

Name: Zhaida Padilla

Social: 115-96-3789

Application of unemployment confirmation: 512914029

This is proof that I am a permanent resident and I do not know why I was asked to provide proof. my past unemployment finished in Jun 17, 2021 and I filed a new unemployment application just to renew it.

I think there is a misunderstanding here because I have permanent resident card and I will apply soon for citizenship!

I have only the front picture of my permanent resident card, I lost my permanent resident card and because of Covid-19 the process of sending me a new card will delay little bit longer and I have a receipt and case number online that proof that I paid for the replacement application of permanent resident card.

The immigration received my application, and they are still processing, and they sent me receipt notice. Also, I have a medicaid insurance card from New York and to be eligible for my permanent resident card it must show that I have lived here for more than 5 years. Please fix my problem Thank you

# PERMANENT RESIDENT CARD

NAME PADILLA MALEK, ZHAIDA

A# 086-912-571

Birthdate 04/24/69 Category F Sex F

Country of Birth Mexico

Mexico

CARD EXPIRES 08/10/19

Resident Since 08/05/09



C1USA0869125716MSC0727817644<<  
6904247F1908103MEX<<<<<<<<<<<<<0  
PADILLA<MALEK<<ZHAIDA<<<<<<<<<<<<<

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

Receipt Number 101 966285 0314	USCIS Online Account Number 039327349900	Case Type 190 - APPLICATION TO REPLACE PERMANENT RESIDENT CARD
Received Date 06/17/2020	Priority Date 06/17/2020	Applicant S086 612 471 ZHAIDA PADILLA MALEK
Notice Date 06/17/2020	Page 1 of 1	

MALEK, ZHAIDA PADILLA  
327 LOCUST AVE FL 2  
PORT CHESTER NY 10573-3211

Notice Type: Receipt Notice  
Received Amount: \$ 540.00 U.S.  
Paid

Thank you for submitting your application, petition, or request. Our office is currently processing it.

Please verify your personal information listed above. If you need to make any changes, immediately notify the USCIS National Customer Service Center (NCSC) using the phone number below.

**Next Steps:**

- We will schedule you for an appointment at a USCIS Application Support Center (ASC) for you to provide your fingerprints, photograph and/or signature.
- We will mail you a separate biometrics appointment notice with the specific date, time, and ASC location. Please wait until you receive your appointment notice before going to the ASC.

Be advised that this notice does **NOT** serve as notification of your biometrics appointment.

If you have any questions or comments regarding this notice or the status of your case, please contact the NCSC toll free at 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833.

If you have questions about immigration benefits, services, filing information, or forms, please visit our website at [www.uscis.gov](http://www.uscis.gov) or call the NCSC.

If your mailing address changes while your case is pending, please update it through your USCIS Online Account or by calling the NCSC.

You will be notified separately about any other application, petition, or request you may have filed with us.

Please note that if a priority date appears on this notice, it does not reflect any earlier retained priority dates.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

Potomac Service Center  
U. S. CITIZENSHIP & IMMIGRATION SVC  
2200 Potomac Center Dr  
MS 2425  
Arlington VA 20598-2425

USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)



7:04



egov.uscis.gov



Official Website of the Department of Homeland Security  
[Here's how you know](#) ✓

[Español](#)



U.S. Citizenship  
and Immigration  
Services



[Login or Sign up](#)

X



## Case Was Received and A Receipt Notice Was Emailed

On June 17, 2020, we received your Form I-90, Application to Replace Permanent Resident Card, Receipt Number IOE9662870314, and mailed you a receipt notice or acceptance notice. It is being processed at our E-Filed Case Processing Section location. The notice describes how we will process your case.

Please follow the instructions in the notice. If you move, go to [www.uscis.gov/addresschange](http://www.uscis.gov/addresschange) to give us your new mailing address.



**NEW YORK STATE**  
DRIVER LICENSE

USA

*David J. Egan*  
Executive Deputy Commissioner of Motor Vehicles

ID **738 998 418**

Class **D**



**PADILLA MALEK  
ZHAIDA**

**16 HILLCREST AVE 1  
RYE BROOK, NY 10573**

Sex **F** Height **5'-07"** Eyes **BRO**

DOB **04/24/1969**

Expires **04/24/2021**

E **NONE**

RB

Issued **09/15/2017**

*Zhaide Padilla Malek*

APR 69





# SOCIAL SECURITY

VALID FOR WORK ONLY  
WITH DHS AUTHORIZATION

115-96-3789

THIS NUMBER HAS BEEN ESTABLISHED FOR

ZHAIDA  
PADILLA

*Zhaida Padilla*

SIGNATURE

09/25/2007

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration

P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

**Social Security Administration**

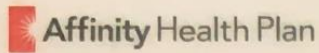
Form SSA-3000 (11-2006)

**F 21823912**



P<MEXPADILLA<MARQUEZ<<ZHaida<ERIKA<<<<<<<<<  
E143598855MEX6904247F2107110<<<<<<<<<<<<<6





Program: ME

**Member**

Zhaida Padilla  
Member ID: 19050414401  
CIN#: GD75319S  
Date of Birth: 04/24/1969 Sex: F

**PCP**

Chait, Maxwell M.  
Office Phone: 914-725-2010

**Rx**

Rx Bin#: 004336  
Rx PCN: ADV  
Rx Group: RX4212  
PHARMACY: Customer Care: 1-855-465-0031  
PHARMACY HELP DESK  
(pharmacists only) 1-800-364-6331

**Co-pays**

**Medical Co-Pays**

PCP Office Visit:	\$0.00
Specialist Office Visit:	\$0.00
Urgent Care:	\$0.00
Emergency Room:	\$0.00

**Rx Co-pays**

Generic or Tier 1:	\$1.00
Formulary Brand or Tier 2:	\$3.00
OTC:	\$0.50
Supplies:	\$0.00

Check Member Handbook for mail order details

DATE PRINTED : 08/02/2018 18:59:52



ID NUMBER

GD75319S

CARD NUMBER

600486 8413 33 199 58

DOB

04/24/1969

LAST NAME

PADILLA

FIRST NAME / M.I.

ZHAIDA

600486

ACCESS NUMBER

8413 1753 199

SEQ #

58

#### Notice To Members

Except for emergencies, contact your PCP or Affinity before going to a hospital or specialist.

#### Notice To Hospitals / Specialists

Except in emergencies, inpatient and specialty services must be pre-authorized by an Affinity physician. Notify Affinity of emergency visits and admissions within 24 hours. Emergent admissions, all information should be faxed to 1-718-536-3360.

#### Medical / Pharmacy

MEDICAL Submit claims to Payer ID 13334:

Affinity Health Plan, PO Box 981726, El Paso, TX 79998-1726

PHARMACY CLAIMS - Submit to CVS Caremark Claims Department  
PO BOX 52136, Phoenix, AZ 85072-2136

#### Other Services

Dental Services: 1-866-731-8004 Vision Services: 1-866-810-3312  
Behavioral Health/ Substance Abuse Services: 1-888-438-1914

Affinity Health Plan 1-866-247-5678 or [www.AffinityPlan.org](http://www.AffinityPlan.org)

Property of New York State - Must be surrendered on demand

32723C003/11452

FRAUDULENT USE OF THIS CARD IS A PUNISHABLE OFFENSE

NOT VALID  
WITHOUT  
SIGNATURE

AUTHORIZED SIGNATURE

#### MEDICAID PROVIDERS

Reimbursement to providers of medical services authorized by New York State electronic verification systems is dependent on verification by MEVS



#### MEDICAID RECIPIENTS

For answers to Medicaid eligibility questions contact your local Department of Social services. For other Medicaid questions call 1-800-541-2831

#### EBT CLIENTS

For balance information or customer service representative

Phone: 1-888-328-6399 or

Online: [www.mybenefits.ny.gov](http://www.mybenefits.ny.gov)

**DO NOT WRITE YOUR PIN ON THIS CARD**

If this card is found please drop in any mailbox.

RETURN POSTAGE IS GUARANTEED.

RETURN TO:

P.O. BOX 859, ALBANY, N.Y. 12201-0859