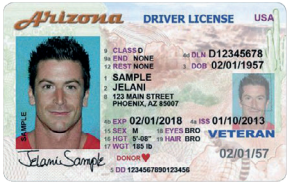
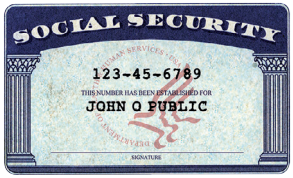
Các chứng từ yêu cầu cho AHCCCS và/hoặc Thang tính phí theo mức thu nhập

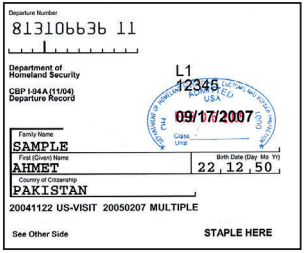
Giấy tờ tùy thân có ảnh



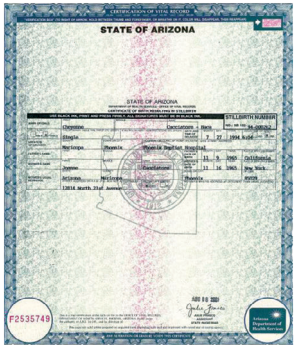
Thẻ an ninh xã hội
(nếu có)



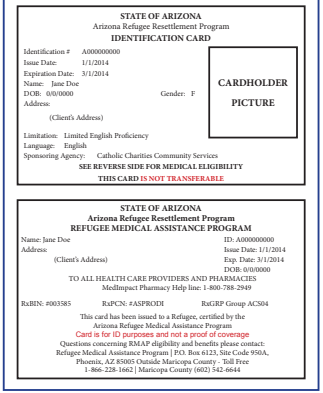
I-94



Giấy khai sinh



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

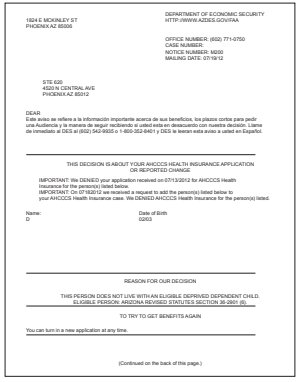
Name: Jane Doe
Address:
(Client's Address)
ID: A000000000
Issue Date: 1/1/2014
Exp. Date: 3/1/2014
DOB: 0/0/0000

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

Thư từ chối của AHCCCS
(Nếu nộp đơn xin Thang tính phí theo mức thu nhập)



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 ayuda mientras 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

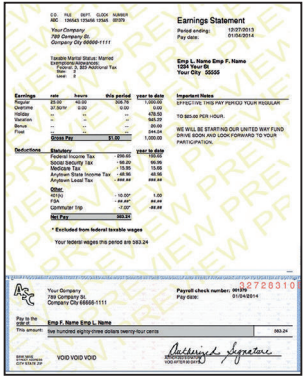
THIS PERSON DOES NOT LIVE WITH AN ELIGIBLE DEPRIVED DEPENDENT CHILD.
ELIGIBLE PERSON: ARIZONA REVISED STATUTES SECTION 36-2901 (6).

TO TRY TO GET BENEFITS AGAIN

You can turn in a new application at any time.

(Continued on the back of this page.)

Chứng minh thu nhập
(từ thu nhập 30 ngày qua)



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

Your Company
789 Company St.
Company City 00000-1111

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

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 2, 550 Additional Tax
State: 2
Local: 2

Earnings	rate	hours	this period	year to date
Regular	20.00	40.00	800.00	1,000.00
Overtime	27.50/hr	0.00	0.00	0.00
Holiday	--	--	--	470.00
Vacation	--	--	--	945.00
Bonus	--	--	--	50.00
Float	--	--	--	244.24
Gross Pay		31.00		1,000.00

Deductions	Statutory	year to date
Federal Income Tax	-898.66	150.00
Social Security Tax	-98.20	66.96
Medicare Tax	-15.95	15.66
Anytown State Income Tax	-48.96	48.96
Anytown Local Tax	-444.44	444.44
Other		
401(k)	-10.00*	1.00
Cafeteria	-14.00*	44.44
Commuter Trip	-10.00*	48.44
Net Pay	360.32	

* Excluded from federal taxable wages

Your federal wages this period are 360.24

Important Notes
EFFECTIVE THIS PAY PERIOD YOUR REGULAR TO $80.00 PER HOUR.
WE WILL BE STARTING OUR UNITED WAY FUND DRIVE SOON AND LOOK FORWARD TO YOUR PARTICIPATION.

92783310

Your Company
789 Company St.
Company City 00000-1111

Payroll check number: 00789
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

PREVIEW

Hợp đồng thuê nhà hoặc Hóa đơn các dịch vụ tiện ích
(điện, nước, điện thoại…)

aps®

SRP

NATIVE HEALTH

Arizona Department of Health Services

AHDC-015-VIETNAMESE