hereby reserves the right in either of said events, to forthwith re-enter and repossess said premises.

(16) All goods and personal property of every kind in and upon the said leased premises shall be at the sole risk and hazard of the Lessee or those claiming by, through or under him, or the owner thereof.

(17) Lessee will not make any structural changes or alterations in the premises hereby let, nor paint the interior of the premises without express written permission from Lessor nor will the Lessee install any washing or drying machines, air-conditioning machines, mangers, ironers (other than small hand irons) or any other equipment or machinery of any kind or nature whatsoever that will or may necessitate any change or additions to, or require the use of, the water system, heating system, or the electric system of the premises hereby let, or the building in which said premises are located, other than such small household appliances normally used in an apartment of this character.

(18) No radio or television aerials or lead-in wires shall be strung or erected upon or about the roof or windows of the leased premises, or the building of which the leased premises is a part. Radios or television sets are to be operated only between 7:30 A.M. and 12:00 midnight, but under no circumstances shall they be operated in a loud manner so as to disturb other tenants.

(19) Lessee will not drive nails, except approved picture hooks, into the walls of said demised premises, attach drapery or curtain fixtures, except in the manner approved by the Lessor, nor in any manner deface or injure the walls, windows, or woodwork; and should defacement or injury occur by accident, or otherwise, within the demised premises, the Lessee agrees to immediately repair the damage at his own expense. All picture hooks to remain attached to walls.

(20) Lessee will conform to all rules and regulations from time to time made by Lessor for the use, government and management of said building and its appurtenances.

(21) It is agreed that the Lessor tenders and the Lessee accepts this agreement on the basis of representations contained in the application submitted to Lessor by Lessee for the purpose of inducing Lessor to enter into this agreement with Lessee. The Lessor reserves the right to cancel this agreement and repossess the said premises should any of the said representations be misleading, inaccurate or untrue.

(22) To assure the performance by Lessee of all his covenants and agreements herein contained, Lessee herewith deposits with the Lessor the sum of ~~one thousand~~ and hereby waives ~~their~~ homestead exemption as to their obligation. Lessor shall have forty-five (45) days to inspect premises and return deposit following termination of this lease, less any expense caused by the breach of any covenant or agreement of this lease; less any damages to the property other than ordinary wear and tear; plus any sums due from the Lessee; when Lessee has fulfilled his obligation to this lease and thoroughly cleaned the stove, refrigerator, kitchen, bath room, venetian blinds, all floors and windows in these premises. If the Lessee fails to do so, Lessor shall have the right to retain said deposit as fixed and liquidated damages for the breach of this agreement by the Lessee. It is understood and agreed by the Lessee that this Security Deposit cannot be used or applied by the Lessee as a substitute for rent.

(23) Lessee to furnish the following utilities: Water

(23a) No water beds allowed in this apartment.

(24) Military Clause: In the event the Lessee is or hereafter becomes a member of the United States Armed Forces, Lessee may terminate this lease upon the occurrence of any of the following events in the manner set forth below: 1. Receipt of orders to report to active duty at a station located more than fifty miles from the leased premises. 2. Receipt of permanent change of station orders to a station located more than fifty miles from the leased premises. 3. Receipt of orders discharging Lessee from active duty. Manner of Termination: Lessee may terminate this lease by written notice accompanied by a copy of the Lessee's orders delivered to the Lessor. Said termination shall become effective thirty (30) days after the receipt of said notice by the Lessor.

(25) The failure of the Lessor to exercise any of the rights granted to it herein or to enforce any of the restrictions imposed upon the Lessee herein shall not be deemed to be a waiver on the part of the Lessor so as to preclude it from exercising said rights in the future or to preclude it from subsequent enforcement of the restrictions contained herein.

IN WITNESS WHEREOF, the Lessor and Lessee have signed and sealed this lease the day and year first above written.

M-G APARTMENTS

Lessor

By: M. Wilson

Make checks payable to: 'M-G Apartments'

Mail to: M-G Apartments
P. O. Drawer 1217
McLean, Va. 22101

Lessee

Lessee

DATE: 4/11/95
WORKER IBM No. 705

NAME: Minh Nhat Nguyen
ADDRESS:

SHARED SHELTER FORM

I. SHARED RENT - Total Rent: \$. Please provide proof of total bill - (i.e. rent receipt, copy of lease):

	Household Members Who Pay Rent	Amount of Rent Paid 1/4; 1/2; 1/3	Signature of All Who Pay Rent
1.	PHUOC HUU PHAM		<u>Minh Nhat</u>
2.	MINH-NHAT THI NGUYEN	\$ 347.50	<u>Minh Nhat</u>
3.	KHANH NGUYEN PHUONG PHAM		
4.	THO DINH PHAM		<u>Minh Nhat</u>
5.	DAT-MINH THI TRAN	\$ 347.50	<u>Minh Nhat</u>
6.	TRIET MINH PHAM		<u>Minh Nhat</u>
7.			

Rent Total \$ 695.00

II. SHARED UTILITY - Type (circle): Electric Gas Oil Other: Telephone
In order to receive the utility standard, you must provide proof of expenses for oil, electricity, or gas. In order to receive actual utility expenses, you must provide all of your most recent bills.

	Household Members	Amount	Portion of Bill Paid (All; 1/2; 1/3; Etc.)	Signature of All Who Pay Utilities
1.				
2.				
3.				
4.				
5.				
6.				
7.				

If you do not provide the above, you may get less food stamps.

CHECKLIST OF NEEDED VERIFICATIONS

Name Ms. Meek - Nhat Nguyen

Case Number	107-029012-007
Program(s)	Ref. PS
Worker	Walaska

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 6/11/95 FOOD STAMPS 6/11/95**

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 less in income Ver. Resettlement Agency, Sponsor stated

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 _____

() Dates unemployment received
() Application for unemployment
() Other _____

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
() 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 _____

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: _____

CHECKLIST OF NEEDED VERIFICATIONS

Name Ms. Meek - What Negeyan

Address _____

Case Number	107-029012-007	
Program(s)	Ref. PS	Date 4/11/95
Worker	Walla	
	Telephone 533-5372	

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 _____, 6/11/95.**

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 less in come Ver.
2. WORK OR SCHOOL EXPENSES
 - Day care expenses for child or adult
 - School expenses (tuition, fees, books, supplies, transportation, or other)
 - Other Resettlement Agency, Sparks, Statistic
3. AFDC-UP
 - Income for both parents for past 24 months
 - Income for _____
 - Dates unemployment received
 - Application for unemployment
 - Other _____
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
 - 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 _____
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: _____

CHECKLIST OF NEEDED VERIFICATIONS

Name Ms. Mesh - What Negeyan

Address _____

Case Number	107-029012-007	
Program(s)	Ref. PS	Date 4/11/95
Worker	Waluka	Telephone 533-5372

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 6/11/95

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 less in converge. *Resettlement Agency, Somers* stated

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 _____

() Dates unemployment received
() Application for unemployment
() Other _____

4. RESOURCES

() Checking, savings, credit union, Christmas Club account statements
() Stocks, bonds or CDs
() Pension plans, retirement accounts, IRAs

5. SHELTER EXPENSES

Optional

() 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
() 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 _____

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: _____

CHECKLIST OF NEEDED VERIFICATIONS

Name Ms. Mech - Nhat Nguyen

Address

Case Number	107-029012-007	
Program(s)	Ref. PS	Date 4/11/95
Worker	Waluka	
	Telephone 533-5372	

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 6/11/95 FOOD STAMPS 6/11/95.

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 less income over
Resettlement Agency, Spokane
State of Washington
 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 _____
 Dates unemployment received
 Application for unemployment
 Other _____
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 _____

optional

9. RESIDENCY, LIVING ARRANGEMENTS, SCHOOL ENROLLMENT
 Verification of residence
 Verification of child(ren) living in the home
 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 _____
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:

fat
h/6/94

IV # 225-619

LÝ LỊCH CÁ NHÂN

. Tên họ, năm sinh và nơi sinh :

1.PHẠM HỮU PHƯỚC	21-3-1951	Chợ-lớn
2.NGUYỄN THỊ MINH NHẬT	24-9-53	Saigon
3.PHẠM NGUYỄN	22-11-1988	TP.HCM

PHƯỚC KHAI SINH

- . Trình độ học vấn : Cử nhân năm thứ 4 Đại học Luật khoa Saigon.
- . Địa chỉ thường trú : 94 Lầu 1A Điện Biên Phủ, Phường Đa Kao
- . Ngày nhập ngũ : 03-7-1972 Quận 1, Thành Phố Hồ Chí Minh, Việt Nam
- . Số quân (E.Q) : 71/607964
- . Cấp bậc : Thiếu úy
- . Chức vụ : Sĩ quan trực (ban Tin tức).
- . Bình chủng : Không quân.
- . Đơn vị công tác : Phòng Quân báo - Sư đoàn 5 Không quân. (TSN Air port)
- . Ngày bị bắt : Tháng 10-1975.
- . Ngày vào trại : 13-01-1976 (Trại Xuân-Phuoc tỉnh Phú-Khánh).
- . Ngày ra trại : 25-9-1981
- . Giấy ra trại : Số 632/GGT ngày 25-9-81.
- . Ngày đăng ký kết hôn : 07-10-1986.
- . Danh sách : H028 - Số thứ tự trên danh sách : 703 (Giấy báo tin số 703/XC)
- . Hộ chiếu PHƯỚC số PT 1508/91-DCL cấp 07-01-1991 tại Hà-Nội.
- NHẬT số PT 1510/91-DCL - - -

x
x x

. Địa chỉ của bà Thủ :
(KHÔNG NAMED THỦ)

. Địa chỉ của em con : THIỆU TOÀN PHẠM

Phone :

. Ông nội của Ông Nguyễn Đình Phúc và ông nội của Nga (Minh-Nhật) là anh em ruột. Ông Nguyễn Đình Quảng là ba của Ông Nguyễn Đình Phúc.
Ba của Nga (vợ con) là Ông Nguyễn Quý Đức. Đ/C : 292 Hai bà Trưng Q.I.
(Photo Luyện)

Các con của bà Thủ và Ông Phúc : Hình Châu, Minh Phượng, Phúc Tuệ.

. *** Chỉ Tri mến,

Nhớ chỉ lâm thù tục báo trộ gắp dum hô, số này
vì ho sẽ được phỏng vấn vào tuần từ April 18 đến 29, 1994
Chỉ gởi gấp bắn báo trộ về để kịp trình cho phái đoàn
phỏng vấn. Chỉ gởi cho tôi 1 bắn. Cam ơn chỉ nhiêu.
Gởi tôi để tôi biết diễn tiến xem có kịp không.

Khuc Minh Tho

PHONE NO. : 703 241 9211

FROM :

10 NOV 10 '94 21:16 BUREAU FAX 298540

P.1 00

FAX
PREPAID

SAIGON FAX

TO NGƯỜI NHẬN
Tên/Name: Nguyễn Thị Minh Phượng
Địa chỉ/Address: ...

11/10 STT: 10289

FROM/NGƯỜI GỬI
Tên/Name: Phan Thị Phúc
Địa chỉ/Address: 94 Lô 1 A Khu Biệt Ph
Phường 10, Khu Phố 1, TP. HCM
Tel: Fax: VNNawy: STT: 545+ Prepaid: 78 IA Ref. fax #: 10/11/0
chuyển: số trang:

Tính gửi M3 Tú,

Chúng chưa được tin M3 cho hay bờ chúng chưa
đi định cư tại Richmond Virginia, chúng chưa đặt
lô hông, và nói đó chúng chưa toàn toàn bờ.
Đến nỗi chúng là quê ngoại, không có người thân,
chúng chưa có công lô bờ.

Điều M3 và tính qua: tính thân thân, hay tính
bằng cách: Bùi Thị Nhàn Nguyễn Ý, Bùi Nhàn là chúng chưa
về với M3; để chúng chưa được gần gũi với
người thân. Sau qua tính tên: mày mò như chúng,
chúng chưa về với M3. Bác Hân và Bé Hùng là
cả qua. Tính tên yết cát M3 có gắng giúp đỡ cho
đó. chúng chưa về chán bé, bắc bắc nó cũng bén
là chúng chưa không nói trao trác. Anh Nhàn
nói chúng chưa không bê gác dịch với người kia
khi tên nói định cư.

Rất mong tin M3.

Tính men,

Zeechell

10-NOV 10 '94 21:16 BUREAU FAX 298540

P. 1 700

**HALIFAX
PREPAID**

SAIGON FAX

TỔNG QUAN NHÂN

Name : Nguyen Thi Minh Phuong
Dia chi/Address : ...

Địa chỉ/Address :

STT:

10984

FROM YUNGUNG 81

Test Name: Prisoner Name: Phoebe

Dist City/Address : 941 Lōw I.A. P.O. Box, Ph.

Phêng theo Ban đầu: 100M

Tel: 0 Fax: 0 V.N.

Ngày :

STT
chay

56 *trung*:

545 + Prepd: 7/21A

Ref. fax no.: 10141/0
Date:

Einbr. am 13. Febr.

Chúng cháu trao tin M3 cho bay lôi chúng cháu
đi. tinh cùi tai Richmond Virginia, chúng cháu bắt
lò lông, vú mồi đá dung chán lòan toàn oca là.
Đến mồi xúi là què ngọt, không có người thán,
chúng cháu vui cung lò àu.
Đến Mô vú tinh qua: tinh khán khát, bay tinh
lòg-ethi Hồi Phúc Nguyễn Ý, hiccassondalo chúng cháu
về với M3; để chúng cháu trao gân gùi với
người thán. Đau, gai tinh tên mõg mõm chúng
cháu trao về với M3. Đái Hái và Bé Mè emg-đá
cá qua. tinh tên yến cát M3. gàng gốp-đá cho
dòi. chúng cháu vú cháu bé, cháu bé cung hòn
là. chúng cháu không nói trao trống. Anh Mát tên
nên chúng cháu không khẽ gai. lịch với người Mỹ
khi tên mồi tinh oai.

Rât: ~~moxy~~ tin ~~me~~ ~~so~~

Sinh viên

Wesner

05.12.94

Vinh thư Mô

Trước hết, vòi chàng cháu xin gửi lời
kiến thăm các bác Mô và già đình. Xin cảm ơn Mô đã
lưng ra bão trước cho già đình cháu cũng như lưu tâm theo dõi
tình trạng hòe so' của cháu.

Gia đình cháu đã được phỏng vấn ngày
23.4 (nhiên giây bão tan của Mô trước đó vài ngày) và cũng
đã hoàn tất việc khám sức khỏe, chẩn đoán. Quyết định,
cho đến nay, chàng cháu vẫn chưa nhận được giấy mời để
điều trị chuyên bay mà lão phái có nói. (Chàng cháu vì sao
có sự phản ứng như vậy, Mô?) Ông Khoa ấy, anh em
người bạn cùng đợt với cháu là tên Đường là Mô hoặc là
điều trị chuyên bay. Cháu có nhớ có quan sách ra xét cảnh
và đặc biệt là cháu đã có tên trên sách ở số 100 Nguồn và
VN từ tháng 9, song vẫn không thấy gì cho tới hôm nay.
Mô chàng cháu thực sự lo lắng!

Cháu cháu cũng ngạc nhiên và thắc mắc
khi nhận được fax của Mô hôm 10.11. Ngày sau đó, cháu
đã hỏi bá. Việc nhận fax ấy đến nay đã được điều chỉnh
xong chưa, thưa Mô? Ông có phải vì điều này mà đã so' của
cháu bị chậm không? Rất mong điều này làm phản Mô và
tôi cảm ơn bác Mô và cháu. Chàng biết già đình
cháu có kịp ăn Tết với già đình của Mô hay không?

Cháu xin có lời cảm ơn bác Mô rất rõ.
Vinh mong được tin Mô.

Đinh Văn Phước
H28.703 (V.N)
IV # 225019 (U.S.A)

Vinh cháu Mô.
Danh
Cháu Phước



Ký 1
Hòn Kênh chèo thuyền
Trang, hòn phèo
- 1995.

Điểm đến hòn Kênh chèo thuyền



Tranh in mực

Đoàn công chúa Kinh thành Thơ
và gia đình thăm làng An Làng, Huyện Phúc
Thịnh vương trong năm Mùi - 1995.

Chân Dung & Nhât

September 27, 1994

IRSA
1717 Massachusetts Avenue, N. W.
Suite 701
Washington, D.C. 20036
Attn: Elaine Martin

Dear Elaine:

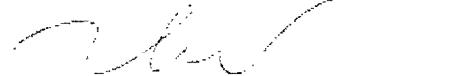
On April 7, 1994, I have submitted Affidavit of Relationship to sponsor my nephew-in-law - IV 225019 and his family to join me here in Falls Church, Virginia.

Now I learn that they are leaving the country in the near future but I do not hear anything from you, my niece whose is the wife of PHAM HUU PHUOC and the whole family are eagerly to reunify with me here.

Greatly appreciate if you let me know the date of their arrival in order I can arrange their housing and their well-being resettlement of their new home.

Thank you very much for your prompt assistance in this matter.

Sincerely,



Khue Minh Tho

Re: PHAM HUU PHUOC (3)
v 100197

SAIGON FAX

TO: NGUYEN THI MINH PHUONG

FROM: PHAM HUU PHUOC

ADDRESS:

address; 94 Lau I A BIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VN

Dear Mo Tu:

When we got your news that we go to resettle in Richmond, Virginia we are so scared and concerned because there is no relatives living in that area.

Please reconsider our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family members want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

Andi oualy to hear from you very soon.

Sincerely,

I V # 225-619

11 17 94 14:02 0202 546 1625

TRAVELERS AID

4001-001

November 17, 1994

DFMS
EPISCOPAL CHURCH CENTER
815 - Second Avenue
New York, N. Y. 10017
Attn. Mr. Frank Vizuete

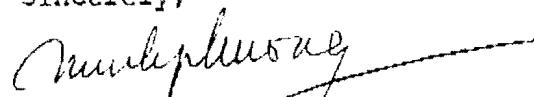
Dear Mr. Vizuete:

I am requesting you to transfer the case V 100197 PHAM
HUU PHUOC, 3 persons, to IRSA as soon as possible.

I choose IRSA, Travelers Aid Scoiety because I can work
easily with them.

Your prompt action on this request is greatly appreciated.

Sincerely,


NGUYEN THI MINH PHUONG

FAX
PREPAID

SAIGON FAX

STT:

10/08/94

TO NGƯỜI NHẬN

Tên/Nume: Nguyễn Thị Minh Phượng
Địa chỉ/Address:

HUY

FROM NGƯỜI GỬI

Tên/Nume: Phan Thị Phúc
Địa chỉ/Address: 911 Lầu 1 A Bldn Bldn Ph
Phường 10, Quận 1, TP. Hồ Chí Minh
Tels: _____
Fax: _____/VN

Nawy:

STT
chuyển:

số trang:

545 + Prepaid: 78 IA

Rec'd at: 10/11/94
pm

Tính gởi: M2 T2,

Chúng cháu được tin M2 cho hay là chúng cháu
đã định cư tại Richmond Virginia, chúng cháu rất
hạnh phúc, và nơi đó chúng cháu hoàn toàn ổn
đẹn. Môi giới là quê ngoại, không có người thân,
chúng cháu và cũng là ai.

Mùa hè và tết qua: tết Kỷ Hợi Kỷ Hợi, chúng cháu
đã gặp gỡ bà Nguyễn Thị Phúc ở Richmond và chúng cháu
về với bà; từ tháng 12 năm trước đến nay giao
người thân đãi qua tết Kỷ Hợi năm nay chúng
cháu đặc biệt với M2. Bà Hợi và bà bà em già
cả qua tết Kỷ Hợi năm M2. Bà già giúp đỡ cho
chúng cháu và với M2. Bà Hợi và bà bà em già
là chúng cháu không nói trước tết Kỷ Hợi
nên chúng cháu không hề gởi dịch vụ người Mỹ
khi tên mới tết kia.

Rất mong tin M2 sớm

Tính men

Zeebeck

Phan Thị Phúc

IV # 225-019

SAIGON FAX

TO: NGUYEN THI MINH PHUONG ; FROM: PHAM HUU PHUOC
ADDRESS: address: 94 Lau I A DIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VN

Dear Mo Tu:

When we got your news that we go to resettle in Richmond, Virginia we are so scared and concerned because there is no relatives living in that area.

Please reconsider our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family members want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

Anxiously to hear from you very soon.

Sincerely,

SAIGON FAX

TO: NGUYEN THI MINH PHUONG ; FROM: PHAM HUU PHUOC
ADDRESS: address: 94 Lau I A DIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VN

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Please reconsider our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family members want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

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Sincerely,

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TO: NGUYEN THI MINH PHUONG ; FROM: PHAM HUU PHUOC
ADDRESS: address; 94 Lau I A DIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VN
TEL:

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Please reconsider our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family members want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

Anxiously to hear from you very soon.

Sincerely,

FAX
PREPAID

SAIGON FAX

STT:

10284

TÔNG GIỎ NHANH

Tên/Nume: Nguyễn Thị Minh Phượng
Địa chỉ/Address: ...

11/9 16U

FROM/NGƯỜI GỬI

Tên/Name: Phan Huu Phuoc
Địa chỉ/Address: 94 Lai Tu Tang, Phu Nhieu, Phu Nhieu, Da Lat, Dak Lak, Vietnam
Tel: _____ Fax: _____ VN

Nawy:

STT

chuyển:

số trang:

545 + Propad: 781A

Rec. fax #: 10/11/0
Date:

Tín h. gửi M. Tú,

Chúng em rất tiếc tin M. Tú. May là chúng em
đã định cư tại Richmond Virginia, chúng em rất
hỗn hảng, vì nỗi đó chúng em đã an toàn qua lại.
Đến nỗi em là em người Mỹ, không có người thân,
chúng em vẫn sống ổn.

Đến M. Tú và tinh ý: tinh thần khỏe, huy động
hàng ngày: Phan Huu Phuoc, 3 Richmond, USA, chúng em
về với M. Tú; để chúng em trao đổi gần gũi với
người thân. Sau qua tinh thần mệt mỏi như chúng
chúng em về với M. Tú. Bác trai và bà mẹ em là
cả em. Tinh thần em vẫn còn M. Tú. Giúp đỡ cho
chúng em. Vì chúng em là em. Bé, em là em. Cung hồn
hỗn hảng. Không nói trao đổi. Anh chị em
một chúng em không thể赖以生存. Khi em
khi em nói tinh em.

Rất mong tin M. Tú

Tín h. mến

Zeehle

Phan Huu Phuoc

IV # 225-019

**NO FAX
PREPAID**

SAIGON FAX

TỔNG QUAN NHÂN

Full Name: Nguyen Thi Minh Phuong
Dia chi/Address: ...

卷之三

STT 3

1095

FROM THE PASTOR

Full Name: Nguyen Huu Phuoc
Dra. of birth/Address: 9/11/1961, 1A, Dinh Ba, Phu Nhieu Ward, District 5, Ho Chi Minh City, Vietnam
Tel: 0902 222 111 Fax: V/N

Ngày :

STT
chay&a:

24 June 2

545 + Prepaid: 70 EA

Ref. No. 5: 10/11/0

Sinh giài M3 Tàu,

Chúng chưa được tin là có hay là chúng chưa
đã định cư tại Richmond Virginia, chúng chưa đặt
lô hàng, và mới đó dùng chén hoan toàn oca là.
Đến nỗi tên là que ngọt, không có ngọt. Hắn,
chúng chưa và cũng là oca.

Rat: money tire this season

Sinh viên

zueck

From the Author

IV # 235-015

SAIGON FAX
PREPAID

SAIGON FAX

11/10

STT:

10284

TÔNG NHÂN

Tên/Nume: Nguyễn Bé Minh Phượng
Địa chỉ/Address:

16U

FROM/NGƯỜI GỬI

Tên/Nume: Phan Huu Phuoc
Địa chỉ/Address: 94 Lai 1 A, Phuoc Binh Phu
Phuoc Long, Da Lat, Daklak, 31.000
Tel: Fax: VN

Ngày:

STT

chuyển:

Số trang:

545 + Prepaid: 781A

Ref. Fax # : 10/11/0

000

Tin nhắn gửi Mô Tíu,

Chúng em xin trân trọng Mô cho hay là chúng cháu
đã ở nhà cũ tại Richmond Virginia, chúng cháu rất
hỗn loạn, vì nói đùa chúng cháu loạn toan oca là.
Đến nỗi em là quê ngã sì, không có ngã sì. Hắn,
chúng cháu và cũng là em.

Đến Mô và tinh qua: tinh khôn khéo, hagy tinh
trang tại Hồi Phúc Nguyễn Ý, Richmond, chúng cháu
về với Mô, để chúng cháu trân gìn giữ và
nợn. Hắn. Đời qua tinh thui moly nham chúng
cháu trân về với Mô. Bác Hồi và Bé he emg hát
cá qua. tinh tên yêu em Mô. Cố gắng giúp đỡ cho
chúng chúng cháu và cháu bé; cháu bé cũng hồn
lâ. chúng chúng cháu không nói trác tiếng. Anh hồn
mìn chúng chúng cháu không thể赖以生存. ditch với ngã sì kỵ
khi tên nói tinh em.

Rất mong tin Mô

Tinh mìn

zeshell

Phan Huu Phuoc

IV # 225-019.

**NO. FAX
PREPAID**

SAIGON FAX

STT:

10287

TÔNG QUỐC NHẬN

Tên/Nume: Nguyễn Thị Minh Phượng
Địa chỉ/Address: ...

11/10/16U

FROM/NGƯỜI GỬI

Tên/Nume: Phan Thị Phước
Địa chỉ/Address: 94 Lô 1A Khu Biên Ph
Phường 10 Khu Phố 1 Tp. HCM
Tel: Fax: VN

Ngày:

STT

chuyển:

Số trang:

545 + Prepaid: 78 IA

Rec'd Fax #: 10/11/0
2011

Tính gìn M3 Tú,

Chúng em có tin M3 cho hàng lô chung chán
đv. tĩnh-có tại Richmond Virginia, chúng chán rất
lô hàng, và nói đó chúng chán toàn oca là.
Đến hôm sau là ngày mồng 1, không có người bán,
chúng chán và cũng lô oca.

Đến M3 vú tính gìn: tĩnh không khóc, hagy tĩnh
ngồi chờ. Hồi trước Nguyễn Ý Hảo đã cho chúng chán
về với M3, để chúng chán tĩnh gìn gìn và
ngồi. Khi nó đòi gìn tĩnh thì mồng mòn chúng
chán tĩnh và với M3. Bác trai và Bé kẽ cũng bắt
cá gìn. Tĩnh đến gần cùn M3 và gắng giúp đỡ cho
chúng chán. Và chán bé khác kẽ cũng hiện
lô chúng chán. Không nói trước tving. Anh Hảo
mìn chúng chán không kẽ gìn. ditch vč. người kẽ
khi đến nói tĩnh em.

Rất mong tin M3

Tính mìn,

Zeechek

Phan Thị Phước

IV # 225-019.

FAX
PREPAID

SAIGON FAX

11/10

STT:

10289

TÔNG GIỐNG NHÂN

Tên/Name: Nguyễn Thị Minh Phượng

Địa chỉ/Address:

16U

PROVINCE/STATE:

Tên/Name: Phan Thiết Phuoc

Địa chỉ/Address: 811 Lô 1A, Khu Biên Ph
Thị trấn Phan Thiết, Tỉnh Bình Thuận

Tel: Fax: VN

Ngày:

STT

chuyển:

số trang:

545 + Prepaid: 781A

Ref. No. 10/11/0
Date:

Tin nhắn gửi Mr. Tú,

Chúng em xin trân trọng M. cho hay là chúng em
đã nhận được bài Richmond Virginia, chúng em rất
lành, và nói đó là đúng. chúng em xin toàn bộ là
đến nỗi xin là quý mến, không có người thân,
chúng em và cũng là em.

Xin M. và tinh ý: tinh thần khỏe, hằng ngày
bạn gửi tin bài Phuoc Nguyễn ở Richmond cho chúng em
về với M. để chúng em xin cảm ơn M. và
một số người thân. Đau quá tinh thần mệt mỏi như chúng
em xin M. Đặc biệt và, Ba mẹ em là
cả em. Tinh thần yên tâm M. có gắng giúp đỡ cho
nhé. chúng em xin Ba mẹ em cung hiến
là chúng em xin không nói trêu tríu. Anh Chị em
mìn cũng chúng em xin không nói điều này. M. xin
không tin nội tinh em.

Rất mong tin M. sớm.

Tin nhắn

Phan Thiết Phuoc

IV # 225-019.

FROM :

10 NOV 10 '94 21:16 BUREAU FAX 298540

P.1

700

NO FAX
PREPAID

SAIGON FAX

11/10/94

16U

11/10

STT:

10289

TÔNG NHƯỢNG NHÂN

Tên/Name: Nguyễn Thị Minh Phước
Địa chỉ/Address: ...

TÔNG NHƯỢNG NHÂN

Tên/Name: Phan Thị Minh Phước
Địa chỉ/Address: 92 Lô 1A Bãi Biển Ph
Phường 10 Khu Phố 1 TP. HCM
Tel: ... Fax: ... VN

Nawy:

STT

chuyển:

số trang:

545 + Prepaid: 7814

Rec Tax #: 10/11/0
Date:

Tính giao M3 Túi,

Chúng cháu được tin M3 cho hàng bã chung cháu
tại thành phố tại Richmond Virginia, chúng cháu rất
hỗn loạn, và nói đó là hàng chán toàn của bà.
Đến nỗi xúi bà que ngọt, không có ngọt, thận,
chung cháu và cũng là ái.

Đến nỗi vú tính qua: tính thận khác, hàng trinh
laptop tại Bà Nguyễn Thị Minh Phước 3 Richmond cho chúng cháu
về với M3; để chúng cháu được gần gũi với
người thân. Đau, gáy, tính tên mày mòi cũng
chung cháu về với M3. Bác Hồi và Bé Hè emg Hết
cả qua. Tính tên yên cát M3 có gắng giúp đỡ cho
chung cháu và cháu bé, cháu bé cũng hiện
là chung cháu không nói được tiếng Anh Hết
nên chung cháu không thể giao dịch với người Mỹ
khi tên nói tiếng Anh.

Rất mong tin M3.

Tính mèn,

Zeech

Phan Thị Minh Phước

IV # 225-019.

September 27, 1994

IRSA
1717 Massachusetts Avenue, N. W.
Suite 701
Washington, D.C. 20036
Attn. Elaine Martin

Dear Elaine:

On April 7, 1994, I have submitted Affidavit of Relationship to sponsor my nephew-in-law - IV 225019 and his family to join me here in Falls Church, Virginia.

Now I learn that they are leaving the country in the near future but I do not hear anything from you, my niece whose is the wife of PHAM HUU PHUOC and the whole family are eagerly to reunify with me here.

Greatly appreciate if you let me know the date of their arrival in order I can arrange their housing and their well-being resettlement of their new home.

Thank you very much for your prompt assistance in this matter.

Sincerely,



Khuc Minh Tho

Re: PHAM HUU PHUOC (3)
V 100197

SAIGON FAX

TO: NGUYEN THI MINH PHUONG

FROM: PHAM HUU PHUOC

ADDRESS:

address: 94 Lau I A DIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VN

TEL:

Dear Mo Tu:

When we got your news that we go to resettle in Richmond, Virginia we are so scared and concerned because there is no relatives living in that area.

Please reconsider our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family members want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

Anxiously to hear from you very soon.

Sincerely,

**FAX
PREPAID**

SAIGON FAX

11/9

16U

11/10

SIT:

10284

TONGUOI NHAN

Ten/Name: Nguyen Thi Minh Phuoc
Dia chi/Address: ...

FROM/NGUOI GIAI

Ten/Name: Phuoc Huu Phuoc
Dia chi/Address: 94 Lanh TA Dinh Binh Phu
Phuoc Thanh Xa Phuoc Lai HCM
Tel: ... Fax: ... VN

Nguy:

SIT
chuyen:

so tang:

545 + Prepaid: 781A

Ref. No. 10/11/
2001

Tinh oai M3 Tien,

Chung chau duoc tin M3 cho hang lao chung chau
du. oanh cu. tai Richmond Virginia, chung chau dat
la long, ve noi do dung chau hieu toan oca la.
Den moi oai la que ngtoi, khong cb ngtoi. Hanh,
dung oanh vi cung la oai.

Oai M3 ve tinh oai: tinh khau khoc, huy trieu
hieu que tinh Nguyen Ngoc Bich, Richmond, chung chau
ve voi M3; de chung chau duoc gan gian voi
ngtoi. hanh doi oai tinh oai: mua mahn chung
chau duoc ve voi M3. Bac trai ve Bac ve cung hat
ca oai. tinh den yem can M3 co gang gup de oai
duo chung chau ve chau be, bac mahn cung hanh
la chung chau khong noi duoc tien. Anh khien
moi chung chau khong the oai dich veo ngtoi kieu
khi den moi tinh oai.

Rat mong tin M3

Tinh men,

zuchek

Phuoc Huu Phuoc

IV # 225-019

September 27, 1994

IRSA
1717 Massachusetts Avenue, N. W.
Suite 701
Washington, D.C. 20036
Attn. Elaine Martin

Dear Elaine:

On April 7, 1994, I have submitted Affidavit of Relationship to sponsor my nephew-in-law - IV 225019 and his family to join me here in Falls Church, Virginia.

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Sincerely,



Khuc Minh Tho

Re: PHAM HUU PHUOC (3)
V 100197

SAIGON FAX

TO: NGUYEN THI MINH PHUONG

FROM: PHAM HUU PHUOC

ADDRESS:

address; 94 Lan I A DIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VN

TEL:

Dear Mo Tu:

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Anxiously to hear from you very soon.

Sincerely,

**FAX
PREPAID**

SAIGON FAX

TÔNG NHÂN
Tên: Nguyễn Thị Minh Phượng
Địa chỉ/Address: 7813 Martha's Lane
Falls Church VA 22043 USA
Tel: (703) Fax: 562-0258

11/9 16/10

STT:

10284

FROM: TÔNG NHÂN
Tên: Phan Thị Phượng
Địa chỉ/Address: 84 Lầu 1 A Bldg Bldg Ph
Phường 10, Quận 10, TP. HCM
Tel: Fax: V/N

Này: STT: số trang: 545 + Prepaid: JP IT Rec'd at: 10/11/0
chuyển:

Tin nhắn gửi Ms. Tú,

Chúng em có tin tức Ms. cho hay là chúng em
đã đến thăm bà tại Richmond Virginia, chúng em đã
lên đường và rồi đã dùng chén bún to để ăn là.
Đến nơi em là em quê người, không có người thân,
chúng em và cũng là em.

Đến nơi em là em quê người, không có người
về thăm em; để chúng em có tin tức gần gũi với
người thân. Sau qua trình em mong muốn dùng
chén bún và với Ms. Đặc biệt với Ms. em cũng rất
cả em. Đặc biệt em yêu em Ms. và em cũng rất
để chúng em và chén bún để em cũng như em
hãy chúng em không nói trước trong tình huống
này chúng em không Ms. em phải dịch với người Mỹ
khi đến nơi em.

Rất mong tin Ms. Tú

Tin nhắn,

zechek

Phan Thị Phượng

IV # 225-019

107-021012

APRIL 1995

03211951 M 01-5 C PHAM, PHUOC H
03241953 F 02-3 C NGUYEN, NHAT T
11221968 F 03-1 A PHAM, KHANH N

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PHUOC H PHAM
911 EDW FERRY RD NE
LEESBURG VA
22075-0000

7 107 03/24/95

FOR MEDICAL QUESTIONS, CALL THE MEDICAID HOTLINE OR YOUR LOCAL MEDICAID OFFICE. (FOR MEDICAL QUESTIONS, CALL THE MEDICAID HOTLINE OR YOUR LOCAL MEDICAID OFFICE.)

THIS MESSAGE IS FOR YOU IF YOU ARE OVER THE AGE 64, YOU ARE BLIND, OR DISABLED.

MEDALLION, THE MANAGED CARE PROGRAM FOR MEDICAID, WILL BE REPLACING YOUR CURRENT MEDICAID COVERAGE BETWEEN MAY 1 AND JUNE 1. THIS WILL NOT AFFECT YOU IF YOU HAVE MEDICARE OR OTHER PRIVATE INSURANCE, OR IF YOU ARE IN A NURSING HOME, OR IF YOU RECEIVE PERSONAL CARE AT HOME! FOR THOSE PEOPLE, MEDICAID CONTINUES UNCHANGED. ASK YOUR MAIN DOCTOR IF HE IS PLANNING TO JOIN MEDALLION. IF YOU DO NOT HAVE A PERSONAL DOCTOR, YOU WILL BE ASKED TO CHOOSE ONE. YOU WILL GET MORE INFORMATION ABOUT MEDALLION IN THE MAIL BEFORE MAY 1. THE MOVE FROM MEDICAID TO MEDALLION WILL NOT AFFECT WHAT MEDICAL SERVICES ARE COVERED.

PLEASE REMEMBER
REPORT ALL CHANGES AND DIRECT QUESTIONS ABOUT YOUR
ELIGIBILITY TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES.

107-029012

APRIL

1995

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PHUOC H PHAM
911 EDM FERRY RD NE
LEESBURG VA
22075-0000

NOTICE OF MEDICAID TO MEDALLION TRANSITION AND MEDICAL SERVICES

THIS MESSAGE IS FOR YOU IF YOU ARE OVER THE AGE 64, YOU ARE BLIND, OR DISABLED.

MEDALLION, THE MANAGED CARE PROGRAM FOR MEDICAID, WILL BE REPLACING YOUR CURRENT MEDICAID COVERAGE BETWEEN MAY 1 AND JUNE 1. THIS WILL NOT AFFECT YOU IF YOU HAVE MEDICARE OR OTHER PRIVATE INSURANCE, OR IF YOU ARE IN A NURSING HOME, OR IF YOU RECEIVE PERSONAL CARE AT HOME. FOR THOSE PEOPLE, MEDICAID CONTINUES UNCHANGED. ASK YOUR MAIN DOCTOR IF HE IS PLANNING TO JOIN MEDALLION. IF YOU DO NOT HAVE A PERSONAL DOCTOR, YOU WILL BE ASKED TO CHOOSE ONE. YOU WILL GET MORE INFORMATION ABOUT MEDALLION IN THE MAIL BEFORE MAY 1. THE MOVE FROM MEDICAID TO MEDALLION WILL NOT AFFECT WHAT MEDICAL SERVICES ARE COVERED.

PLEASE REMEMBER
REPORT ALL CHANGES AND DIRECT QUESTIONS ABOUT YOUR
ELIGIBILITY TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
NOTICE OF ACTION ON MEDICAID

COUNTY/CITY: Richmond
CASE NUMBER: 100-10561255
CASE NAME: Theresa M. Jackson

Theresa M. Jackson
RECEIVED 7/12/87 FILED 7/12/87
7/12/87

ACTION ON YOUR MEDICAID APPLICATION WAS TAKEN
BY THE DEPARTMENT OF SOCIAL SERVICES ON
7/12/87. THE STATEMENT FOLLOWING
THE CHECKED BLOCK EXPLAINS THE ACTION TAKEN.

APPROVED FULL MEDICAID COVERAGE. BEGINS 3/1/87. PERSONS ELIGIBLE: Theresa M. Jackson

APPROVED LIMITED MEDICAID COVERAGE (QMB SLMB EMERGENCY ONLY). BEGINS
 . PERSONS ELIGIBLE:

MEDICAID COVERAGE WILL END 10/31/87 UNLESS YOU BECOME INELIGIBLE
BEFORE THIS DATE.

APPROVED RETRACTIVE COVERAGE FOR THE MONTHS OF
PERSONS ELIGIBLE:

DID NOT APPROVE RETRACTIVE COVERAGE FOR THE MONTHS OF
REASON: MANUAL REFERENCE:

DID NOT EVALUATE RETRACTIVE COVERAGE BECAUSE IT WAS NOT REQUESTED OR APPLICATION WAS
WITHDRAWN.

DENIED FULL MEDICAID COVERAGE BECAUSE INCOME EXCEEDS THE INCOME LEVEL. IF MEDICAL OR
DENTAL EXPENSES OF \$ ARE INCURRED ON OR BEFORE BRING
BILLS TO THE AGENCY AND ELIGIBILITY FOR FULL COVERAGE WILL BE REEVALUATED.

DENIED MEDICAID COVERAGE FOR
BECAUSE MANUAL REFERENCE:

ACTION WAS NOT TAKEN ON YOUR MEDICAID APPLICATION DATED
 WITHIN TEN DAYS FOR A PREGNANT WOMAN.
 WITHIN 45 DAYS (90 DAYS IF DISABILITY DETERMINATION REQUIRED).
REASON:

YOU WILL RECEIVE A NEW MEDICAID CARD BECAUSE THE FOLLOWING PEOPLE ARE NOW ELIGIBLE:

OTHER: Theresa M. Jackson

IF YOU DISAGREE WITH THE ACTION TAKEN, YOU HAVE THE RIGHT TO APPEAL TO THE STATE DEPARTMENT OF
MEDICAL ASSISTANCE SERVICES, 600 E. BROAD ST., SUITE 1300, RICHMOND VA 23219. THE APPEAL MUST
BE MADE WITHIN 30 DAYS OF THE RECEIPT OF THIS NOTICE. FORMS TO APPEAL WILL BE PROVIDED BY THE
LOCAL SOCIAL SERVICES DEPARTMENT OR THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES.

7/12/87
(DATE MAILED)
082-00-0067 (6/83)

Theresa M. Jackson
(WORKER NAME)

7/12/87
(TITLE)

703-721-7717
(PHONE #)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
NOTICE OF ACTION ON MEDICAID

COUNTY/CITY: Richmond
CASE NUMBER: 16-1-100000000000000000
CASE NAME: John Doe, et al.

John Doe, et al.
RECEIVED
SOCIAL SERVICES
MAY 1993
100-100000000000000000

ACTION ON YOUR MEDICAID APPLICATION WAS TAKEN
BY THE DEPARTMENT OF SOCIAL SERVICES ON
_____. THE STATEMENT FOLLOWING
THE CHECKED BLOCK EXPLAINS THE ACTION TAKEN.

APPROVED FULL MEDICAID COVERAGE. BEGINS 3/1/93. PERSONS ELIGIBLE: John Doe, et al.

APPROVED LIMITED MEDICAID COVERAGE (QMB ____ SLMB ____ EMERGENCY ONLY ____). BEGINS
_____. PERSONS ELIGIBLE: _____

MEDICAID COVERAGE WILL END 12/31/93 UNLESS YOU BECOME INELIGIBLE
BEFORE THIS DATE.

APPROVED RETROACTIVE COVERAGE FOR THE MONTHS OF _____
PERSONS ELIGIBLE: _____

DID NOT APPROVE RETROACTIVE COVERAGE FOR THE MONTHS OF _____
REASON: _____
MANUAL REFERENCE: _____

DID NOT EVALUATE RETROACTIVE COVERAGE BECAUSE IT WAS NOT REQUESTED OR APPLICATION WAS
WITHDRAWN.

DENIED FULL MEDICAID COVERAGE BECAUSE INCOME EXCEEDS THE INCOME LEVEL. IF MEDICAL OR
DENTAL EXPENSES OF \$ _____ ARE INCURRED ON OR BEFORE _____ BRING
BILLS TO THE AGENCY AND ELIGIBILITY FOR FULL COVERAGE WILL BE REEVALUATED.

DENIED MEDICAID COVERAGE FOR _____
BECAUSE _____
MANUAL REFERENCE: _____

ACTION WAS NOT TAKEN ON YOUR MEDICAID APPLICATION DATED _____
WITHIN TEN DAYS FOR A PREGNANT WOMAN.
WITHIN 45 DAYS (90 DAYS IF DISABILITY DETERMINATION REQUIRED).
REASON: _____

YOU WILL RECEIVE A NEW MEDICAID CARD BECAUSE THE FOLLOWING PEOPLE ARE NOW ELIGIBLE:

OTHER: John Doe, et al. (John Doe)

IF YOU DISAGREE WITH THE ACTION TAKEN, YOU HAVE THE RIGHT TO APPEAL TO THE STATE DEPARTMENT OF
MEDICAL ASSISTANCE SERVICES, 600 E. BROAD ST., SUITE 1300, RICHMOND VA 23219. THE APPEAL MUST
BE MADE WITHIN 30 DAYS OF THE RECEIPT OF THIS NOTICE. FORMS TO APPEAL WILL BE PROVIDED BY THE
LOCAL SOCIAL SERVICES DEPARTMENT OR THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES.

(DATE MAILED)
032-03-002/7 (6/93)

(WORKER NAME)

(TITLE)

(PHONE #)

NOTICE OF ACTION

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR FOOD STAMP APPLICATION OR CASE.

CASE NUMBER

107-14180426-17

DATE

COUNTY/CITY

Fairfax

Change in AFDC
SFC - 4000-14180426-17
5/1/95

SECTION 1. ACTION ON APPLICATION DATED

Approved for following months _____
 Amount first month \$ _____ Month covered _____ Amount for following months \$ _____

You selected _____ as Head of Household. If all adult members do not agree, contact your worker within 10 days.

NOTE: If you applied for both Food Stamps and AFDC or GR at the same time, and then are approved for AFDC or GR benefits, your food stamp amount may be reduced without advance notice.

If this box is checked, your application was approved even though some verification was postponed. We need the following information or verification from you: _____

If we do not receive these by _____ your case will be closed effective _____

If this verification results in changes in your household's eligibility or amount of benefits, we will make such changes without advance notice.

Denied. See Section 3

Continue to hold application pending. The cause for the delay is:

Agency delay. Your application will be processed as soon as possible.

Client delay.

We are waiting for the following information from you: _____

We must have this information by _____ or your application will be denied.

SECTION 2. ACTION ON FOOD STAMP CASE

Changed from \$ 511/ to \$ 511/ effective 5/1/95

If this box is checked, we must receive the following verification from you: _____

We must receive this verification by _____. If your allotment was increased but we do not receive this verification, your benefits will go back to the amount of \$ _____ effective _____ without advance notice.

Reinstated -- Amount \$ _____ effective _____

Supplemented -- Amount \$ _____ for the month of _____

Terminated effective _____

SECTION 3. REASON FOR ACTION, EXPLANATION OR COMMENTS

Partial AFDC earned because there were new children in the household. The child is not yet 6 months old.

If you are approved for food stamps and you have children in public school, they may be eligible for free meals. For more information, contact your school.

You must report within 10 days required changes in the persons in your household and in your financial situation. If necessary, you may call collect.

Food stamps or an ATP card not received in the mail or destroyed after receipt may be replaced if the loss is reported right away.

If you do not agree with the action we have taken or the amount of food stamps you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. To request a fair hearing, you may call me at the number below or write to the Virginia Department of Social Services, Attention: Manager, Appeals & Fair Hearings, 730 East Broad Street, Richmond, Virginia 23219-1849. You may also request a fair hearing by calling toll free 1-800-552-2431. You must request your fair hearing within the next 30 days. If you appeal the action on your case before _____ assistance may continue. However, if assistance is continued, you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action. For additional information about appeals and fair hearings, please see the back of this notice.

Worker _____

Telephone Number

703-511-4517

For Free Legal Advice Call

1-800-552-2431

1. DATED TO INFORM YOU OF ACTION TAKEN ON YOUR FOOD STAMP APPLICATION OR CASE.

CASE NUMBER

DATE

COUNTY CITY

ROANOKE

SECTION 1. ACTION ON APPLICATION DATED

Approved for following months _____

Amount for month \$ _____

Month covered _____

Amount for following months \$ _____

You elected _____ as Head of Household. If all adult members do not agree, contact your worker within 10 days.

NOTE: If you applied for both Food Stamps and AFDC or GR at the same time, and then are approved for AFDC or GR benefits, your food stamp amount may be reduced without advance notice.

If this box is checked, your application was approved even though some verification was postponed. We need the following information or verification from you:

If we do not receive these by _____ your case will be closed effective _____

If this verification results in changes in your household's eligibility or amount of benefits, we will make such changes without advance notice.

Denied See Section 3

Continue to hold application pending. The cause for the delay is:

Agency delay. Your application will be processed as soon as possible.

Client delay.

We are waiting for the following information from you:

We must have this information by _____ or your application will be denied.

SECTION 2. ACTION ON FOOD STAMP CASE

Changed from \$ _____ to \$ _____

effective _____

5/1/95

If this box is checked, we must receive the following verification from you:

We must receive this verification by _____ If your allotment was increased but we do not receive this verification, your benefits will go back to the amount of \$ _____ effective _____ without advance notice.

Reinstated -- Amount \$ _____ effective _____

Supplemented -- Amount \$ _____ for the month of _____

Terminated effective _____

SECTION 3. REASON FOR ACTION, EXPLANATION OR COMMENTS

If you are approved for food stamps and you have children in public school, they may be eligible for free meals. For more information, contact your school.

You must report within 10 days required changes in the persons in your household and in your financial situation. If necessary, you may call collect.

Food stamps or an ATP card not received in the mail or destroyed after receipt may be replaced if the loss is reported right away.

If you do not agree with the action we have taken or the amount of food stamps you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. To request a fair hearing, you may call one of the numbers below or write to the Virginia Department of Social Services, Attention: Manager, Appeals & Fair Hearings, 730 East Broad Street, Richmond, Virginia 23219-1849. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your fair hearing within the next 30 days. If you appeal the action on your case before _____ assistance may continue. However, if assistance is discontinued, you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action. For additional information about appeals and fair hearings, please see the back of this notice.

Worker _____

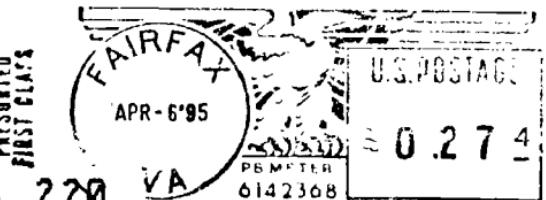
Telephone Number

7177-6317

For Free Legal Advice Call

7177-7452

COUNTY OF FAIRFAX
DEPARTMENT OF HUMAN DEVELOPMENT



**04-07-95 MERR. WA 220
Dat-Minh Tran (Minh-Tho Khuc)

APR 07 1995

FAIRFAX COUNTY DEPARTMENT OF HUMAN DEVELOPMENT INTERVIEW CHECKLIST

The following have been explained to me during the interview:

- Confidentiality
- VEC/DMV/SSA/Other
- Nondiscrimination/Appeals
- Notification of Action
- Quality Control
- ESP/FSET/Manpower Registration
- DCSE/LRR/Support
- Categorical Relationship/AU
- Separation - Eligibility/Services
- Financial Assistance ID

AFDC/AFDC-UP/Refugee

- Proration/Grant
- Recoupment/Recovery
- Budgeting Income
- Resource Level
- Limit 6 Months for AFDC-UP
- Refugee Time Limit 7 months
- IPV (see back)

General Relief

- Interim (SSI)
- Unemployable (months limit)
- Unattached Child
- Emergency Assistance
- Medical Coverage (letter given)
- Grant Amount/Needs
- Resource Level

Medicaid/Medallion

- EPSDT
- Use of Card
- Retroactive Coverage
- Spend-down
- Nursing Home
- Resource Level
- Excess Resource Depletion

Food Stamps

- Proration
- Separate Household: YES or NO
- ID Card Needed: YES or NO
- Mail Issuance/ ATP
- Utility Standard / Actual Costs
- Voluntary Quit
- Resource Level 2000.00
- Hotline Information

State-Local Hospitalization (SLH)

- Application by 30th day from discharge
- State Administered Program
- Income/Deductions
- SLH - Period of Coverage
- SLH Does Not Cover Doctor Bills
- Resource Level

BELOW ARE SOME CHANGES WHICH I MUST REPORT

- Money received from any source
- Anyone moving in or out of my house
- New address or phone number
- Marital status
- Job/training offers (AFDC-UP)
- ◆ Contact your worker if you have a question about what to report.

I agree to let my worker know immediately or the next working day of any changes in my situation. If my application is for Food Stamps only, I agree to notify DHD within 10 days of any changes.

I state that the signature on the application for Public Assistance dated 3-20-75 and received 3-20-75 is my signature and that the information contained in it is correct.

I am / am not presently employed. I do / do not attend college.

Client's Signature: _____ Date: _____

Witnessed By: _____ Date: _____

Notice of Intentional Program Violations and Penalties

If you knowingly make a false statement, withhold information or fail to report changes on time or on purpose to receive Aid to Families with Dependent Children (AFDC), stay eligible for AFDC, or get more AFDC benefits than you are entitled, you may be prosecuted for fraud or be subject to a disqualification hearing. If you are found guilty, you will be ineligible to get AFDC for yourself for 6 months for the first offense, 12 months for the second offense, and permanently for the third offense.