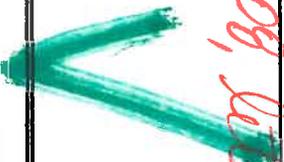


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b> <i>Jacobs</i>	<b>DATE</b> <i>10-24-08</i>
----------------------------	--------------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>100224</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claudia Hirsch, Director</i> <i>attached D.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-4-08</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

JOE WILSON  
2ND DISTRICT, SOUTH CAROLINA  
ASSISTANT REPUBLICAN WHIP

COMMITTEES:  
ARMED SERVICES  
EDUCATION AND LABOR  
FOREIGN AFFAIRS  
HOUSE POLICY

Congress of the United States  
House of Representatives

October 23, 2008

**RECEIVED**  
OCT 24 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Ms. Emma Forkner  
Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

RE: Ms. Lisa D. Brewer

Dear Ms. Forkner,

I am writing to you on behalf of the above named constituent who has contacted me regarding her application for Medicaid. Enclosed is a copy of all correspondence for your perusal. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,



JOE WILSON  
Member of Congress

JW/jmc  
Enclosure

MIDLANDS OFFICE:  
1700 SUNSET BLVD., (US 378), SUITE 1  
WEST COLUMBIA, SC 29169  
(803) 939-0041  
Fax: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-4002  
(202) 225-2452  
Fax: (202) 225-2455  
www.joewilson.house.gov

LOWCOUNTRY OFFICE:  
903 PORT REPUBLIC STREET  
P.O. BOX 1538  
BEAUFORT, SC 29901  
(843) 521-2530  
Fax: (843) 521-2535

TOLL FREE 1-888-381-1442

COUNTIES:  
AIKEN\*  
ALLENDALE  
BARNWELL  
BEAUFORT  
CALHOUN\*  
HAMPTON  
JASPER  
LEXINGTON  
ORANGEBURG\*  
RICHLAND\*  
(\*PARTS OF)

DINO TEPARRA  
CHIEF OF STAFF  
AND COUNSEL

JOE WILSON  
2ND DISTRICT, SOUTH CAROLINA  
ASSISTANT REPUBLICAN WHIP  
COMMITTEES:  
ARMED SERVICES  
EDUCATION AND LABOR  
FOREIGN AFFAIRS  
HOUSE POLICY

## Congress of the United States House of Representatives

COUNTIES:  
AIKEN\*  
ALLENDALE  
BARNWELL  
BEAUFORT  
CALHOUN\*  
HAMPTON  
JASPER  
LEXINGTON  
ORANGEBURG\*  
RICHLAND\*  
(\*PARTS OF)

DINO TEPPARA  
CHIEF OF STAFF  
AND COUNSEL

### Consent for Release of Personal Records by Executive Agencies

Name of Agency: Medicaid - AHS

To Whom It May Concern:

I have sought assistance from Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Lisa D. Brewer 04/18/52  
Name of Claimant- (Please Print) Date of Birth

1010 Hatley County Apt. 303 Cayce SC 29033  
Address of Claimant City State Zip

208-42-4566 —  
Social Security Number VA Claim # of OPM # (if applicable)

803-791-0670 —  
Telephone Number- Home Telephone Number- Work

Lisa D Brewer 10/20/58  
Signature of Claimant Today's Date

Please briefly explain your concern: I have been disabled and unable to work for several years and don't have Medicaid.  
(use the back if necessary)

I made application again last month and would appreciate it if you could check on the status of my application.

MIDLANDS OFFICE:  
1700 SUNSET BLVD. (US 378), SUITE 1  
WEST COLUMBIA, SC 29169  
(803) 939-0041  
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*Page # 224*

*State of South Carolina*  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

November 12, 2008

The Honorable Joe Wilson  
United States House of Representatives  
Midlands District Office  
1700 Sunset Boulevard, Suite 1  
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for contacting our agency on behalf of Ms. Lisa D. Brewer concerning her healthcare needs and Medicaid eligibility.

A member of our staff has been in direct contact with Ms. Brewer regarding Medicaid eligibility and the rules and regulations governing the program. We mailed her information on programs and organizations that may assist with her prescriptions, inpatient hospitalization and healthcare issues.

We appreciate 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/jcoll



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

November 10, 2008

Ms. Lisa D. Brewer  
1010 Halfley Court  
Apartment 303  
Cayce, South Carolina 29033

Dear Ms. Brewer:

Congressman Joe Wilson contacted our agency on your behalf regarding your concerns about your recent Medicaid application.

You applied for coverage under the Aged, Blind or Disabled (ABD) program on September 18, 2008. You do meet the financial eligibility guidelines for this program; however, an individual under age 65 must also meet the definition of blindness or disability as defined by the Social Security Administration. Medical consultants are currently reviewing your medical records to determine if you meet the disability requirements. We will process your application as quickly as possible, and notify you once a decision has been made.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions and inpatient hospitalization needs. If you have other questions about the Medicaid program, please contact Jennifer Lynch at (803) 898-3965 or toll-free at 1-888-549-0820, Ext. 3965.

Sincerely,

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

Alicia Jacobs  
Acting Deputy Director

AJ/coll  
Enclosures