



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO 	DATE 12-28-07
---	------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000314	2. DATE SIGNED BY DIRECTOR  Cleared 1/4/08 email no paper attached.	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 1-9-08
		<input type="checkbox"/> FOIA DATE DUE _____	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

73410120163

RECEIVED

DEC 27 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina

Department of Health and Human Services

Ma
AARP HEALTHCARE OPTIONS

Emma Forkner
Director

PO BOX 1017
MONTGOMERYVILLE, PA 18936
1-800-523-5800

RE: Lydia Carrera
DATE: 12/04/2007
CASE WORKER : N. Arnold
SSN: 214-60-6954
DOB: 08/03/1913
CLAIM #: 01581199912

(843)740-5968 (843)740-5962
TELEPHONE FAX

The above referenced individual has filed for Medicaid in the State of South Carolina. To assist in our effort to determine his/her eligibility for assistance, please verify the following information.
For 2008

Gross monthly benefit amount	_____
Health insurance premium amount	166.75/mo
Life insurance premium amount	_____
Any other deductions	_____
Net monthly benefit amount	_____
Mo./Year of next anticipated change in benefit amt.	_____

Please accept the attached authorization to release this information.

Signature of Researcher

888 523 5800

Telephone Number

Date

12/19/07

MAO-30 (11-96)

Office of the Director
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2504 • Fax (803) 898-4515

South Carolina Department of Health and Human Services **Acknowledgement of Responsibilities** **Authorized Representative**

An authorized representative, or responsible person, is someone who acts for another individual either with the individual's consent or at the order of an appropriate court.

To apply for Medicaid for someone while acting as his or her authorized representative, you are obligated to tell the South Carolina Department of Health and Human Services all that you know about the individual's situation, whether personal, financial, medical, etc. It does not mean that you will be personally responsible for the individual's debts. Any agreements that you make with providers of medical services or other individuals relating to the individual for whom you are applying are your responsibility, and the Department has no control or influence in such matters.

Name and Address of Applicant: LYDIA CARRERA 2037 ARUNDEL PLACE MT. PLEASANT, SC 29464	Limits of programs for which this person is applying: > Income: \$1869 > Resources: NH-\$2000, ABDNH-\$4000
--	--

1. By agreeing to act as authorized representative for this applicant/beneficiary, you agree to be responsible for reporting any changes in income or resources within 10 days of the change or as soon as you become aware of the change. *Examples of changes that must be reported:*

- > Increase or decrease in monthly income
- > Receipt of a lump sum
- > Receipt of any regular monthly income payments
- > Change of address
- > Receiving or selling property
- > Death of the individual or of a spouse or of any relative living in the home

2. By agreeing to act as authorized representative for this applicant/beneficiary, you understand that if you deliberately give false information or withhold any information concerning the individual's situation, you are liable for prosecution for fraud and/or perjury. You are not liable for changes of which you are not aware.

*If you agree to fulfill the responsibilities of an authorized representative,
 please sign and date below:*

Authorized Representative:	<u>Lydia Carrera</u>	Date:	<u>6/25/07</u>
Address:	<u>2037 ARUNDEL PL</u>	Phone:	<u>(843) 581-4501</u>
Medicaid Eligibility Worker:	<u>[Signature]</u>	Date:	<u>7/5/07</u>

11/11 0 5 2007

South Carolina Department of Health and Human Services

INFORMATION RELEASE FORM

I hereby authorize the South Carolina Department of Health and Human Services to verify my income including but not limited to Social Security, Supplemental Security Income, Veterans Benefits, private pensions, earned income, etc.; my resources including but not limited to checking and savings accounts, certificates of deposit, individual retirement accounts, credit union accounts, etc.; insurance, medical history, and expenses; and any other facts relevant to my eligibility for participation in programs administered by the Department of Health and Human Services.

I also authorize any person, partnership, corporation, association, or governmental agency possessing information on such matters to release such information to the Department of Health and Human Services.

I certify that I have read the above statement and understand that this gives my permission for release of such information.

Print your name: MARIE CEVAHOS

Signature: Mari Ceva Hos

Address: 20

Witnesses to Signature (if signed by an X): 1. _____

2. _____

Make 3 copies

From: Sheila Chavis
To: Lena Girgis
Date: 1/4/2008 2:43:32 PM
Subject: Blue Log Letters

The following Blue Log letters will not be returned upstairs because no further action is needed. All of these were closed today and below is a brief summary of each:

Log #0305-- No due date-- marked necessary action

Recipient: William G. Allen was mailed a GAPS letter and per note from his daughter and the Social Security Death Index the GAPS case has been closed effective 2/1/08.

Log #0314-- Due Date 1/9/08

Received AARP paperwork for **Recipient:** Lydia Carrera that was sent by caseworker: Noel Arnold. This paperwork was faxed to Noel today and no further action is needed.

Log #0299-- Due Date 1/7/08

Recipient: Rebecca Kinon Ingram-- This case had already been resolved by Jennifer Dabbs on 12/20/07. I mailed some additional resources that she did not receive today and no further action is needed.

Thanks

Sheila Chavis
Div. of Constituent Services
(803) 898-2707

CC: Jennifer Dabbs