

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-29-07</i>
----------------------------	--------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000228</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 11/8/07, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-5-07</i>
	<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.			

From: Alicia Jacobs
To: Brenda James
Date: 10/29/2007 12:54:13 PM
Subject: Fwd: Incoming Fax Message--Ralph Owens

*Log: Jacobs
app. 10/29/07*

This needs to be logged. Thanks

>>> Cherlyn May 10/29/07 11:58 AM >>>
Good Morning Alicia,

This is a fax that was sent to your attention for Mr. Owens. I checked tracking and Torri Dawson is the caseworker for MAONH.

Please let me know if I can be of further assistance.

Thanks.

>>> SHHSFC.faxapi: " " 10/29/2007 11:47:22 AM >>>

-----Reception Fax Report-----

TSI Received: 8642332160
Pages Received: 003
Connect Time: 00056
Receive Time: 10/29/07 10:46
DID Received: 8223
Caller ID:
Fax Port: 01
Error Code: 0000
Job ID: 5758
Faxcom: 1 at 10.57.2.82

RECEIVED

OCT 29 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

CC: Carolyn Roach; Jan Polatty

10/29/2007 10:44 8642332160

BOB INGLIS

PAGE 01/03



House of Representatives
Washington, DC 20515

BOB INGLIS
4th District, South Carolina

JUDICIARY
EDUCATION AND WORKFORCE
SCIENCE

FAX TRANSMITTAL

FAX NUMBER: (803) 255-8223

DATE: October 29th, 2007

TO: Alicia Jacobs or Medicaid Eligibility

OFFICE: DHHS

FROM: GREENVILLE OFFICE OF CONGRESSMAN BOB INGLIS
105 NORTH SPRING STREET, SUITE 111
GREENVILLE, SC 29601
TELEPHONE: (864) 232-1141 • FAX: (864) 233-2160

- Wayne Roper
- Price Atkinson
- Julie Wilson
- Paul Howell
- April Evans
- Brenda Ballard

SPECIAL REMARKS:

3 PAGES, INCLUDING THIS COVER SHEET

CONFIDENTIALITY NOTICE
 The documents accompanying this facsimile transmission contain legally privileged, confidential or proprietary information belonging to the sender. The information is directed to the attention, and intended for the sole and exclusive use, of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this facsimile transmission is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify us by telephone to arrange for destruction, or return it to us, of the contents of this transmission. Thank you for your observance and cooperation.

UNION, SC
 464 East Main Street, Suite 8
 Spartanburg, SC 29302
 Phone: (864) 572-6478
 Fax: (864) 572-6478

UNION, SC
 108 North Spring Street, Suite 111
 Greenville, SC 29601
 Phone: (864) 232-1141
 Fax: (864) 233-2160

330 Cannon House Office Building
 Washington, DC 20515
 Phone: (202) 225-4000
 Fax: (202) 228-1177

www.house.gov/inglis

10/29/2007 10:47AM

10/29/2007 10:44 8642332150

BOB INGLIS

PAGE 02/03



House of Representatives
Washington, DC 20515

October 29, 2007

JUDICIARY
EDUCATION AND WORKFORCE
SCIENCE

BOB INGLIS
4th District, South Carolina

Alicia Jacobs
Deputy Director Eligibility & Beneficiary Services
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Dear Alicia:

I am writing on behalf of my constituent, Ralph L. Owen Jr. (SSN: 248-16-2466), about his application for Medicaid benefits.

It is my understanding that Ralph applied for benefits with your agency. I would like to request that his application be handled as expeditiously as possible, in accordance with your agency's governing rules and regulations.

Thank you, in advance, for your help with Ralph's application. You are welcome to call me or April Evans of my Greenville office if you have any questions or need more information.

Sincerely,

Bob Inglis
Member of Congress

B/ae

Enclosure

cc: Ralph L. Owen Jr.
Greenville County Department of Social Services

WASHINGTON, DC
230 Cannon House Office Building
Washington, DC 20515
Phone: (202) 226-6020
Fax: (202) 226-4177

SPARTANBURG, SC
464 EAST MAIN STREET, SUITE B
SPARTANBURG, SC 29302
PHONE: (803) 582-4422
FAX: (803) 573-9479
UNION, SC
PHONE: (804) 427-2205
www.house.gov/inglis

GREENVILLE, SC
108 W. FIRST SPRING STREET, SUITE 111
GREENVILLE, SC 28601
PHONE: (803) 225-1141
FAX: (803) 225-2100

10/29/2007 10:47AM

10/29/2007 10:44 86423321E0

BOB INGLIS

Oct 26 07 03:29P

PAGE 03/03
P - 2



House of Representatives
Washington, DC 20515

BOB INGLIS
4TH DISTRICT, SOUTH CAROLINA

JUD CLARY
EDUCATION AND WORKFORCE
SCIENCE

Privacy Act Release Form

TO WHOM IT MAY CONCERN:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I, Ralph L. Owen, Jr do hereby authorize Congressman Bob Inglis and/or his staff to all information in my files.

Ralph L. Owen Jr
Signature

Address 471 E Parkins Mill Rd.
Greenville SC 29607

Social Security Number 248-16-2466

Telephone Number (804) 675-0151

WASHINGTON, DC
300 Cannon House Office Building
Washington, DC 20515
Phone: (202) 225-4030
Fax: (202) 225-1179

SPARTANBURG, SC
404 East Main Street, Suite 8
Spartanburg, SC 29302
Phone: (803) 580-4422
Fax: (803) 572-4478
UNION, SC
Phone: (803) 427-2270
www.house.gov/inglis

GREENVILLE, SC
105 North Spring Street, Suite 111
Greenville, SC 29601
Phone: (864) 238-7100
Fax: (864) 238-7100

10/29/2007 10:47AM



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Parker
Director

November 8, 2007

Mr. Ralph L. Owen, Jr.
471 E. Parkins Mill Road
Greenville, South Carolina 29607

Dear Mr. Owen:

Congressman Bob Inglis asked our agency to assist with your concerns regarding your pending Medicaid application. We hope to be of some assistance.

Your application for Medicaid's Nursing Home program cannot be processed until we receive the required documentation. Your eligibility worker, Torri Dawson, provided your daughter and authorized representative, Mary King, with a checklist of the needed information. Once this information is received, we will expedite the processing of your application and monitor its progress. You will be notified the writing of the Medicaid eligibility determination as soon as possible.

In the meantime, if you have any questions regarding the information that is needed to determine your eligibility or the Medicaid application process, please contact Ms. Dawson at (803) 898-2635, and she will be happy to assist you.

Sincerely,

Alicia Jacobs
Interim Deputy Director

AJ/cde

c: Ms. Mary King

Log 0228



State of South Carolina
Department of Health and Human Services

Mark Santord
Governor

Emma Forkner
Director

Log 0028

November 8, 2007

The Honorable Bob Inglis
United States House of Representatives
105 North Spring Street, Suite 111
Greenville, South Carolina 29601

Dear Representative Inglis:

Thank you for your correspondence on behalf of Mr. Ralph L. Owen, Jr., and his Medicaid application. We appreciate the opportunity to be of assistance.

A member of our staff has been in direct contact with Mr. Owen's authorized representative to ensure we have the required documentation necessary to process his application as expeditiously as possible. We will continue to monitor the application's progress until an eligibility determination has been reached and offer our assistance when needed.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in blue ink that reads "Emma Forkner".

Emma Forkner
Director

EF/cod

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-29-07</i>
---------------------	-------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000228</i>	2. DATE SIGNED BY DIRECTOR <i>8 Nov 07</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-15-07</i>
		<input type="checkbox"/> FOIA DATE DUE _____	<input type="checkbox"/> Necessary Action

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2.			
3.			
4.			

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*Log: Jacobs
app driver*

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OFFICE OF THE DIRECTOR

CC: Carolyn Roach; Jan Polatty

10/29/2007 10:44 8642332160

BOB INGLIS

PAGE 01/03



House of Representatives
Washington, DC 20515

BOB INGLIS
7th District, South Carolina

JUDICIARY
EDUCATION AND WORKFORCE
SCIENCE

FAX TRANSMITTAL

FAX NUMBER: (803) 256-3223

DATE: October 29th, 2007

TO: Alicia Jacobs on Medicaid Eligibility

OFFICE: OHHS

FROM: GREENVILLE OFFICE OF CONGRESSMAN BOB INGLIS
105 NORTH SPRING STREET, SUITE 111
GREENVILLE, SC 29601
TELEPHONE: (864) 232-1141 • FAX: (864) 233-2160

- Wayne Roper
- Price Atkinson
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WASHINGTON
390 CAMDEN HOUSE, OFFICE BUILDING
PO BOX 11021
PHOENIX (202) 225-4800
FAX: (202) 225-4117

464 EAST MAIN STREET, SUITE 8
SPARTANBURG, SC 29302
PHONE: (864) 582-4422
FAX: (864) 573-9478

105 NORTH SPRING STREET, SUITE 111
GREENVILLE, SC 29601
PHONE: (864) 232-1141
FAX: (864) 233-2160

JUNION, SC
PHONE: (803) 427-2208
WWW.HOUSE.GOV/INGLIS

10/29/2007 10:47AM

10/29/2007 10:44 8642332150

BOB INGLIS

PAGE 02/03



House of Representatives
Washington, DC 20515

October 29, 2007

JUDICIARY
EDUCATION AND WORKFORCE
SCIENCE

BOB INGLIS
4TH DISTRICT, SOUTH CAROLINA

Alicia Jacobs
Deputy Director Eligibility & Beneficiary Services
South Carolina Department of Health & Human Services
P. O. Box 8206
Columbia, SC 29202-8206

Dear Alicia:

I am writing on behalf of my constituent, Ralph L. Owen Jr. (SSN: 248-16-2466), about his application for Medicaid benefits.

It is my understanding that Ralph applied for benefits with your agency. I would like to request that his application be handled as expeditiously as possible, in accordance with your agency's governing rules and regulations.

Thank you, in advance, for your help with Ralph's application. You are welcome to call me or April Evans of my Greenville office if you have any questions or need more information.

Sincerely,

Bob Inglis
Member of Congress

B/ha

Enclosure

cc: Ralph L. Owen Jr.
Greenville County Department of Social Services

WASHINGTON, DC
200 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
PHONE: (202) 225-4330
FAX: (202) 225-1177

SPARTANBURG, SC
404 EAST MAIN STREET, SUITE 8
SPARTANBURG, SC 29302
PHONE: (803) 528-6422
FAX: (803) 573-6478
UNION, SC
PHONE: (803) 427-4205
www.house.gov/inglis

GREENVILLE, SC
108 NORTH SPRING STREET, SUITE 111
GREENVILLE, SC 29601
PHONE: (803) 239-1141
FAX: (803) 239-2100

10/29/2007 10:47AM

10/29/2007 10:44 8642332160

BOB INGLIS

PAGE 03/03

Oct 28 07 03:29P

P. 2



House of Representatives
Washington, DC 20515

BOB INGLIS
4th District, South Carolina

JUD CLARY
EDUCATION A ND WORKFORCE
SCIENCE

Privacy Act Release Form

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I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I, Ralph L. Owen, Jr. do hereby authorize Congressman Bob Inglis and/or his staff to all information in my files.

Ralph L. Owen Jr.
Signature

Address 471 E Parkins Mill Rd.

Greenville SC 29607

Social Security Number 248-16-2466

Telephone Number (804) 675-0151

WASHINGTON, DC
330 Cannon House Office Building
WASHINGTON, DC 20515
Phone: (202) 225-4030
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SPARTANBURG, SC
404 North Main Street, Suite 8
Spartanburg, SC 29302
Phone: (803) 580-4422
Fax: (803) 579-5479
UNION, SC
Phone: (803) 437-2205
www.house.gov/wholts

GREENVILLE, SC
108 North Simons Street, Suite 111
Greenville, SC 29601
Phone: (803) 525-1141
Fax: (803) 250-0100

10/29/2007 10:47AM

From: Torri Dawson
To: Donna Day
Date: 10/30/2007 11:53 AM
Subject: Fwd: Incoming Fax Message--Ralph Owens
Attachments: Fwd: Incoming Fax Message--Ralph Owens

Upon receipt of the attached fax on yesterday, I contacted the AR for Mr. Owen, Mary King, as I had not received the needed information. Ms. King stated she was not aware of the faxed letter from Congressman Bob Inglis' office. She stated one of her siblings might have contacted him. I spoke with Ms. King a few weeks prior concerning the needed information. At that time, she asked if I could send her another copy of the Medicaid checklist. I mailed another copy of the Medicaid checklist to Ms. King at her home address. Upon speaking with her on yesterday, Ms. King informed me she never received the checklist in the mail. She stated she thought she requested that I mail it to her parent's home address in Greenville instead of her home address in Mt. Pleasant since most of the information on her parents are filed in Greenville. I informed her she did not mention this to me previously. We discussed the needed info again. Ms. King stated she has obtained the needed info. However, she stated she gave the completed trust agreement to the bank. I informed her she needed to submit the trust agreement to us. She is going to contact the bank to retrieve the trust agreement so she may send it along with the other requested information. Again, Ms. King requested that I send her another copy of the Medicaid checklist but this time she specifically asked that I mail it to her parent's home address in Greenville. I put another copy of the original checklist in the mail to Ms. King late yesterday. I also attached a new checklist giving a new deadline. I told Ms. King if she does not receive the info within two days to give me a call. Ms. King stated she would.

4771 East Parkins Mill Rd.
 Greenville, SC 29607

Mary -
 Mary's daughters -
 inks

A & B

2006

2007

him
 \$ 553.52

\$ 1,749.00

hers
 \$ 258.00

\$ 1,372.00

From: Carolyn Roach
To: Constituent Services
Date: 10/31/2007 8:55 AM
Subject: Incoming Fax Message--Ralph Owens
Attachments: Fwd: Incoming Fax Message--Ralph Owens

this is the response.

EDIT

Constituent ID

Closed?

Date Closed

Source

Log No. Due Date



Print this Form

SSN

MEDICAID ID

First Name MI Last Name

Constituent Phone(s)

Constituent Phone Extension

HIPAA Authorization

Reason for Referral

Constituent Notes

Staff ID Staff First Name Staff Last Name

Point of Contact

Authorized Rep

Rep Phone

Relationship

Legislator/Other

Entry Date

Last Update

Last Update User

Apply

Cancel

Close

Constituent# 1112

Notes ID	Entry Date	Last Update	Notes
2242	11/2/2007	11/2/2007	Spoke with Torri Dawson, EW, for Mr. Owen's NH application. She has been in touch with Mary King, daughter & AR, to let her know the documentation we need to process her father's application. Additionally, Mr. Owen has Medicare coverage as well as private insurance, so no resources are necessary. He & his wife, Nancy receive approx. \$4,000/mo. I ran both the Congressman's and Mr. Owen's response letters by Torri before giving to Sheila and Jenny today. Mark is out so it will then go to Garnell. EPPSDEN 11/2/2007 12:00:50 PM
2178	10/31/2007	10/31/2007	Pending for Nursing Home under Torri Dawson. To Denise to handle. LYNCHJEN 10/31/2007 10:31:43 AM

From: Torri Dawson
To: Denise Epps
Date: 11/2/2007 11:46 AM
Subject: Re: would you like to make any changes to this letter?

No, you covered it. Thanks!

>>> Denise Epps 11/2/2007 11:41 am >>>

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 08/28/07 END: PAGE: 0001

NAME: OWEN JR RALPH L HH NAME: OWEN JR RALPH L

RCP NUMBER: 1780776102 HH NUMBER: 101211306 ACTION TYPE: MAINTENANCE

SSN: 248-16-2466 VC: V APL STATUS: ACTION DATE: 08/28/07

PRIMARY INDIVIDUAL: APL CO: 23 WORKER ID: CREAD LOCATION: 056

471 E PARKINS MILL RD SSCN: RRN: A248162466

GREENVILLE DOB: 03/16/1922 RELATION: SELF

CORRECT RCP NUMBER: SC 29607- LTV ARRANGEMENT: NFCL INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	SPONSOR	
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL

UPDATED: USER ID: CREAD DATE: 08/28/07 SYSTEM ID: SVE3000 DATE: 08/30/07
ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV

PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

MEDHMS05 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07
MEDSPROD AUTHORIZED REPRESENTATIVE ACTION:

HH NAME: OWEN JR RALPH L ACTION TYPE: MAINTENANCE
HH NUMBER: 101211306 APL STATUS: _____ ACTION DATE: 08/28/07

AUTHORIZED REP/RESPONSIBLE PARTY MAILING ADDRESS:
NAME: MARY _____ KING _____

ADDRESS: _____ RELATIONSHIP: _____
2661 CROOKED STICK LANE _____

LEGAL RELATIONSHIP:

MT PLEASANT SC 29466- _____ COMMITTEE/CONSERVATOR
HOME PHONE: 843-856-5226 _____ GUARDIAN
WORK PHONE: - - _____ X POWER OF ATTORNEY
E-MAIL: _____

UPDATED: USER ID: CREAD DATE: 08/28/07 SYSTEM ID: HMS5000 DATE: 08/28/07
ME900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF10->PREV MENU
PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 08 / 2007 THRU: ___ / ___ PAGE: 2 OF 3

HH NAME: RALPH L OWEN JR HH NUMBER: 101211306

BGN: 09752940 PCAT: MAONH SPN: 2303 GVILLE Hsp Sys2 ACT TYPE: MAINTENANCE

BG: P BGP: P WKR: TDAWS TORRI DAWSON ACT DATE: 08/28/07

COUNTABLE BG MEMBERS: ___
COUNTABLE INCOME: 0.00
COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 0.00 RESOURCE LIMIT: 0.00

POV-LVL: +.00 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N) : - ACT ON DECISION COMPLETE? (Y/N) : -

MEETS INCOME? (Y/N) : - DECISION ACCEPTED DATE: -

MEETS RESOURCES? (Y/N) : - NEXT REVIEW DATE: -

MEETS OTHER CONDITIONS? (Y/N) : - ANTICIPATED CLOSURE DATE: -

REASON(S) FOR DENIAL/CLOSURE/CHANGE: -

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N) : -

APPEAL REQUEST DATE: - COUNTY DECISION UPHELD? (Y/N) : -

UPDATED: USER ID: TDAMS DATE: 10/29/07 SYSTEM ID: - DATE: -

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

November 8, 2007

Mr. Ralph L. Owen, Jr.
471 E. Parkins Mill Road
Greenville, South Carolina 29607

Dear Mr. Owen:

Congressman Bob Inglis asked our agency to assist with your concerns regarding your pending Medicaid application. We hope to be of some assistance.

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In the meantime, if you have any questions regarding the information that is needed to determine your eligibility or the Medicaid application process, please contact Ms. Dawson at (803) 898-2635, and she will be happy to assist you.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/cde

c: Ms. Mary King



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

November 8, 2007

The Honorable Bob Inglis
United States House of Representatives
105 North Spring Street, Suite 111
Greenville, South Carolina 29601

Dear Representative Inglis:

Thank you for your correspondence on behalf of Mr. Ralph L. Owen, Jr., and his Medicaid application. We appreciate the opportunity to be of assistance.

A member of our staff has been in direct contact with Mr. Owen's authorized representative to ensure we have the required documentation necessary to process his application as expeditiously as possible. We will continue to monitor the application's progress until an eligibility determination has been reached and offer our assistance when needed.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Emma Forkner".

Emma Forkner
Director

EF/cod