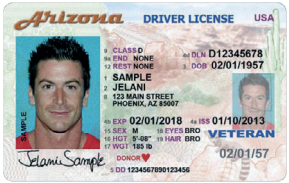
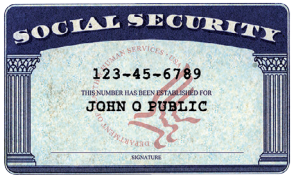
Dhokumantiga loo baahan yahay ee Fiigga Kala Duwan ee AHCCCS

Aqoonsi Sawir leh



Kaarka 'Social Security'
(haddii ay khuseyso)



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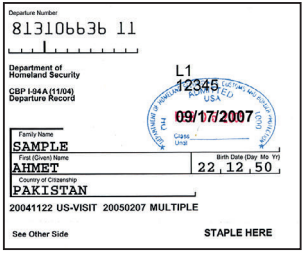
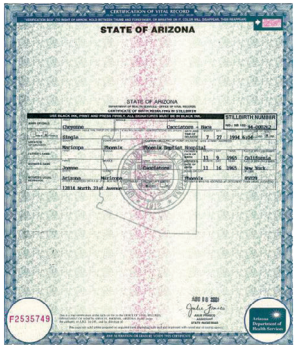


AHDC-015-SOMALI

Warqadda Dhalashada



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

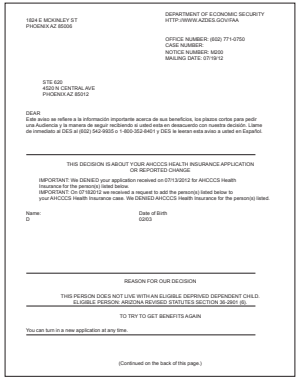
Name: Jane Doe
Address:
(Client's Address)
ID: A000000000
Issue Date: 1/1/2014
Exp. Date: 3/1/2014
DOB: 0/0/0000

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

Warqadda Diidmada ee AHCCCS
(haddii aad codsaneysid Fiigga Kala Duwan)



1624 E MOKINLEY 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 su ayuda mientras esperamos su nueva 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: D
Date of Birth 02/03

REASON FOR OUR DECISION

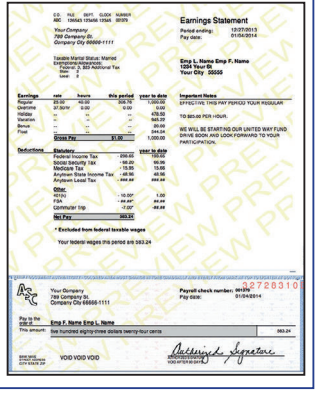
THIS PERSON DOES NOT LIVE WITH AN ELIGIBLE DEPRIVED DEPENDENT CHILD.
ELIGIBLE PERSON: ARIZONA REVISED STATUTES SECTION 36-2901 (6).

TO TRY TO GET BENEFITS AGAIN

You can turn in a new application at any time.

(Continued on the back of this page.)

Caddeynta Dakhliga
(min 6 maalmood ee u dembeeye)



Earnings Statement

Your Company
789 Company St.
Company City 00000-1111

Period ending: 12/07/2013
Pay date: 01/04/2014

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

Important Notes
EFFECTIVE THIS PAY PERIOD YOUR REGULAR
TO $85.00 PER HOUR.
WE WILL BE STARTING OUR UNITED WAY FUND DRIVE SOON AND LOOK FORWARD TO YOUR PARTICIPATION.

Earnings	rate	hours	this period	year to date
Regular	85.00	40.00	3,400.00	17,000.00
Overtime	87.50PH	0.00	0.00	0.00
Holiday	--	--	--	470.00
Vacation	--	--	--	945.00
Bonus	--	--	--	85.00
Float	--	--	--	244.24
Gross Pay		51.00		1,000.00

Deductions	Statutory		year to date
Federal Income Tax		-256.00	550.00
Social Security Tax		-180.20	90.06
Medicare Tax		-15.55	15.00
Anytown State Income Tax		-68.96	40.50
Anytown Local Tax		-44.44	444.44
Other			
401(k)		-10.00*	1.00
Cafe		-14.00*	44.44
Commuter Trip		-12.00*	48.44
Net Pay		360.32	

* Excluded from federal taxable wages

Your federal wages this period are $63.24

92783310

Your Company
789 Company St.
Company City 00000-1111

Payroll check number: 00256
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

Authorized Signature

Heshiiska Kirada ama Biilka Isticmaalka Imkaaniyaadka

aps®

SRP

NATIVE HEALTH

Arizona Department of Health Services