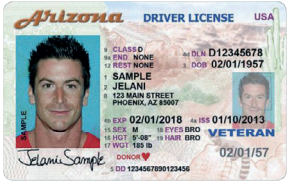
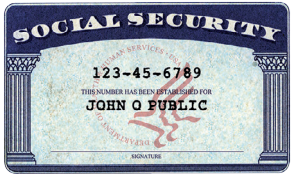
တင်ကွေးနိုင်ကွေးယါတဖင်လာတင်လိုင်ဝဒှင်လာ AHCCCS အဂိုါမှတမ့ါတဉ်ဒီး လာတင်ပှၤလာအကာကိုဉ်သယီၤလိဉ်သး ဒီးနဘူးနလဲအဂိုါ

စးခိတိဉ်လာအအိုဉ်ဒီးပှၤတဂၤအ တင်ဂိၤဒီးအမဲၤ



ဗီၤဂၢ် စဲခၢဂၤထံခးက့ (ဗီယၢါလ စဲယုဂၢ်တယ ခးက့) (မ့ၢ်လၢအမ့ၢ်ဘဉ်ယးသ့)



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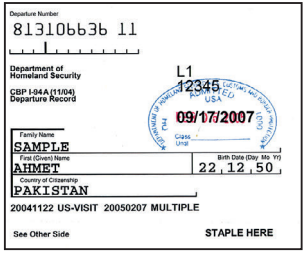
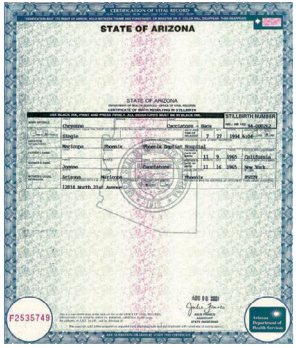
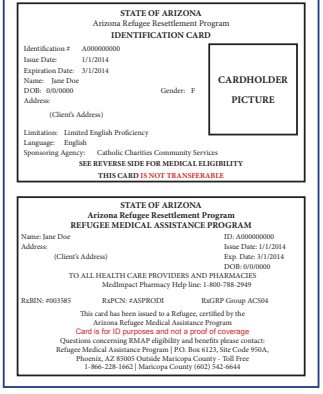


တၢ်အိဉ်ဒ့ၣ်အလံာ်ဆုဉ်သး



RMAP



STATE OF ARIZONA
Arizona Refugee Resettlement Program
IDENTIFICATION CARD

Identification # A000000000
Issue Date: 1/1/2014
Expiration Date: 3/1/2014
Name: Jane Doe
DOB: 0/0/0000 Gender: F
Address:
(Client's Address)

CARDHOLDER PICTURE

Limitation: Limited English Proficiency
Language: English
Sponsoring Agency: Catholic Charities Community Services
SEE REVERSE SIDE FOR MEDICAL ELIGIBILITY
THIS CARD IS NOT TRANSFERABLE

STATE OF ARIZONA
Arizona Refugee Resettlement Program
REFUGEE MEDICAL ASSISTANCE PROGRAM

Name: Jane Doe
Address:
(Client's Address)
ID: A000000000
Issue Date: 1/1/2014
Exp. Date: 3/1/2014
DOB: 0/0/0000

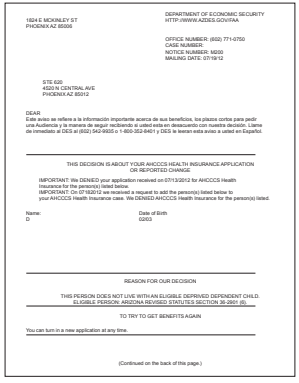
TO ALL HEALTH CARE PROVIDERS AND PHARMACIES
MedImpact Pharmacy Help-line: 1-800-788-2949

RxBIN: #003585 RxPCN: #ASPRODI RxGRP Group ACS04

This card has been issued to a Refugee, certified by the Arizona Refugee Medical Assistance Program
Card is for ID purposes and not a proof of coverage
Questions concerning RMAP eligibility and benefits please contact:
Refugee Medical Assistance Program | P.O. Box 6123, Site Code 950A, Phoenix, AZ 85005 Outside Maricopa County - Toll Free 1-866-228-1662 | Maricopa County (602) 542-6644

AHCCCS

တၢ်ဂ့ၢ်လိဉ်လံာ်ပဂ့ၢ် (မ့ၢ်နပတံထိဉ်တၢ်ပှၤလၢအကၢကိုဉ်သယီၤလိဉ်သးဒီးနဘူးကလဲအဂိုါ)



1624 E MCKINLEY ST
PHOENIX AZ 85006

DEPARTMENT OF ECONOMIC SECURITY
HTTP://WWW.AZDES.GOV/FAA

OFFICE NUMBER: (602) 771-0750
CASE NUMBER:
NOTICE NUMBER: M200
MAILING DATE: 07/19/12

STE 620
4520 N CENTRAL AVE
PHOENIX AZ 85012

DEAR
Este aviso se refiere a la información importante acerca de sus beneficios, los plazos cortos para pedir una Audiencia y la manera de seguir recibiendo o no recibiendo esto en desacuerdo con nuestra decisión. Llame de inmediato al DES al (602) 542-9935 o 1-800-352-8401 y DES le leerán esta aviso a usted en Español.

THIS DECISION IS ABOUT YOUR AHCCCS HEALTH INSURANCE APPLICATION OR REPORTED CHANGE

IMPORTANT: We DENIED your application received on 07/13/2012 for AHCCCS Health Insurance for the person(s) listed below.
IMPORTANT: On 07162012 we received a request to add the person(s) listed below to your AHCCCS Health Insurance case. We DENIED AHCCCS Health Insurance for the person(s) listed.

Name: Date of Birth
D 02/03

REASON FOR OUR DECISION

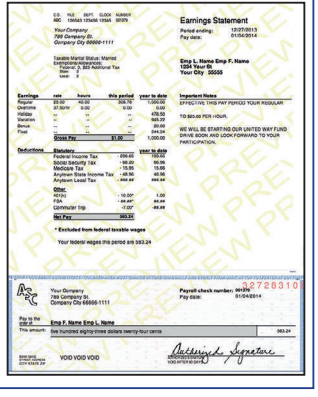
THIS PERSON DOES NOT LIVE WITH AN ELIGIBLE DEPRIVED DEPENDENT CHILD.
ELIGIBLE PERSON: ARIZONA REVISED STATUTES SECTION 36-2901 (6).

TO TRY TO GET BENEFITS AGAIN

You can turn in a new application at any time.

(Continued on the back of this page.)

စ့ဟဲနှာ်အလံာ်ဆုဉ်သး (စ့ဟဲနှာ်ဖဲပူၤကွံာ်အသီ၃ဝ တဘုၤခဲအဂ့ၤ)



C.O. FILE BRTT CLDX NUMBER
ABC 1M0A5 1R4M8 1R5M8 BRTR

Your Company
789 Company St.
Company City 66666-1111

Earnings Statement
Period ending: 12/27/2013
Pay date: 01/04/2014

Emp L. Name Emp F. Name
1234 Your St
Your City 55555

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 2, $50 Additional Tax
State: 2
Local: 0

Earnings	rate	hours	this period	year to date
Regular	20.00	40.00	800.00	11,000.00
Overtime	27.50*H	0.00	0.00	0.00
Holiday	--	--	--	478.00
Vacation	--	--	--	945.00
Bonus	--	--	--	85.00
Float	--	--	--	244.24
	Gross Pay	31.00		11,000.00

Deductions	Statutory		year to date
	Federal Income Tax	-856.00	150.00
	Social Security Tax	-50.20	66.96
	Medicare Tax	-15.95	15.66
	Arizona State Income Tax	-48.96	48.96
	Arizona Local Tax	-44.44	44.44
	Other		
	401(k)	-10.00*	1.00
	Cafe	-14.00*	44.44
	Commuter Trip	-10.00*	48.44
	Net Pay	560.24	

* Excluded from federal taxable wages

Your federal wages this period are 560.24

82783310

Your Company
789 Company St.
Company City 66666-1111

Payroll check number: 99999
Pay date: 01/04/2014

Pay to the order of Emp F. Name Emp L. Name
This amount five hundred eighty-three dollars twenty-four cents 583.24

VOID VOID VOID

လံာ်တၢ်အၢဉ်လီၤဘဉ်ယးလိၢ်လီၤ နတၢ်အိဉ်ဆိးအလိၢ် မ့တမ့ၢ်လံာ်လၢပာ်ဖျိမ့ဉ်အ့ၢလဲထံ လဲအတၢ်ပှၤ

aps®

SRP

NATIVE HEALTH

Arizona Department of Health Services

AHDC-015-KAREN